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# Pennsylvania Medicine

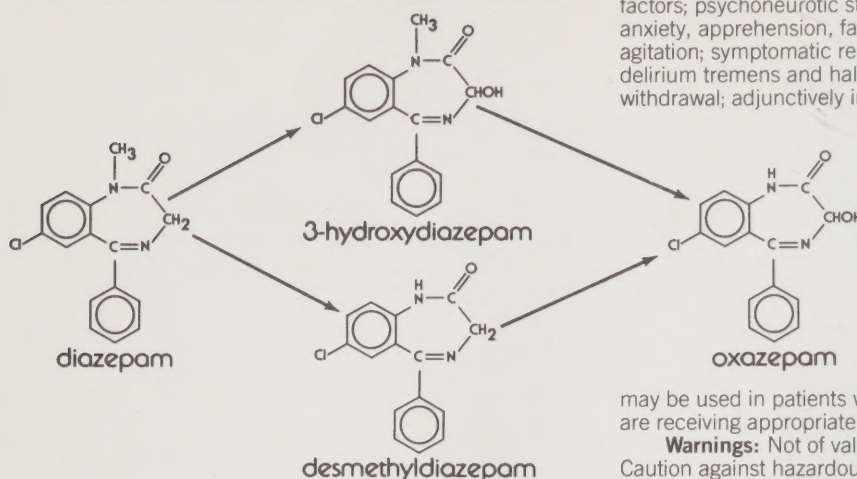
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#### BLUE PLANS ACT ON 65 SPECIAL DENIAL

Pennsylvania Blue Shield has petitioned for an Administrative Code Hearing by the Insurance Department into the denial of its 65-special rate increase request, a spokesman said December 30. He said the Blue Cross plans will act similarly. Decisions made at Insurance Department Administrative Code Hearings may be appealed to Commonwealth Court. The rate requests, which totalled \$26.1 million, had been filed in response to federally mandated increases in coinsurance and deductible payments. In announcing rejection of the rate request, Insurance Commissioner William J. Sheppard said that the plans would be required to develop alternate methods of financing their 65-special programs. Earlier Blue Shield had been granted a 21.6 percent overall rate increase, following their request for 25.7 percent, and three of the Blue Cross plans had subscription increases approved. In granting these increases, Sheppard ordered the plans to step up utilization review and limit advertising and public relations to subscriber health education activities. He also said the department plans to have legislation introduced outlining a new composition for the Blue Shield Board of Directors to permit greater consumer representation.

#### COURT ORDER ON ARGONAUT CONTRACT EXTENDED

Philadelphia Common  
Pleas Court Judge

Stanley M. Greenberg issued an order December 6 keeping the contract between the Pennsylvania Medical Society and Argonaut in effect at least until March 31, 1977. He also ruled that the Society's Commission on Professional Liability Insurance will again be the final arbiter of appeals on non-renewals and cancellations. Under the terms of the present court order keeping the contract in effect, decisions of the commission can be appealed to Judge Greenberg. The trial in the suit which the State Society filed against Argonaut in Common Pleas Court and that filed by Argonaut against the State Society in U.S. District Court have both been postponed. No date has been set in the Argonaut pleading in Commonwealth Court that the Insurance Department's denial of a 42 percent premium increase be overturned. The Society's Commission on Professional Liability Insurance will study a proposed new Argonaut rate increase filing before it goes to the Insurance Department.

#### FIVE COUNTY PHILADELPHIA AREA BACK TO ONE HSA

U.S. District Court  
Judge Clifford Scott

Green has ruled that Philadelphia, Montgomery, Bucks, Delaware, and Chester Counties will be one Health Service Area with one Health Systems Agency as originally determined under P.L. 93-641, the Health Planning Act. It was divided into three areas after local government officials,



citizens, and health care providers from all counties protested. Last May the Health Systems Steering Committee for Southeastern Pennsylvania, an organization favoring a five county HSA, brought suit against the Department of Health, Education, and Welfare to change it. HEW is considering appeal of the ruling.

#### PROFESSIONAL CORPORATION NOT "HEALTH CARE PROVIDER"

The  
State

Department of Justice has ruled that a professional corporation is not a "health care provider" as defined by Act 111, the Health Care Services Malpractice Act. William K. Myrtetus, director of the Medical Professional Liability Catastrophe Loss Fund, has ordered insurance companies to return to policyholders any surcharges collected for the fund for coverage above \$100,000/\$300,000. Insured professional corporations should be receiving letters of explanation from their carriers. Further information on insuring professional corporations appears on page 23 of this issue.

#### A/NEW JERSEY VACCINE TO BE RETURNED

Robert D. Gens, M.D.,  
director of adult

health services for the Department of Health, has requested that unused vaccine be returned to the health centers where it was issued, along with both completed and unused patient consent forms. The department is attempting to finalize data on the inoculation program. The request for the return is unrelated to and was made before the moratorium on the program imposed by the Federal Center for Disease Control. Health Department Secretary Leonard Bachman, M.D., has launched an investigation of persons hospitalized with Guillain-Barre syndrome to determine how many had been immunized. He said about 14,000 persons a year become ill with the syndrome nationally, so that Pennsylvania normally could have as many as 120 persons contact the illness in a year.

#### STATEWIDE PSRO COUNCIL MEETS JANUARY 5

The first Pennsyl-  
vania Statewide

PSRO Council will meet January 5 in Philadelphia. The Council consists of a representative from each of the twelve PSROs, four public members, and Sidney O. Krasnoff, M.D., Philadelphia, representing the State Society; Robert L. Lambert, M.D., of Philadelphia, and David A. Smith, M.D., of Harrisburg, representing the Hospital Association of Pennsylvania; and Earl A. Gabriel, M.D., representing the Pennsylvania Osteopathic Medical Association. Dr. Krasnoff is president of the Pennsylvania Medical Care Foundation and Dr. Smith is medical editor of PENNSYLVANIA MEDICINE.



# Pennsylvania Medicine



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JANUARY 1977

Volume 80, Number 1

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## PENNSYLVANIA MEDICINE

20 Erford Road  
Lemoyne, Pennsylvania 17043  
Telephone (717) 238-1635

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## Dr. Masland testifies at Act 111 hearings

David S. Masland, M.D., chairman of the Society's ad hoc committee on medical malpractice, called for legislative action to strengthen the state's Medical Malpractice Act when he testified at hearings November 29-December 1 held by the Joint Legislative Committee established by Act 111.

The Society's reform amendments were made public as part of the testimony, and Dr. Masland encouraged the committee to include them when it reports to the Legislature and recommends changes for Act 111 this month, as Section 1006 of the Act charged it to do.

Citing the frustrations caused by the malpractice problem which physicians have been experiencing, Dr. Masland said: "We believe there are certain additional legislative remedies needed to improve the insurance climate.

"Binding arbitration is now an

accepted, fair method of adjudicating disputes. Pennsylvanians must not be denied access to binding arbitration. We will, therefore, propose **legislation which would permit voluntary binding arbitration entered into willingly by patients and physicians at the time of treatment.**

"We will propose to **reduce the statute of limitations to a maximum of three years.** What the three year rule would do primarily is to speed up the filing of claims and aid substantially in calculating losses and rates.

"We will propose **legislation directing all recovery money solely into areas of economic loss.**

We will recommend **language permitting periodic payments in place of lump sums** with the necessary safeguards for the plaintiff.

**Punitive damages, when assessed, should go to the proper licensing board to aid in disciplining the profession,** and this we

will recommend."

Robert L. Archer, director of health policy and operations for the Pennsylvania Insurance Department, presented the department's report, saying there had been "a serious deterioration" in the malpractice insurance market in the last eight months.

"Through October 1976, 1,895 physicians and 44 hospitals have been terminated (by their liability insurers)," he said. In addition, nine nursing homes and 91 physician groups have been terminated."

Archer recommended several remedies for increasing the availability of professional liability insurance, including a rating formula that would reduce rates for high risk specialists while increasing premiums for physicians in lower risk classifications.

William J. Sheppard, insurance commissioner, chaired the hearings. Serving with him on the "1006 Committee" are Secretary of Health Leonard Bachman, M.D.; Senators Freeman Hankins, of Philadelphia, and Henry Hager, of Williamsport; and Representatives Norman Berson, of Philadelphia, and William Hutchinson, of Cressona (Schuylkill County).

Others testifying included William Lennert, general manager of the Joint Underwriting Association established by Act 111; William K. Myrtetus, director of the state's Catastrophe Loss Fund; Edward Robinson, Jr., commissioner of the Bureau of Professional and Occupational Affairs; and several representatives of the high risk medical specialties.

### Act 111 has a birthday

*In this issue of PENNSYLVANIA MEDICINE the State Society formally recognizes the first birthday of Pennsylvania's Health Care Services Malpractice Act. Several articles on the professional liability insurance issue come together to form a status report at the end of one year under Act 111. A month ago, the Joint Legislative Committee on Medical Malpractice, established by Section 1006 of Act 111, conducted formal hearings with a view to recommending corrective amendments to the Legislature. A report of those hearings appears on this page. Other related news, a feature on the most frequently asked questions on the Act, and an article on the professional corporation surcharge, appear on the pages which follow.*



Your answer may be here

## Malpractice law inspires many questions

*In the year since Act 111 became effective, many Society members have called and written with questions about it. The Communications Division here provides concise answers to the most frequently asked questions about the new law.*

### Who must comply with the Act?

The Act covers Pennsylvania licensed M.D.s, D.O.s, podiatrists, and specified health care institutions (hospitals).

### Must I carry insurance?

Every licensed physician must carry professional liability insurance for \$100,000 per occurrence/\$300,000 per annual aggregate. Physicians who exclusively practice the specialty of forensic pathology and physicians who are members of the Pennsylvania military forces while in the performance of duty are exempt from the provisions of the Act. The State Society is challenging this requirement before the State Board of Medical Education and Licensure and, if necessary, Commonwealth Court.

### How can I get excess coverage?

Awards in excess of \$100,000/\$300,000 will be paid from the Catastrophe Loss Fund, which is funded by surcharging each health care provider (including hospitals) up to 10 percent of the premium for basic malpractice insurance, or \$100, whichever is greater. Fund liability is limited to \$1,000,000 per occurrence/\$3,000,000 per annual aggregate. The fund is administered by a director appointed by the governor. The surcharge will total \$3 to \$5 million per year. If, at the end of any calendar year after payment of all claims and expenses the total fund exceeds \$15,000,000, the director must reduce the next surcharge. All claims on the fund are compiled on December 31 of the year in which the claims become final and are paid within two weeks thereafter. If the fund is exhausted at the end of any calendar year, payments will be prorated and the balance paid in the following year.

### How is the surcharge collected?

The surcharge is billed and collected by your malpractice insurance company.

### What happens if I don't pay the surcharge?

Physicians who do not pay their surcharge will have their licenses revoked or suspended.

### Who will defend me?

When a claim is filed your basic malpractice insurance carrier defends you. The carrier also notifies the fund which has the option of joining in the defense. The director of the fund may adjust, litigate, settle, or compromise any claim in excess of the basic coverage.

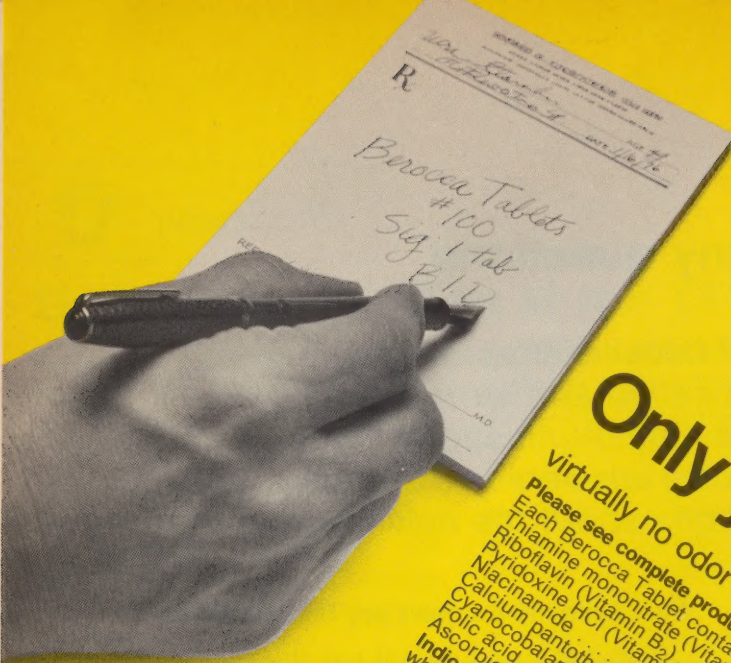
### What happens if the fund goes broke?

If after two years experience, the fund falls below \$7.5 million the director must notify the General Assembly. The General Assembly then has twenty-five legislative days in which to take action. If the General Assembly does not act, the Catastrophe



**FOLLOWING** the hearing of the Joint Legislative Committee on Medical Malpractice at which he testified, David S. Masland, M.D., right, discusses the problems raised with Representative William D. Hutchinson, of Schuylkill County, a member of the Judiciary Committee of the House of Representatives and of the Joint Legislative Committee. Dr. Masland, the State Society's immediate past president, is chairman of the PMS ad hoc committee to study malpractice insurance.





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Loss Fund and the Joint Underwriting Association terminate. However, the Catastrophe Loss Fund will continue to be liable for any outstanding losses and the director will continue to collect the surcharge annually for as long as necessary to satisfy its (the fund's) obligations.

#### What happens if I can't get coverage?

For those who cannot obtain malpractice insurance in the private market, the Insurance Commissioner is empowered to establish a Joint Underwriting Association (JUA). The JUA consists of all casualty companies authorized under Section 202 (c) (IV) and (XI) of the Insurance Company Act.

The JUA operates as any other insurance company, with rates calculated to cover losses. (Significantly above current private market rates). In the event the JUA suffers a loss, it will not be made up from future income. Instead, it will be paid from the Catastrophe Loss Fund.

#### What happens if my insurance company leaves Pennsylvania?

If 50 percent or more of all physicians in classes III, IV, or V are unable to obtain malpractice insurance in the private market, the Insurance Commissioner may declare the JUA the sole source of insurance for all health care providers. On the other hand, the

Commissioner may dissolve the JUA if it is no longer needed.

#### Why a \$50 arbitration fee?

The Act establishes a mandatory, but not binding, arbitration system headed by an administrator appointed by the governor.

The arbitration system is funded in part from fees charged to each Pennsylvania licensed health care provider (including hospitals). The fee for physicians is fifty dollars per year payable to the Commonwealth and billed by the Office of Medical Malpractice Arbitration. All licensed physicians practicing in Pennsylvania are required to pay. Failure to pay the arbitration fee shall upon conviction in a summary proceeding be sentenced to pay a fine of not less than \$100 nor more than \$1,000 per day for each day of practice while in violation and may be subject to a suspension of his license, or both.

#### How does the arbitration work?

A patient or his representative having a claim or loss or damages against a physician shall file his complaint with the administrator for proceedings and assignment to an arbitration panel. Each panel will be composed of seven members, including two physicians, two attorneys, and three lay persons.



A new or "virgin" panel is established for each claim. Panel members are selected from a pool of candidates. The pool of candidates, in the case of physicians, is suggested to the administrator by organized medicine, the names having been generated at the county society level.

Lists of eligible panelists are sent to both plaintiff and defendant who may then scratch two names from each list. The administrator then invites mutually agreeable candidates to serve on the panel. If insufficient names are chosen, the process is repeated. Any deficiencies are finally made up by the administrator appointing panelists. Physicians and attorneys must be in active practice (or have been in active practice). Whenever possible, the list of physician candidates will include the names of specialists. Arbitration panel hearings shall be conducted in the county where the cause of action arose, unless the administrator deems otherwise.

The arbitration panel shall have original exclusive jurisdiction to hear and decide such claims. The Act applies only to loss or damages in services rendered or which should have been rendered by the physician after the effective day of the Act (January 13, 1976).

Prior to the first meeting of the arbitration panel, the administrator may consider out of court settlements for claimants. The fund may be repre-

sented should the settlement exceed the limits of liability coverage.

The arbitration panel has the powers of a court, i.e.: to examine relevant facts to determine if a case exists; to make findings of fact; to take depositions in testimony; to subpoena witnesses, and administer oaths; to consider and approve offers to settlement and proposals of adjustment between plaintiffs and defendants; and to make determinations as to liability and award of damages. The panel also has jurisdiction over any non-health care provider named as party defendant with a health care provider.

#### Am I covered if I practice in another state?

A physician who conducts *more than 50 percent* of his practice within the Commonwealth of Pennsylvania must comply with the professional liability coverage stated in the Act and is covered by the fund. A physician who conducts 50 percent or *less* of his practice within the Commonwealth must carry professional liability coverage in the amount of \$200,000 per occurrence and \$600,000 per annual aggregate and is not covered by the fund.

#### Is there a limit on awards?

There are no limitations placed on the awards of

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damages which may be assessed by the arbitration panels. Nor are punitive damages prohibited. Advanced payments by health care providers or the insurer shall not be considered an admission of liability but shall reduce any final award to the plaintiff.

#### **What about self-insurance?**

Health care providers who wish to arrange for their own professional liability coverage may do so under the provisions of the Act. All self-insurance plans must be submitted to the Insurance Commissioner for approval and must meet requirements to be set up by the Insurance Department. A fee will be charged for examination and approval of these plans by the Insurance Department.

#### **Are the decisions of the panels binding?**

No. Both parties have the right of appeal to the Court of Common Pleas. However, when an appeal is made, the decision and findings of fact of the arbitration panel are admissible as evidence in court. Any award of damages is not admissible. Should the court find the appeal "capricious, frivolous and unreasonable," the appellant will be held liable for the cost of arbitration and trial. Should an arbitration panel find death or injury was the result of medical malpractice, it shall report such findings to the State Board of Medical Education and Licensure for prompt investigation and such disciplinary actions as may be appropriate.

#### **Is the contingency fee outlawed?**

No, but Act 111 limits plaintiffs attorneys' fees. Contingency fees are limited to 30 percent of the

first \$100,000; 25 percent of the second \$100,000 and 20 percent of the balance.

#### **Was the statute of limitations shortened?**

For insurance companies, yes. While claims may still be commenced within the existing statute of limitations, any award on a claim filed more than four years from the incident will be paid from the Catastrophe Loss Fund.

#### **Are promises to cure permitted?**

Act 111 prohibits any promise to cure unless in writing.

#### **What happened to informed consent?**

Under Act 111 informed consent was revised to mean the consent of a patient freely given to a course of treatment after he has been told the nature of the treatment and the risks and alternatives that a *reasonable patient* would consider material. Informed consent is not required in an emergency nor where evidence is established that the information would have a seriously adverse effect.

#### **Was any action taken to remove incompetent physicians?**

Under Act 111 all funds raised by the State Board of Medical Education and Licensure are returned to that board. The board is also authorized to hire investigators, attorneys, and hearing officers to implement the regulatory and disciplinary provisions of the Medical Practice Act. Cases of malpractice determined by the arbitration panels are to be reported to the State Board of Medical Education and Licensure.



FOREIGN medical school graduates gathered at the Penn Harris Motor Inn, Camp Hill, early in December for three days of examination by the State Board of Medical Education and Licensure.



# Board of licensure hears insurance test case

The State Board of Medical Education and Licensure conducted a hearing December 9 on the State Society's test case of the mandatory insurance provision of Act 111, which requires that health care providers as defined in the Act carry professional liability insurance, pay a surcharge into the Catastrophe Loss Fund, and a fee to pay the costs of the arbitration system established under the Act.

Orlo G. McCoy, M.D., family physician from Canton, does not now and never has had professional liability insurance. No patient has ever questioned his coverage. No question or threat of a suit has been raised. He has no intention of purchasing coverage. Under Act 111, Dr. McCoy stands to lose his license to practice medicine because of this.

This creates a dilemma for the people in and around Canton, because he is one of only two active physicians there.

The World War II veteran who received the bronze star in action

is also active in organized medicine, and presently is a member of the State Society's Board of Trustees. He has been deeply involved in the Society's efforts to resolve the malpractice crisis, and agreed to a test of the constitutionality of the mandatory in-

surance provision. If the State Board of Medical Education and Licensure votes to revoke Dr. McCoy's license to practice, the State Society will appeal the decision in the courts to test the constitutionality of that section of the Act.



AT THE HEARING, Philip E. Ingaglio, M.D., vice chairman of the State Board, left, chats with Dr. and Mrs. McCoy.



THE STATE BOARD of Medical Education and Licensure recessed briefly after the McCoy hearing. At the left, Richard C. Lyons, M.D., chairman, and John F. Rineman, PMS executive vice president, discuss the proceedings. At the right are, left to right, state board members William J. Kelly, M.D., Raymond C. Grandon, M.D., and John H. Robertson, M.D.



## Murray Banks to entertain at Officers' Conference

The Society's 1977 Officers' Conference, to be held April 13-14 at Hershey Motor Lodge and Convention Center, will feature as the dinner speaker Dr. Murray Banks, a psychologist and platform speaker who has appeared in every English speaking country in the world.

### Berks county society sponsors course

The Berks County Medical Society, with the radiology departments of Reading's Community General Hospital, Reading Hospital and Medical Center, and St. Joseph's Hospital, will sponsor "Radiology for the Nonradiologist," a postgraduate course for all physicians, March 19, 8:30 a.m. to 5:00 p.m., at the Abraham Lincoln Motor Inn, North Fifth Street, Reading.

Approved for eight hours of Category I credit toward the Physician's Recognition Award of the American Medical Association, the program will offer a variety of topics, of use to all specialties, including ultrasound evaluation of the abdomen, indications for CAT scan in the head and body, IVP in hypertensive screening, workup of pulmonary embolus, and ultrasound in obstetrics and gynecology.

The faculty will consist of members of the host radiology departments, the Milton S. Hershey Medical Center, Temple University School of Medicine, the University of Pennsylvania School of Medicine, and St. Christopher's Hospital.

The registration fee is \$25, which includes luncheon. Registration for residents and interns is \$20.

To register, contact Jonathan L. Stolz, M.D., Radiology for Non-radiologists, 145 N. Sixth St., Reading 19601.



Dr. Banks presents a unique program, combining humor with

information and giving the audience personal insight. His talk on "What to do Until the Psychiatrist Comes" is the second most frequently given talk in the world; Dr. Banks has given it over 5000 times.

Dr. Banks is an adjunct professor of psychology at Northwood Institute, Midland, Michigan, and in the past has been on the faculties of Dickinson University in New Jersey, San Diego State College, the University of Memphis, and the University of Northern Michigan. He has published six books, which include *Things My Mother Never Told Me*, *How to Live With Yourself*, and *How to Overcome an Inferiority Complex*.

### Mediclinics annual refresher March 7-18

Mediclinics' annual spring postgraduate medical refresher course, sponsored by the Florida Academy of Family Practice and the Broward Medical Center, will be presented March 7-18 at the Galt Ocean Mile Hotel, Fort Lauderdale, Florida.

The ten day course will include more than eighty lectures with special emphasis on the problems of family practitioners. Among scheduled topics are: immunological approach to cancer, causes and treatment of iron deficiency, clinical pharmacology of antihypertensive drugs, cataracts, facial pain, malpractice in 1977, and the doctor's role in the cost of medical care.

The Mediclinics board of directors is composed of full time and clinical members of the staff of the University of Minnesota. The majority of the faculty are associated with the University of Minnesota or the Florida Academy of Family Practice.

Profits from the postgraduate refresher course go into the

Mediclinics Educational Foundation, and are used as part of a loan fund for medical students. The money is made available for regular medical study at any accredited medical school in the United States and to students who primarily are interested in family practice or primary patient care. The amount of the loan is flexible and is subject to the discretion of the Mediclinics Education Fund Board. Special consideration is given to students recommended by Mediclinics members, students who are interested in primary patient care, and students applying to medical schools in areas with high Mediclinics memberships, as registration fees and membership fees are used to help students in members' own areas.

A fee of \$300 is required to register for the Mediclinics spring postgraduate refresher course. For registration information contact Mediclinics, 832 Central Medical Building, St. Paul, Minnesota 55104.



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## New Double-Blind Study ANDROID-25 vs. Placebo\*

\* **WRITE FOR REPRINT:** R. B. Greenblatt, M.D.; R. Witherington, M.D.; I. B. Sipahioğlu, M.D.; *Hormones for Improved Sexuality in the Male and Female Climacteric. Drug Therapy*, Sept. 1976.

Is there a true aphrodisiac? How effective are androgens in the management of the male climacteric and male impotence? Article discusses the psychophysiological and hormonal changes in the elderly male and female and therapeutic considerations. The effectiveness of methyltestosterone in the management of male impotence was confirmed by a cross-over, double-blind study using a placebo and Android-25

(methyltestosterone 25 mg.), on 20 males, 50 years of age or older who complained of secondary impotence. Patients received a series of placebo then Android-25, or Android-25 then placebo as follows: 1 tablet/30 days; 2 tablets/30 days; 3 tablets/30 days. Sexual response was evaluated: 0 = no change; + = 25% improvement; ++ = 50% improvement; +++ = 75% improvement. Placebo effectiveness was + or ++ in 12.7% of trials. Android-25 elicited a +, ++ or +++ response in 47.2% of trials. There was often a dose related response not observed with the placebo. This effect was not observed in younger patients (age 28-45 years).

**DESCRIPTION:** Methyltestosterone is 17 $\beta$ -Hydroxy-17-Methylandrosta-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunuchism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Post-pubertal cryptorchidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric,

avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE**

**REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. **In the male:** Eunuchoidism and eunuchism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpubertal cryptorchidism, 30 mg. **REFERENCE:** Robert B. Greenblatt, M.D., and D. H. Perez, M.D.: "The Menopausal Syndrome," *Problems of Libido in the Elderly*, pp. 95-101. Medcom Press, N.Y., 1974. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250. Rx only.



THE BROWN PHARMACEUTICAL CO., INC. 2500 West Sixth Street, Los Angeles, California 90057





## Commonwealth Court strengthens powers of state medical board

Pennsylvania's Commonwealth Court in October, 1976, issued an opinion establishing that the State Board of Medical Education and Licensure has full discretion to decide whether or not to press charges against physicians. This prosecutorial discretion is exercised by the Board and is not subject to review by the courts.

The case arose when a sworn complaint was received charging grossly unprofessional conduct of a doctor, two physical thera-

pists, and various nurses. Fifteen months later, the complainant was informed that the evidence available warranted no further proceedings; he appealed to the Commonwealth Court. The Court quashed the appeal, stating:

*... executive officers of government who are impressed with discretionary powers of prosecution often choose not to exercise those powers upon policy considerations wholly apart from the possibility that*

*sufficient cause might exist to support a presecutorial action. Incident, however, to the constitutional separation of powers between the executive and judicial branches of government, courts cannot interfere with the executive's free exercise of such discretionary determinations.*

Thus, the Court strengthens and underscores the powers of the State Board of Medical Education and Licensure.

## Federal Court upholds expert witness contingency fee

A recent federal court decision in the eastern district of New York dealt with contingent fee payment of expert witnesses which is of potential interest to Pennsylvania physicians. That case<sup>1</sup> involved antitrust litigation and had no specific reference to medicine; however, the holding of the court may in the future.

There, the attorney bringing an antitrust suit sought to invalidate a disciplinary rule binding on lawyers in New York (it also binds Pennsylvania lawyers). The rule states:

*"A lawyer shall not pay, offer to pay, or acquiesce in the payment of compensation to a witness contingent upon the content of his testimony or the outcome of the case."* [Disciplinary Rule D.R. 7-109(C)]

The plaintiff argued that he and every other lawyer should be able to contract with qualified experts, but they would only testify on a contingent fee basis if the plaintiff were poor. The Court agreed, saying:

*"... the Rule makes an unreasonable transition in outlawing the retainer of an expert on a contin-*

*gent basis no matter how reasonable his fee would be if success attended his client and he was paid his agreed fee. No basis in reason exists for rejecting a reasonable fee arrangement simply because the fee is not to be paid if the client does not prevail in the case."*<sup>2</sup>

The case presently applied only to cases in one of the four federal districts of New York. It cannot bind Pennsylvania trial practice; but it is a ruling which may have some effect in Pennsylvania.

Presently, as indicated, the same disciplinary rule applies to Pennsylvania lawyers.<sup>3</sup> No case has yet been discovered in Pennsylvania which directly challenges the use of a contingent fee for a medical expert.

### REFERENCES

1. *Person v. Association of the Bar of the City of New York*, 414 F.Supp. 144 (E.D. N.Y. 1976).

2. *Id.* at 146.

3. The disciplinary rules are, by order of the Supreme Court of Pennsylvania, the standard of conduct for attorneys in all Pennsylvania courts.



MEDICAL SOCIETY top officers from New Jersey, Maryland, and Delaware were guests of the Pennsylvania Medical Society November 17 for an annual regional conference to study mutual concerns. PMS President William J. Kelly, M.D., chaired the meeting. Also representing the State Society were President Elect John V. Blady, M.D., Board Chairman George A. Rowland, M.D., and Executive Vice President John F. Rineman.



## **Informed consent decision offers comfort**

**FRED SPEAKER**

Harrisburg

A recent decision, involving informed consent, offers some comfort to Pennsylvania physicians. In the case of *Jeffries v. McCague*,<sup>1</sup> the patient sued a urologist for failure to obtain his informed consent before he performed a prostatectomy.

In the pleadings—the complaint, the doctor's deposition, and the patient's affidavit—the following facts became clear:

- The patient consulted with the physician since he was experiencing acute urinary retention; and the same day he was admitted to the hospital with his condition diagnosed as benign prostatic hypertrophy. The doctor performed a retropubic prostatectomy one week later.

- The patient after the surgery was incontinent.

- The doctor knew that incontinence was a possible result of the surgery, but had no specific recollection of warning the patient that this was a risk.

- The doctor routinely met with his patients before surgery, discussing the nature of the procedure, possible alternatives and some possible results.

The patient alleged that no word was mentioned about the ill effects or risks of the surgery, thus claiming there was no informed consent. He moved for a summary judgment before trial and the trial court agreed.

The Pennsylvania Superior Court reversed, saying that:

*After hearing evidence concerning whether incontinence was a meaningful or only a*

*slight possibility of the procedure used by [the doctor], the jury must decide whether, in the light of the severity of the [patient's] condition, a reasonable man would have considered the possibility of incontinence material to his decision to undergo treatment.*<sup>2</sup>

Thus, the Superior Court appears to apply the reasonable patient rule. Elsewhere in its opinion, it says:

*Although Gray states the principle that a physician must apprise a patient of possible results of a surgical procedure, this duty has not been construed to mean that the physician must disclose every conceivable result, no matter how remote. Rather, '[t]he physician is bound to disclose only those risks which a reasonable man would consider material to his decision whether or not to undergo treatment.'* Cooper v. Roberts.

*The rule that the issue is to be decided by the jury, not on a medical standard, but on a reasonable man standard, reflects concern for two problems: on the one hand, the rule preserves the patient's dignity in choosing his own course; on the other hand, by requiring only that information that*

*would be relevant to a reasonable man, a doctor is not required to give every patient a complete course in anatomy and to explain every risk, no matter how remote, before a consent would be valid.*<sup>3</sup>

The judicial decision is substantially similar to the legislative determination in Act 111, that requires the physician to have informed the patient of "... those risks and alternatives to treatment and diagnosis that a reasonable patient would consider material to the decision whether or not to undergo treatment or diagnosis."<sup>4</sup>

Thus, the decision represents a judicial ascendancy from the depths of the Gray case decided a decade ago.

### **REFERENCES**

1. 363 A.2d 1167 (Pa. Super. 1976).
2. *Id.* at 1172.
3. *Id.* at 1171.
4. 40 P.S. §1301.103.

## **Schools teach prevention**

The State Board of Education, meeting last fall, removed from its policy statement on sex education a provision forbidding the teaching of methods of prevention of venereal disease and pregnancy.

A new booklet, "Guidelines for Sex Education in Public Schools of Pennsylvania," has been sent to Pennsylvania school administrators, who will be responsible for determining how sex education is provided in their local schools.

*Mr. Speaker is an attorney with Pepper, Hamilton & Scheetz, legal counsel for the State Society.*





**RECENT CHANGES**

**federal register**

Providing  
Drug Information  
to Physicians

Informational  
Bulletin #433-76

**National  
Health  
Insurance**

special report  
**Malpractice  
insurance:**

**drug  
bulletin**

**Health care doesn't  
need more red tape**

Drug firms challenge  
'MAC' rules

**Drug  
Substitution**

The Current, Discontinue  
of Health Programs  
**RESEARCH**

**Mailgram** 2



# THERE ARE A LOT OF PEOPLE GETTING BETWEEN YOU AND YOUR PATIENT.

Medicine today is in the spotlight, subjected to all kinds of scrutiny. Your control over patient therapy is being monitored, judged and occasionally abrogated, sometimes by unknown third parties.

The worry is that in the wake of this focus, the relationship between you and your patient will be weakened, without offsetting benefits. Consider three examples:

**Drug substitution** In most states, pharmacy laws, regulations or professional custom stipulate that your non-generic prescriptions be filled with the precise products you prescribe. But in the last five years, a dozen or more State laws have been changed, permitting the pharmacist in most cases to select a product of the same generic drug to fill any prescription.

Ironically, this dilution of physician control has taken place against a background of growing evidence that purportedly equivalent drug products may be inequivalent, since neither present drug standards nor their enforcement are optimal. In fact, the FDA itself says it has not enforced the same standards for hundreds of "follow-on" products that it had applied to the original NDA approvals. Thus physician control over patient therapy is being eroded with a risk that patients may be exposed to drugs of uncertain quality.

The major advertised claim for substitution is reduced prescription prices for consumers. Yet no documentation of any significant savings has been produced.

**MAC** Maximum Allowable Cost, MAC for short, is a Federal regulation designed to cut the Government's drug bill by setting price ceilings for drugs dispensed to Medicare and Medicaid patients. Unless the prescriber certifies on the prescription that a particular product is medically necessary, the Government intends to pay only for the cost of the lowest-priced, purportedly-equivalent,

generally-available product. The effect of the program may be that elderly and indigent patients will be restricted to products which someone in Washington believes are priced right. Practicing doctors will have little to say about administration of the program, since Government will have absolute authority to make its choices stick.

**The drug lag** The future of drug and device research depends upon a scientific and regulatory environment that encourages therapeutic innovations. The American pharmaceutical industry annually is spending more than \$1 billion of its own funds and evaluating more than 1,200 investigational compounds in clinical research. Disease targets include cancer, atherosclerosis, viruses and central nervous system disorders, among others. But there is a major barrier to the flow of new drugs to your patients: The cost of the research is more than ten times what it was, per product, in 1962; and whereas governmental clearance of new drug applications took six months then, it commonly consumes two years now.

The FDA needs adequate time, of course, to consider data. But it is equally clear that the present approval process contributes to needless delay of needed therapy. That's why the increased efficiency of the drug approval process is vital to all our futures.

If these issues concern you, we suggest that you make your voice heard—among your colleagues and your representatives in State legislatures and in Washington.

It could make a difference in your practice tomorrow.



Pharmaceutical Manufacturers Association  
1155 Fifteenth Street, N.W., Washington, D.C. 20005





## Cooperate with new order

An election for which early polls indicated a landslide, the Presidential race of 1976 proved to be both close and interesting. Certainly, Mr. Carter cannot claim a mandate from the country, but the electorate has returned an overwhelmingly Democratic Congress. This would seem to indicate on the surface that little difficulty might be encountered in the initiation of Mr. Carter's intended programs. On closer examination, however, unlike the Roosevelt Congresses, this Congress owes little political allegiance to the new president. Most of the legislators garnered more votes in their respective states than did Mr. Carter.

The new administration must also deal with the liabilities remaining from the Nixon years. During his term of office and, indeed, prior to that, Mr. Nixon incurred the animosity of the press. The loyal opposition of the media, fed for at least eight years, will be difficult to quell. Mr. Carter's anti-Washington approach to the campaign probably did little to assuage the already smarting federal bureaucracy, who, like Congress, were usually at loggerheads with Mr. Nixon's White House.

Although health policy never developed into a critical campaign issue, party platforms were divergent and a number of changes can be expected. We can expect the separation of the Department of Health, Education, and Welfare into Health and Education, each with a Cabinet-level appointment. Mr. Carter favors a national health program which provides universal, mandatory coverage, and legislation pursuant to this end can be expected. Phasing in will probably occur first in the areas of maternal and child health services and catastrophic coverage. With the present furor over medicare-medicoid abuse, we can expect some reform in these areas.

Whether we agree or disagree with Mr. Carter's views and proposals is not important. What is important is that we, the medical profession, cooperate with and assist the new administration in the preparation of its health legislation. In this spirit, the American Medical Association pledged cooperation by recognizing that there are gaps in health delivery caused mainly by the cost of medical care and physician distribution. While some of these problems may be best solved without government others may require governmental attention. The AMA stated that it will "continue to support government action in appropriate areas" and offered its

assistance to the new administration in reviewing problems and possible solutions.

If health policy for a nation can be succinctly put in two sentences, no more revealing statement can be made than Mr. Carter's October 19, 1976, speech before the American Public Health Association: "It is not required that the government run the entire health care program in our country—I would not favor that. But there needs to be a close cooperation between public and private health care delivery, an emphasis on prevention of the cripples and the killers of our people, adequate financing of health care, a shift toward non-hospital treatment whenever possible, and a realization in our country that there is a great saving to be derived economically if we can address this problem consistently and with forethought and with a deep national commitment."

Cooperation with the new president's administration to achieve these meritorious aims will serve to enhance the honor of medicine and improve the health of our people.

David A. Smith, M.D.  
Medical Editor



## correspondence

To the editor:

In order to obtain the most up to date information on smoking and longevity of physicians in Pennsylvania, I am extending my study from Erie County to the Commonwealth of Pennsylvania.

The study will involve short telephone interviews of close relatives of physicians who have died in the last fifteen years. All relatives who may be involved in the study are requested to assist in this effort.

G. H. Miller, Director  
Studies on Smoking  
Edinboro

To the editor:

For a biography of Dr. Alton Ochsner of Ochsner Clinic, New Orleans, opinions, evaluations, anecdotes, reminiscences, photos are needed. Photos will be carefully handled and returned. All material gratefully received by

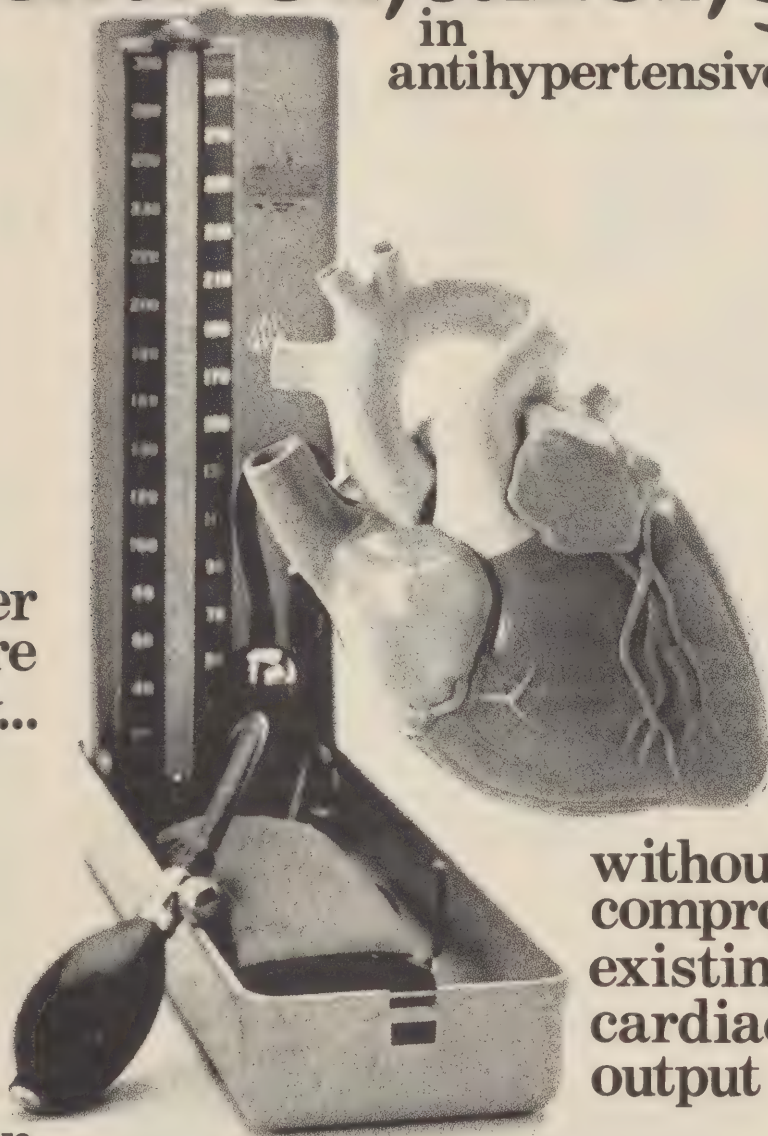
Ira Harkey, Ph.D.  
401 Metairie Road, 706  
Metairie, Louisiana 70005



# A Dual Challenge

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ALDOMET is contraindicated in active hepatic disease, hypersensitivity to the drug, and if previous methyldopa therapy has been associated with liver disorders.

It is important to recognize that a positive Coombs test, hemolytic anemia, and liver disorders may occur with methyldopa therapy. The rare occurrences of hemolytic anemia or liver disorders could lead to potentially fatal complications unless properly recognized and managed. For more details see the brief summary of prescribing information.

For a brief summary of prescribing information, please see following page.

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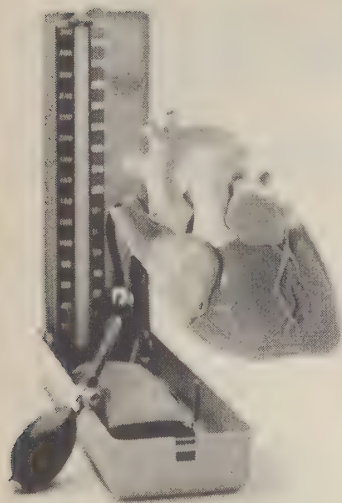


in hypertension

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(METHYLDOPA|MSD)

helps lower  
blood pressure  
effectively...  
usually with no  
direct effect on  
cardiac function—  
cardiac output is  
usually maintained



**Contraindications:** Active hepatic disease, such as acute hepatitis and active cirrhosis; if previous methyldopa therapy has been associated with liver disorders (see Warnings); hypersensitivity.

**Warnings:** It is important to recognize that a positive Coombs test, hemolytic anemia, and liver disorders may occur with methyldopa therapy. The rare occurrences of hemolytic anemia or liver disorders could lead to potentially fatal complications unless properly recognized and managed. Read this section carefully to understand these reactions.

With prolonged methyldopa therapy, 10% to 20% of patients develop a positive direct Coombs test, usually between 6 and 12 months of therapy. Lowest incidence is at daily dosage of 1 g or less. This on rare occasions may be associated with hemolytic anemia, which could lead to potentially fatal complications. One cannot predict which patients with a positive direct Coombs test may develop hemolytic anemia. Prior existence or development of a positive direct Coombs test is not in itself a contraindication to use of methyldopa. If a positive Coombs test develops during methyldopa therapy, determine whether hemolytic anemia exists and whether the positive Coombs test may be a problem. For example, in addition to a positive direct Coombs test there is less often a positive indirect Coombs test which may interfere with cross matching of blood.

At the start of methyldopa therapy, it is desirable to do a blood count (hematocrit, hemoglobin, or red cell count) for a baseline or to establish whether there is anemia. Periodic blood counts should be done during therapy to detect hemolytic anemia. It may be useful to do a direct Coombs test before therapy and at 6 and 12 months after the start of therapy. If Coombs-positive hemolytic anemia occurs, the cause may be methyldopa and the drug should be discontinued. Usually the anemia remits promptly. If not, corticosteroids may be given and other causes of anemia should be considered. If the hemolytic anemia is related to methyldopa, the drug should not be reinstituted. When methyldopa causes Coombs positivity alone or with hemolytic anemia, the red cell is usually coated with gamma globulin of the IgG (gamma G) class only. The positive Coombs test may not revert to normal until weeks to months after methyldopa is stopped.

Should the need for transfusion arise in a patient receiving methyldopa, both a direct and an indirect Coombs test should be performed on his blood. In the absence of hemolytic anemia, usually only the direct Coombs test will be positive. A positive direct Coombs test alone will not interfere with typing or

cross matching. If the indirect Coombs test is also positive, problems may arise in the major cross match and the assistance of a hematologist or transfusion expert will be needed.

Fever has occurred within first 3 weeks of therapy, sometimes with eosinophilia or abnormalities in liver function tests, such as serum alkaline phosphatase, serum transaminases (SGOT, SGPT), bilirubin, cephalin cholesterol flocculation, prothrombin time, and bromsulphalein retention. Jaundice, with or without fever, may occur, with onset usually in the first 2 to 3 months of therapy. In some patients the findings are consistent with those of cholestasis. Rarely fatal hepatic necrosis has been reported. These hepatic changes may represent hypersensitivity reactions; periodic determination of hepatic function should be done particularly during the first 6 to 12 weeks of therapy or whenever an unexplained fever occurs. If fever and abnormalities in liver function tests or jaundice appear, stop therapy with methyldopa. If caused by methyldopa, the temperature and abnormalities in liver function characteristically have reverted to normal when the drug was discontinued. Methyldopa should not be reinstituted in such patients.

Rarely, a reversible reduction of the white blood cell count with primary effect on granulocytes has been seen. Reversible thrombocytopenia has occurred rarely. When used with other antihypertensive drugs, potentiation of antihypertensive effect may occur. Patients should be followed carefully to detect side reactions or unusual manifestations of drug idiosyncrasy.

**Use in Pregnancy:** Use of any drug in women who are or may become pregnant requires that anticipated benefits be weighed against possible risks; possibility of fetal injury can not be excluded.

**Precautions:** Should be used with caution in patients with history of previous liver disease or dysfunction (see Warnings). May interfere with measurement of: uric acid by the phosphotungstate method, creatinine by the alkaline picrate method, and SGOT by colorimetric methods. Since methyldopa causes fluorescence in urine samples at the same wavelengths as catecholamines, falsely high levels of urinary catecholamines may be reported. This will interfere with the diagnosis of pheochromocytoma. It is important to recognize this phenomenon before a patient with a possible pheochromocytoma is subjected to surgery. Methyldopa is not recommended for patients with pheochromocytoma. Urine exposed to air after voiding may darken because of breakdown of methyldopa or its metabolites.

Stop drug if involuntary choreoathetotic movements occur in patients with severe bilateral cerebrovascular disease. Patients may require reduced doses of anesthetics; hypotension occurring during anesthesia usually can be controlled with vasopressors. Hypertension has recurred after dialysis in patients on methyldopa because the drug is removed by this procedure.

**Adverse Reactions:** *Central nervous system:* Sedation, headache, asthenia or weakness, usually early and transient; dizziness, lightheadedness, symptoms of cerebrovascular insufficiency, paresthesias, parkinsonism, Bell's palsy, decreased mental acuity, involuntary choreoathetotic movements; psychic disturbances, including nightmares and reversible mild psychoses or depression.

*Cardiovascular:* Bradycardia, aggravation of angina pectoris. Orthostatic hypotension (decrease daily dosage). Edema (and weight gain) usually relieved by use of a diuretic. (Discontinue methyldopa if edema progresses or signs of heart failure appear.)

*Gastrointestinal:* Nausea, vomiting, distention, constipation, flatus, diarrhea, mild dryness of mouth, sore or "black" tongue, pancreatitis, sialadenitis.

*Hepatic:* Abnormal liver function tests, jaundice, liver disorders.

*Hematologic:* Positive Coombs test, hemolytic anemia. Leukopenia, granulocytopenia, thrombocytopenia.

*Allergic:* Drug-related fever, myocarditis.

*Other:* Nasal stuffiness, rise in BUN, breast enlargement, gynecomastia, lactation, impotence, decreased libido, dermatologic reactions including eczema and lichenoid eruptions, mild arthralgia, myalgia.

**Note:** Initial adult dosage should be limited to 500 mg daily when given with antihypertensives other than thiazides. Tolerance may occur, usually between second and third month of therapy; increased dosage or adding a thiazide frequently restores effective control. Patients with impaired renal function may respond to smaller doses. Syncope in older patients may be related to increased sensitivity and advanced arteriosclerotic vascular disease; this may be avoided by lower doses.

**How Supplied:** Tablets, containing 125 mg methyldopa each, in bottles of 100; Tablets, containing 250 mg methyldopa each, in single-unit packages of 100 and bottles of 100 and 1000. Tablets, containing 500 mg methyldopa each, in single-unit packages of 100 and bottles of 100.

For more detailed information, consult your MSD representative or see full prescribing information. Merck Sharp & Dohme, Division of Merck & Co., Inc., West Point, Pa. 19486 J8AM07 (707

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**PRECAUTIONS:** As with other effective nitrates, some fall in blood pressure may occur with large doses.

Caution should be observed in administering the drug to patients with a history of recent cerebral hemorrhage, because of the vasodilatation which occurs in the area. Although therapy permits more normal activity, the patient should not be allowed to misinterpret freedom from anginal attacks as a signal to drop all restrictions.

**SIDE EFFECTS:** No serious side effects have been reported. In sublingual therapy a tingling sensation (like that of nitroglycerin) may sometimes be noted at the point of tablet contact with the mucous membrane. If objectionable, this may be mitigated by placing the tablet in the buccal pouch. As with nitroglycerin or other effective nitrites, temporary vascular headache may occur during the first few days of therapy. This can be controlled by temporary dosage reduction in order to allow adjustment of the cerebral hemodynamics to the initial marked cerebral vasodilatation. These headaches usually disappear within one week of continuous therapy but may be minimized by the administration of analgesics.

Mild gastrointestinal disturbances occur occasionally with larger doses and may be controlled by reducing the dose temporarily.

**SUPPLIED:** 10 mg chewable tablets, bottle of 100. Also 5, 10 and 15 mg scored tablets in bottles of 100. 10 mg scored tablets also supplied in bottle of 1,000.

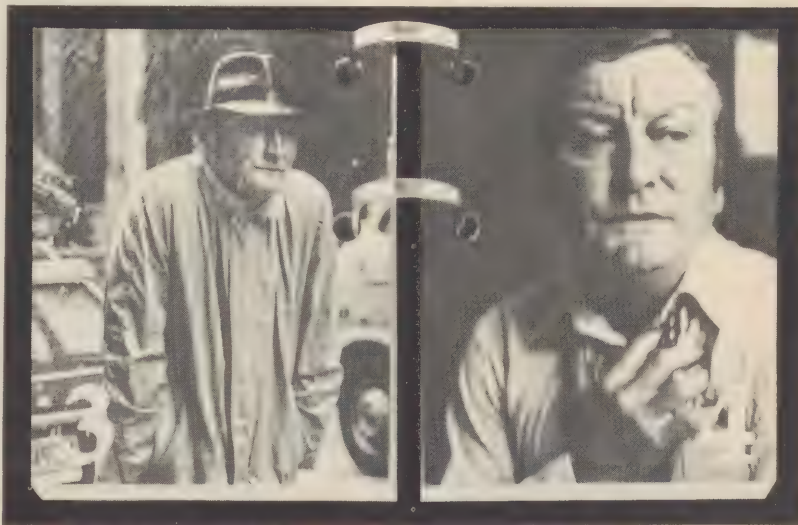
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1. Russek HI: AM J M Sc 239:478, 1960



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Each tablet contains ephedrine sulfate 24 mg; glyceryl guaiacolate 100 mg; theophylline 100 mg; phenobarbital 8 mg (warning: may be habit-forming).

**PRECAUTIONS:** With Bronkotabs therapy sympathomimetic side effects are minimal. However, frequent or prolonged use may cause nervousness, restlessness, or sleeplessness. Bronkotabs should be used with caution in the presence of hypertension, heart disease, or hyperthyroidism. Drowsiness may occur. Ephedrine may cause urinary retention, especially in the presence of partial obstruction, as in prostatism.

**RECOMMENDED DOSAGE:** One tablet every 3 or 4 hours, not to exceed five times daily. Children over 6: one half adult dose.

**SUPPLIED:** Bottles of 100 and 1000 scored tablets.



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MARCH 5, 1977

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9 a.m.—5 p.m.

REGISTRATION: 8:30 a.m.

### PANELS

#### *Acute & Chronic Pancreatitis*

Moderator: Ralph M. Myerson, M.D.

Barry Goldberg, M.D.

Julian Katz, M.D.

William H. Mahood, M.D.

Walter Rubin, M.D.

#### *Esophagitis & Dysphagia*

Moderator: Sidney Cohen, M.D.

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## **Should the solo physician insure his corporation?**

**LEIF C. BECK, LL.B.**

**VASILIOS J. KALOGREDIS, J.D.**

**Bala Cynwyd**

The policy of many medical malpractice insurers had been to require that a solo incorporated physician insure his corporation. That was Argonaut's position before September 1, 1975. Partly through the advice and recommendations of Mr. Beck, Argonaut agreed to drop the mandatory requirement of such coverage in a solo corporation situation.

### **Optional corporate coverage**

Since September 1, 1975, Argonaut has notified its insured physicians that coverage for their solo corporations as separate legal entities will be provided upon payment of an additional premium ("surcharge") equal to 20 percent of the Individual Liability premium. However, the purchase of such coverage is now *optional*.

There have been arguments going both ways as to whether such optional coverage should be obtained.

### **Corporate coverage as separate legal entity**

Some favoring the obtaining of corporate coverage argue that the full limits of liability are needed by the corporation as a separate legal entity. They contend that it is not inconceivable that a court, in finding an incorporated physician guilty of malpractice, could render two *separate* judgments against the physician and the corporate entity (assuming both had been named in the suit).

We disagree with such arguments.

First, whether there are one or two judgments in an unfavorable malpractice action, the total dollar liability would have to be the same. A patient could not recover the *total* judgment twice (against both the physician and the corporation). Since Pennsylvania physicians are presently covered for claims for \$1,000,000 or higher, a solo incorporated physician can be reasonably satisfied that he will be protected.

Second, many solo professional corporations have relatively limited assets. Therefore, it is absurd to pay an additional premium for professional liability coverage for the corporation when that premium may approach, equal, or exceed the total practice assets.

Third, even in those circumstances in which the corporation might have substantial assets, it can protect itself. We believe as a matter of law that the

person actually and primarily responsible for the malpractice bears the ultimate liability. Therefore, if the corporation were held liable by a court of law, it would have a cause of action against its only physician employee (who was primarily responsible for the malpractice). This could result in the insurer of the corporation really having no ultimate liability at all, with the total burden falling upon the physician and/or his *personal* malpractice coverage. To us, this simply means the risk being insured for the 20 percent added premium is non-existent.

### **Separate coverage for separate legal defense**

It is argued by some that separate defense would have to be provided for the corporation. This may be technically true from a legal standpoint, but in actuality is generally minimal in terms of cost (not meriting the 20 percent premium surcharge).

In a solo incorporated situation, we are not aware of any case or situation in which a separate medical malpractice action involved the corporation in such a way that its defense was contrary, in reality, to the defense of the physician himself. In light of that, the defense of the corporation can ride along with the defense of the physician, with little or no additional legal cost.

### **Tax reasons for optional coverage**

Some argue that an incorporated physician invites arguments with the IRS as to the legitimacy of the corporate status if it itself is not covered by malpractice liability insurance.

We recognize that obtaining the coverage for the corporation is one indicia in favor of the corporation's being such from a tax standpoint. So long as the corporation has been properly set up and operated, most of the indicia will be in favor of corporate treatment. This one possible adverse item alone would not be determinative. It is wrong to suggest that the lack of insurance coverage on the corporation by itself will prove adverse from a tax standpoint.

### **Are corporate physicians sued more?**

Some statistical surveys have shown that the rate of claims against incorporated M.D.s is higher than for their unincorporated counterparts. Even if such surveys are right, we question what they prove.

We do not believe that incorporation is the cause for any such higher incidence of malpractice claims.

It has been shown that more successful physi-



cians tend to be sued for malpractice since they are more likely to deal with the most difficult cases. Also, physicians in larger urban areas tend to be sued more (and be subject to higher judgments), while also tending to be (on the average) among the higher income physicians, who are therefore more likely to be incorporated.

Therefore, the corporation in and of itself is not a

cause of increased malpractice claims and does not necessarily merit the optional coverage.

### Conclusion

In conclusion, we hope this article assists those solo incorporated physicians facing the optional corporate coverage question by discussing its applicability to such practices. □

## Irradiation related thyroid cancer patient management guidelines listed

"Sixty Minutes," the CBS weekly news feature production, is expected to devote a segment in January to thyroid cancer related to therapeutic irradiation. Reprinted below, from the April 1976 issue of PENNSYLVANIA MEDICINE, are guidelines for physicians in the management of patients exposed to head and neck irradiation for benign conditions. The guidelines are reprinted from an article by Robert G. Carroll, M.D., of Pittsburgh, assistant professor of radiology and assistant director of nuclear medicine at the University of Pittsburgh School of Medicine.

The suggested guidelines were originally approved by the Council of the Cincinnati Academy of Medicine and were modified and adopted by the Allegheny County Medical Society in March 1976 in preparation for a patient recall program instituted in Pittsburgh. Such patient screening programs were urged in a joint statement by the American Medical Association and the American Hospital Association in October 1975. For details see the article by Dr. Carroll on page 27 of the April 1976 issue of PENNSYLVANIA MEDICINE.

1. Confirm the history of exposure to ionizing radiation. Patients with documented exposure records are at higher risk than those whose exposure cannot be documented.
2. If the patient insists that he was irradiated but no documentation can be found, then the patient must be considered at risk, and must be evaluated.
3. Examination should include history and careful physical evaluation. Often the field of radiation exposure extended from the umbilicus upward, thus careful examination of the skin, breasts, and particularly careful examination of the thyroid and salivary glands are indicated. If nodules are palpable in the thyroid gland, then a thyroid scan utilizing Technetium 99m or Iodine 123, preferably performed with a gamma camera and a pinhole collimator is indicated. If there is documentation of radiation exposure, a scan is indicated even if palpation is negative.
4. If no nodules are palpable on physical examination of

the thyroid, and if the thyroid scan is entirely normal, the patient should be reassured that the incidence of thyroid cancer following the radiation in childhood is low. Patients whose thyroid gland is found to be apparently normal on examination should remain under yearly observation, and some experts advise administration of thyroid hormone to these individuals if long term followup is assured.

5. Patients with a palpable nodule or nodules, and abnormality or abnormalities on the thyroid scan, should have surgery. The presence of multiple lesions does not decrease the probability of thyroid carcinoma among those patients who have been previously irradiated. This is in contrast with the usual clinical experience with multi-nodular glands arising in patients not exposed to radiation.
6. If the patient has a normal gland on palpation, and an abnormal or suspicious scan, the patient should be placed on full replacement doses of thyroid hormone to shrink normal tissue and have physical examination and scan repeated at six month intervals. If the scan is definitely abnormal, even in the absence of any physical findings, the patient has approximately the same likelihood of having carcinoma as a patient with abnormal palpation findings.

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## Patients get what bureaucracy orders

ABRAHAM J. TWERSKI, M.D.  
Pittsburgh

*This is the fifth part of "Go to hell, Washington, and take Harrisburg with you," which began in the September issue. In the series Dr. Twerski illustrates his belief that "... among the subculture of government ... there prevails a fixed idea, an unrealistic belief, a delusion in the full sense of the word ... that existence on paper is existence in reality." In the preceding segments, Dr. Twerski has related his experiences as a medical student in a federally funded hospital, a medical staff member of a state mental hospital, and clinical director of psychiatry of St. Francis General Hospital in Pittsburgh, and describes his frustrated attempts to get government funding for a much needed rehabilitation center for alcoholics.*

Nowhere is the inhumanity of the "paper delusion" of government manifested so blatantly as in hospitalization utilization review.

You may think that as a beneficiary of medicare and medicaid you are entitled to treatment and hospitalization as determined by your doctor. Wrong! You are entitled only to what some bureaucratic clerk thinks you should have, sometimes in gross defiance of your doctor's opinion.

Doctors who take care of patients in hospitals have many factors upon which to base their decisions for admission, treatment, and discharge. It is not a requirement for good medical practice that the doctor be an English literature major, with excellence in descriptive composition writing. The physician in the emergency room may observe many things about the patient's disposition, family, circumstances, etc., which may be crucial to his decision to treat the person in the hospital rather than as an outpatient. However, he cannot write a full-length novel on each patient. The information he writes on the chart is only that which is pertinent to the treatment of the condition at hand.

For example, an elderly woman

was brought to the emergency room because of a large ulcer on her leg. The patient had been living alone in a furnished room, was slightly confused, but had somehow managed to marginally care for herself. She had neglected to go to a doctor when the leg ulcer first developed. A niece who happened to visit her was shocked by her condition, and brought her to the hospital.

The leg ulcer itself could have been cared for at home, if the patient had a home where she could have had bed rest, *if* she had someone to prepare her meals and change dressings, *if* she had someone who could have seen to it that she took her medication regularly. But the doctor was not treating a leg ulcer; he was treating a *person* with a leg ulcer, and this person whom he was treating did *not* have a home where she could have had bed rest; did *not* have someone to prepare her meals and change dressings; and did *not* have someone who could supervise her care and medications. Consequently, it was his judgment that this person needed to be treated in a hospital. The leg ulcer did not need a hospital, but the person did. Inasmuch as the doctor was not an accomplished prose writer, he simply wrote

down the facts pertaining to the development of the leg ulcer, his physical findings on the examination, and the prescribed treatment.

It was not until ten days later that the patient's condition was considered sufficiently improved that she could be discharged to her furnished room, and arrangements made with the visiting nurse association to provide home nursing care, and with a community service to help provide meals at home. A year later, the hospital was notified by the state bureau that it was being denied reimbursement for this person's hospital stay, because this was an "unnecessary admission." Why? Because the treatment prescribed for the leg ulcer did not require a hospital, and could have been provided at home.

What happens is that in some state bureau office, a clerk, perhaps a nurse, sits and reviews all charts on which claims for medical reimbursement have been made. She looks at diagnosis and treatment. She has before her a piece of paper, and like all other government agents, believes that the piece of paper is a real thing. She determines that a



**leg ulcer on a piece of paper does not need hospital care, and denies payment on the basis of her decision that this was an "unnecessary admission." However, the physician who had decided this admission was indeed necessary, was not dealing with a leg ulcer on a piece of paper. He was confronted with a living human being, on whose leg there was an ulcer, and who required treatment for this, and could not receive adequate treatment in any other way other than hospitalization. He was dealing with a "who," not a "what." Yet his clinical judgment following his evaluation of a person was being overridden a year later by a clerk some 400 miles away, who was reading a chart.**

It must be kept in mind that the power to finance is the power to destroy. No health facility can operate without reimbursement. Furthermore, it is not even necessary to refuse payment to a hospital to bring it to a financial crisis. All that has to be done is to delay payment somewhat, perhaps by temporarily "misplacing" the invoices, etc., and the hospital's cash flow situation can be paralyzed. Governmentally controlled *financing* of health care is nothing less than governmental control of health care itself, and do not let yourself be convinced otherwise.

Having participated in numerous utilization reviews, I can attest to the entirely impersonal approach of government in medical care, and the word "impersonal" essentially summarizes the entire problem. *Good medical care is personal care.* Whenever and wherever that principle is violated, and care becomes impersonal, it is *ipso facto* poor medical care. If this is found to occur in any type of medical practice, it is to be condemned. However, government by its very nature *must* be impersonal. It is too big, too

complex, too remote, too bureaucratic, to be anything but impersonal. As long as medical care remains out of governmental control, it is at least possible to correct deficiencies; once it gets into government hands, kiss it goodbye.

I had mentioned earlier that there is no denying that there have been shortcomings in some areas of medical practice. However, we should be careful that the solution should not be worse than the problem it attempts to solve. The story of the child who saw a mouse fall into a can of milk, so he threw the cat in after it, is typical of some of the approaches toward which our society has been tending; namely, to turn difficult problems over to government management.

**In medicine, we sometimes employ what we refer to as a "trial of therapy," when we are not convinced that a given medication or treatment regimen is absolutely certain to be effective, and we then observe for possible negative side effects. A trial of therapy can only be something which is reversible; i.e., that we can stop it at any point if it proves ineffective or detrimental. You cannot perform an amputation as a "trial of therapy," because this procedure is absolutely final and irrevocable. Nor can turning medicine over to government management be an "attempt" at a solution of problems. There is no possible way of retrieval. Once government is in, it is in for keeps. If it is then discovered to have been a mistake, it is just too bad; just too damn bad.**

Let me give you another example of a denial of hospital payment by governmental agencies. A woman was being treated in the hospital for a severe mental disorder. While she was in the hospital, her husband was hospitalized for a heart attack. The woman's condition responded sufficiently

under treatment, so that discharge to home with followup treatment as an outpatient was feasible and ordered by the physician. The daughter then informed the psychiatrist that the father had just returned from the hospital several days ago, and that his physician had cautioned that he must have a maximum of rest, and particularly that he should not be agitated. The psychiatrist stated that although the wife's condition had improved to the point where she could be managed outside of the hospital, she was still sufficiently erratic that she could agitate the husband. It was therefore decided that the children would arrange among themselves to care for the father and mother in separate homes for awhile, until both her and his conditions stabilized sufficiently. The doctor then entered a note on the patient's chart, explaining his cancellation of his previous discharge order, and indicating a necessary delay of several days while appropriate arrangements could be made among the children for their parents' care.

When the chart came under review at the government agency, hospitalization for the last several days was denied on the basis of being unnecessary hospitalization. Their reasoning was that the doctor had admitted that the patient's condition *per se* would have permitted discharge; the delaying factors were circumstances outside of the patient's illness, and were not considered "medical necessity," hence were not compensable, and the hospital would not be paid.

Cases like these abound in the thousands. To government, the reality of paper supersedes the reality of flesh and blood. This is bureaucracy in action. □

*(Continued next issue.)*





## MDs in the news

**Lester G. Steppacher, M.D.**, Levittown, was elected president of the Pennsylvania Division, American Cancer Society, during the organization's annual meeting. He is former chairman of the group's task force on hospital programs, and has served on the executive, finance, and professional education committees.

**Jesse Weigel, M.D.**, was named recently as the first recipient of the Samuel Harbison, M.D., memorial award of the American Trauma Society. Dr. Weigel was chosen for his dedication to emergency care, exemplified by Dr. Harbison, the trauma society's first president. Dr. Weigel is medical operations director of the Emergency Medical Services Operation Center, and former director of emergency medicine at North Hills Passavant Hospital, Pittsburgh.

Recently named fellows of the American Academy of Family Physicians are the following M.D.s: **Jon S. Adler**, Washington; **Dennis L. Allen**, Hallstead; **Lee Backenstose**, Hershey; **Harold H. Chadwick**, Wysox; **Jesus S. Evangelista**, Washington; **Albert L. Grasmick**, New Oxford; **Elmer G. Hamme**, York; **Galen H. Kistler**, York; **Vera J. Kriskus**, Allentown; **Gabriel S. Martyak**, Freeland; **Samuel Rice**, Cranberry Township; **John G. Sheedy**, Altoona; **Willard D. Stewart**, Pleasantville; and **J. David Weinberg**, Columbia.

**Harry C. Bishop, M.D.**, was appointed recently to the Advisory Council for Pediatric Surgery of the American College of Surgeons. Dr. Bishop is a senior surgeon at the Children's Hospital of Philadelphia and associate professor of pediatric surgery at the University of Pennsylvania School of Medicine.

**Dorothea D. Glass, M.D.**, was recently named to the board of directors of the state's Hospital Utilization Project for one term. Dr. Glass is medical director at Moss Rehabilitation Hospital, Philadelphia.

**Randolph C. Blodgett, Jr., M.D.**, was recently appointed to the house of delegates of the National Arthritis Foundation. Dr. Blodgett is a rheumatologist at the Geisinger Medical Center, Danville.

**John F. Rose, Jr., M.D.**, was recently elected president elect of the Northeastern Section of the American Urological Association. Dr. Rose is an associate in the department of urology at the Geisinger Medical Center, Danville.

**Charles E. Cleland, M.D.**, was honored recently at a testimonial dinner given by the staff of the Kane Community Hospital in recognition of his 40 years on the medical staff. A former administrator of the hospital, the president of the board of directors, and a representative of the medical staff commented on Dr. Cleland's medical career and expressed appreciation for his past efforts.

**Pricha Boonswang, M.D.**, Easton; **Nicholas A. Cerimele, M.D.**, Johnstown; **Erden Fikri, M.D.**, Kane; **William Frailey, M.D.**, Allentown; **A. David Froelich, M.D.**, Harrisburg; **Anthanasios Houdes, M.D.**, Allentown; and **Charles Scagliotti, M.D.**, Allentown, were recently certified as diplomates of the American Board of Surgery.

The American Board of Internal Medicine recently certified the following physicians: **Anthony F. Fedullo, Jr., M.D.**, Hazleton; **Elias Hasbun, M.D.**, Patton; **Daljit Singh, M.D.**, Latrobe; and **Douglas F. Turtzo, M.D.**, Bethlehem.

**Stanton S. Leibowitz, M.D.**, was recently certified by the American Board of Dermatology. He is on the medical staff of York Hospital.

**Joseph J. Toland, III, M.D.**, senior attending orthopedic surgeon at Nazareth Hospital, Philadelphia, was recently named to the board of governors of the Pan American Orthopedic and Traumatology Association.

Dr. Toland is a founding member of the association and serves as president of the American Fracture Association.

**Nicholas F. Lorenzo, M.D.**, Brockway, was named physician of the year by Goodwill Industries of North Central Pennsylvania, Inc., and was the guest of honor at a "Thanks-For-Giving" dinner. Dr. Lorenzo is a past president of the Jefferson County Medical Society.

**Eldred D. Mundth, M.D.**, was recently named head of the division of cardio-thoracic surgery and professor of surgery at Hahnemann Medical College and Hospital, Philadelphia. Dr. Mundth is former chief of the department of cardiovascular surgery and served as director of the surgical cardiovascular laboratory and associate professor of surgery at Harvard Medical School.



DR. MUNDTH



DR. SOLL

**David B. Soll, M.D.**, was recently named president elect of the American Society of Ophthalmic Plastic Reconstructive Surgery. Dr. Soll is professor and chairman of the department of ophthalmology at Hahnemann Medical College and Hospital, Philadelphia.

**Eduardo Cevallos, M.D.**, Pottsville, was named recently as a fellow of the American Academy of Pediatrics. He is on the staff of Quakertown Community Hospital.

**M. Bruce Viechnicki, M.D.**, was elected recently as president of the Lehigh Valley Obstetrics-Gynecology Society. He is on the staff of Allentown Hospital.





## MDs in the news

The following medical doctors were recently named fellows of the American College of Surgeons: **William C. Adkins**, Erie; **Kambayanda M. Chengappa**, Erie; **Robert V. Davis**, Scranton; **George B. Faries, Jr.**, Harrisburg; **Michael J. Gordon**, Allentown; **David M. Junkin**, Abington; **Charles S. McConnel, Jr.**, Allentown; **Roy A. McJilton**, Franklin; **David P. Morrison**, Doylestown; **Dennis L. Moyer**, Sellersville; **Albert M. Nalevanko**, Dickson City; **Ronald L. Paul**, York; **Nicholas J. Pozza**, Oil City; **Louise Sabol**, Danville; **Prabhaker G. Sardesai**, Erie; **Gerald P. Sherwin**, Allentown; **David Sussman**, Allentown; **John O. Taylor**, Meadville; **Samuel R. Todaro**, Waverly; **Rogelio E. Vega**, Kittanning; **Michael B. Viechnicki**, Allentown; **Roger Walentiny**, Warren; and **James R. Warden**, Erie.

**N. Henry Moss, M.D.**, recently served as co-chairman of a nutrition conference held recently at the University of Pennsylvania under the auspices of the New York Academy of Sciences. Dr. Moss is associate clinical professor of surgery at Temple University Health Sciences Center and Albert Einstein Medical Center, Northern Division. Serving as associate chairman was **Willard Krehl, M.D.**, professor and chairman of community health and preventive medicine at Jefferson Medical College, Thomas Jefferson University.

**Alton I. Sutnick, M.D.**, was chosen to serve on the State Health Research Advisory Committee. He is dean and executive vice president for academic and professional affairs at the Medical College of Pennsylvania, Philadelphia.

**Manuel A. Bergnes, M.D.**, Norristown, was recently chosen to receive the distinguished physician's award of Sacred Heart Hospital during the recent dinner meeting of the hospital medical staff. Dr. Bergnes is chief pathologist at Sacred Heart Hospital. He is chairman of the State Society's Committee on Aid to Education.

The Philadelphia Roentgen Ray Society recently paid tribute to **Harold J. Isard, M.D.**, for his work on the early detection of breast cancer. Dr. Isard is emeritus chairman of radiology at the Albert Einstein Medical Center, Northern Division, and director of the center's project on screening for early detection of breast cancer.

**Francis S. Kleckner, M.D.**, was recently elected to a three year term on the councilor board of the Lahey Clinic Alumni Association, based in Boston. Dr. Kleckner is director of the gastrointestinal laboratory at Allentown and Sacred Heart Hospital Medical Center and Allentown Hospital.

**Joseph Fortuna, M.D.**, Beaver, recently became director of emergency medical services for the Medical Center of Beaver County. As director, he coordinates activities of the emergency rooms in the center's Beaver Falls and Rochester units.

**John R. Benson, M.D.**, and **Sydney E. Pulver, M.D.**, were recently elected to the board of directors of the Horsham Clinic, Horsham. Dr. Benson is professor of psychiatry at Temple University School of Medicine. Dr. Pulver is associate professor in the department of psychiatry at the University of Pennsylvania School of Medicine.

**A. Julio Martinez, M.D.**, was recently appointed associate professor of pathology at the University Health Center of Pittsburgh. Dr. Martinez is former associate professor of pathology at the Medical College of Virginia.

**Irvine G. Milheim, M.D.**, recently received a plaque from the staff of Sharon General Hospital in recognition of his 48 year medical career. Dr. Milheim was a surgeon on the hospital staff until his recent retirement.

The community of Arnold recently named its Fourth Avenue elementary school after **Harold W. Thomas, M.D.** The school was renamed for Dr.

Thomas in appreciation of his almost 50 years in medical practice and as school physician. During those 50 years he has delivered over 4,000 babies in the Arnold area.

**Leslie Nicholas, M.D.**, was recently elected president elect of the American Venereal Disease Association. Dr. Nicholas is a professor of dermatology at the Hahnemann Medical College and Hospital. He has served as president of the Philadelphia Dermatological Society, venereal disease consultant to the Philadelphia Naval Hospital and the State Secretary of Health, and chairman of the Subcommittee on Venereal Diseases of the Philadelphia County Medical Society.

**W. Clayton Davis, M.D.**, was recently named chairman of the department of surgery of York Hospital. Previously he was a professor of surgery at the University of Nebraska College of Medicine and chief of surgery at the Veterans Administration Hospital in Omaha.

**Sariel G. G. Ablaza, M.D.**, was appointed recently as chairman of cardiopulmonary surgery at the Albert Einstein Medical Center, Northern Division. He is clinical professor of thoracic and cardiovascular surgery at the Medical College of Pennsylvania.

The following physicians recently were appointed to the staff of the Geisinger Medical Center in Danville: **Bakulesh Patel, M.D.**, as assistant neonatologist in the division of pediatric medicine; **Ollice Bates, M.D.**, to the department of nephrology; **Narayan R. Shah, M.D.**, to the division of pediatric medicine; **Paul Meyer, M.D.**, as an associate in the department of neurosurgery; **Harold Slocum, M.D.**, and **Renato Diaz, M.D.**, as associates in the department of family medicine; **Albert Bernath, M.D.**, as an associate in medical oncology; and **Sheldon Kaplan, M.D.**, as an associate in the department of ophthalmology.



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## Your retirement plan

# A doctor's philosophy for investing—part II

LEIF C. BECK, LL.B.

VASILIOS J. KALOGREDIS, J.D.

Bala Cynwyd

Last month we discussed a number of our basic reasons why the typical physician should personally be a conservative investor. The greatest investment asset before a doctor today, however, is not his own money but that of his retirement plan and trust. It might be his professional corporation's pension or profit sharing plan, or a combination, or it might be his unincorporated Keogh plan, but the funds involved are likely to grow into his largest single element of wealth.

The developing size of a retirement fund demands that a physician give some attention to its investment. Even his selection of a bank, broker or investment counsellor is in effect an investment decision of the greatest importance, and there must always continue after the selection some question whether to switch to another person or institution. In the latter sense, we would point out that the failure to make a change (even if due to inattention) is a continuing investment event. No matter how much a doctor may want to stay out of investments, therefore, he simply can't avoid responsibility for his retirement fund's financial success or failure.

### **Fiduciary responsibility**

Assuming there is even one secretary, nurse, or other assistant covered by the plan, the pension law imposes a level of responsibility upon the physician-employer. The Employee Retirement Income Security Act of 1974 (ERISA) gives jurisdiction over retirement plans to both the U.S. Labor Department and the Internal Revenue Service, both portions of that act requiring responsible investment. Penalties for lack of prudent management could thus include employee lawsuits as well as tax disqualification.

We believe that ERISA pressures small employees to-

ward conservative investment. While the purchase of stocks in basically sound companies will presumably not be considered "imprudent" (think of Penn Central a few years before its collapse), we nevertheless are concerned for the doctor who must tell his aide that her share of the fund decreased because the market went down. And we simply cannot predict what employee in what office will bear the grudge to attempt a law suit against the doctor for failing his fiduciary responsibilities under ERISA. The fiduciary responsibilities will, by the way, often lie with a physician-owner even if he has selected a bank as plan trustee or signed up with a mutual fund or insurance company "master plan."

### **Magic of income compounding**

Most people look upon Keogh and corporation retirement plans as means of avoiding income taxes, but we disagree with this superficial attitude. Rather, those plans are methods by which moneys might be accumulated for use at a later date—retirement. We stress this approach because a retirement plan will often prove financially *disadvantageous* over the space of five years or less. It has been true of some older doctors who incorporated and died or retired within just a few years, for example.

The retirement plan's primary advantage is to serve as a vehicle for tax-free compounding of income over a number of years. Given fifteen, twenty, or more years of just reasonable income each year, the result will be dramatic. But stock market losses totally interrupt that compounding not only by reducing the fund but by setting back the accumulation schedule. These factors should in our view justify investment of retirement funds in items producing reasonable income *every year* with minimum risk of decline in value. High quality corporate bonds, bank certificates of deposit, and the like are good examples even if not very dramatic.

### **Tax structure**

Retirement plans' tax structures augment emphasis on

*The authors are the principal consultants of Management Consulting for Professionals, Inc., Bala Cynwyd.*



conservatism. The interest earned by a retirement fund will not be currently taxed, all of it thus being capable of annual reinvestment; but to the individual physician his personal interest income will be cut perhaps in half by the taxes thereon. So the best place to invest for income production is surely his retirement fund.

Conversely, to the extent one wishes to make them, investments in the stock market are better served staying with the individual and out of his plan. If the stock appreciates in value, it can be sold so the profits are taxed at the favorable capital gains tax rates. This is in itself an advantage. If, on the other hand, the stock must be sold at a loss the individual physician can take tax deductions for the loss; loss deduction is useless within an already tax-exempt retirement plan.

*All of this leads to our basic tax advice: make the surest income producing investments in your retirement plan and make any speculative or uncertain investments out of your pocket.*

### **Folly of "getting even"**

A number of doctors' plans have ridden down the market declines of the past four or five years, unfortunately paralleling most Pennsylvania professional corporations' existence. As a result, some funds are just approaching a "break-even" point either from the 1973 decline or from last year's drop in values. A typical physician's attitude is that he will get out of the market and into more conservative investments just as soon as he "gets even" with the original costs.

We appreciate that securities are likely to rise as well as fall, so that investments that have declined might well come back to break even or even to make good profits. Nevertheless, we suggest that the question should rather be this: If you had the cash now, would you today buy the same items? If the answer is "no," then we feel the doctor is better off cutting his losses and embarking promptly upon his newly determined philosophy.

The retirement fund is intended to serve a long-term purpose; hence it is most important to implement the desired philosophy. This, we believe, transcends the temptation to "hang on a little longer" for a quick recovery. Too often, the hanging on continues indefinitely either while waiting for the recovery or while hoping the actual recovery will continue "just a little further." Neither of these temptations serves the long-term goal of retirement funding.

### **Use of life insurance**

To the insurance industry, Keogh plans and professional corporations have presented unbelievable sales opportunities. And yet we submit that tax-free retirement plans are typically not the vehicles for sensible purchase of life insurance.

Particularly galling is the suggestion that ordinary life insurance contracts provide well for retirement through cash value increases. The rates of return on the insurance premiums are simply not going to be attractive when compared to other steady, interest-producing investments. Furthermore, since cash value increases are not

taxed anyway, we feel that tax-free retirement funds are not the preferable source for the investment—if the high premium, whole life policy should be purchased at all. And finally, the insurance coverage is not tax-free through a pension or profit sharing plan anyway because the term life portion (known as the P.S. 58 cost) must be reported on the insured's tax return as a current benefit from his participation in the plan.

If a person feels he should purchase more life insurance and wants not to use his personal dollars, we believe he could purchase *term insurance* through his retirement plan—not ordinary life coverage. Plans may be written to permit term insurance, although the fact is not well publicized by the insurance industry. Since dollars held in a retirement fund are already committed to investment, we feel the term insurance minimizes the cost of death coverage and maximizes the remaining dollars available for investment at whatever may be the best rates safely available.

### **Conclusion**

We are neither investment counsellors nor insurance agents, but we see so many physician-client situations that we have formed some fairly strong opinions. They are not very exciting on the surface, for they reject opportunities for big profits, tax write-offs and fancy sales presentations. They instead depend upon identifying the primary goals and concentrate on meeting those goals as surely as possible. □

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# Physician fraud—civil and criminal implications

VICTOR L. SCHWARTZ

Philadelphia

In attempting to define fraud it is easier and simpler to first explain what it is *not* than what it is. Fraud is not the result of an action committed by either *accident* or *mistake*.

The most common defense raised by physicians investigated for or charged with fraud is that a book-keeping error has been made. Although it is incumbent on the government to resolve every doubt in favor of a defendant or potential defendant\* and to criminally charge a member of society only if there is probably cause or reasonable belief that the individual in fact did commit the crime in question, the raising of this defense by physicians has been strikingly unsuccessful. In only one physician-fraud case in the eastern district of Pennsylvania in the last several years was that defense sufficiently viable to preclude prosecution after the case had been referred to the U.S. attorney's office. In no case was it successful after prosecution was formally initiated.

The reason for the dismaying statistic is the fact that in all cases except one a pattern of conduct was discernible which evidenced an *intent to deceive*—the critical element in the crime of fraud.

Whether an act is committed intentionally or not is rarely proved by direct evidence; unless there exist admissions of fraudulent intent by the doctor himself, one cannot look inside his mind. The prosecutor who must responsibly exercise his discretion to determine whether or not prosecution is appropriate and the jury who may ultimately decide the guilt or innocence of the accused both must find evidence of an intent to deceive.

An intent to deceive inherently implies that in order to be fraudulent a statement must not only be false but

also be *known* to be false. A physician should not be charged and could not be properly convicted if he has submitted or caused to be submitted claims—doctors' service reports, medicare claims, or medicaid claims—containing false material representations if the falsity of the representations are the result of either accident or mistake and not known by him to be false.

It should be noted, however, that under the statute most commonly used by federal prosecutors in charging a physician with fraud, absolute knowledge of the falsity or representations need not be proved in order to sustain a conviction. A reckless disregard and intentional avoidance of the truth calculated to mislead is sufficient to satisfy the element of "knowingly and willfully" making false statements.



*Mr. Schwartz was an assistant United States attorney in Philadelphia, and now is in private law practice there. In the last three years, he has spent most of his time with cases of physician fraud including medicare, medicaid, and mail fraud against Pennsylvania Blue Shield in its regular business. He has served as an assistant attorney general for the Commonwealth and as legal counsel for nine professional licensing boards including the state boards of podiatry, osteopathy, chiropractic, and pharmacy.*

By definition, the intent to deceive further implies that the false representation known to be false is willfully, deliberately, and purposely made.

The offense of fraud has not been committed, however, unless the false statements known to be false and willfully made with the intent to deceive are *material*. A statement is material if it is capable of influencing the carrier in its own business or as intermediary in behalf of the government. It is not necessary that the false representations or statements have actually influenced action. Claims submitted for services not rendered are obviously material, but the prosecutor need not prove that payment was made on those claims in order to convict.

It should be noted that although it is not fraud, it is a crime for a physician to solicit, offer, or receive a kickback, bribe, or rebate for services rendered or items furnished and paid for under either the medicaid or medicare programs.

## Examples of fraud

Some less obvious examples of fraud are:

1. Submitting a claim for noncovered services billed as services which are covered, e.g., routine foot-care billed as incision and drainage of an abscess;
2. Submitting a claim representing that a more complicated and expensive procedure was rendered than the one in fact rendered, e.g., billing for a cystoscopy with removal of ureteral gravel when only a cystoscopy was performed;
3. Submitting separate claims which impliedly represent that related surgical procedures which were performed at the same time or during the same period of hospitalization in the same operative area were rendered separately; and
4. Submitting a claim certifying that the services rendered were per-

\*This is not a legal requirement but an expression of the personal philosophy of the author.



sonally rendered by the physician or under his "personal direction" when in fact the services were rendered by an office assistant or nurse not in the immediate presence of the physician. The term, personal direction, often causes great confusion. The prosecutor must prove beyond a reasonable doubt that the physician had knowledge that the phrase "personal direction" required the services to be rendered in his immediate presence.

### Abuse

Fraud should not be confused with abuse which is not a crime but causes financial losses to the program in question. The two most common examples of abuse are overutilization caused by either the patient or provider and assignment violations by the physician.

*Although overutilization is not a crime, if the physician falsely represents an illness, injury, or condition which does not exist to justify rendering an unnecessary service, he has committed fraud.*

Other forms of abuse include: (1) separate schedule of charges for medicare and non-medicare patients; and (2) breach of assignment which results in the beneficiary's being billed for amounts disallowed by the carrier on the basis that such charges exceeded the "reasonable charge" criteria.

### Investigation

Although there has always been an undetermined amount of fraud against Pennsylvania Blue Shield (PBS) in its regular business, PBS' prior policy was merely to attempt to recover the monies paid for fraudulent claims, and possibly to suspend the miscreant physician from participating for a period of six months to a year without notifying law enforcement authorities of suspected fraud. *In the last several years, however, PBS has revised its policy and seeks prosecution of physicians who have committed fraud.*

The most common cause of investigating a doctor for possible fraud against PBS in its regular business and for medicare fraud is a complaint made by a patient. However, in the last two years two of the three cases resulting in prosecution and conviction of a doctor for mail fraud against

PBS were discovered when a computer had established that the doctor's profile for a particular procedure was abnormally higher than the norm.

PBS, which has more investigators than the federal government, will conduct its own investigation. This may entail solely interviewing patients of the doctor suspected of fraud, or solely consulting with an expert, or both. The extent and nature of the investigation naturally depends on the nature of the suspected fraud. PBS may or may not have a meeting with the doctor. If such a meeting occurs no warnings need to be, nor are they given, to the doctor by PBS personnel as to the criminal implications of the investigation because the fraud is being committed against PBS as a private entity.

When an investigation indicates that fraud has not been committed and that the problem at issue could be a result of mistake, accident, or misunderstanding, PBS usually grants the doctor an opportunity to meet with members of the utilization division. The meeting is sought in good faith in an effort to resolve the issue in question without investigation by governmental authorities.

When the investigation indicates that fraud probably has been committed PBS may not have a meeting with the doctor and may forward directly the results of its investigation to the postal authorities and the U.S. attorney's office. (As submitting false claims to PBS in its regular business is not only a violation of the federal mail fraud statutes but also constitutes the crime of obtaining money by false pretenses, PBS has the option to refer the cases to the district attorney's office in the county in which the doctor practices. The same option is open to the Commonwealth in medicare fraud cases. Both PBS and the Commonwealth so far have referred the cases to federal authorities because the level of competency and vigor of prosecution at the federal level tends to be much higher than that of local district attorneys.) The postal authorities and the assistant U.S. attorney handling the case review the PBS investigation report and determine whether additional investigation is necessary.

If so, patients may be interviewed or reinterviewed. Present and former employees of the doctor may be interviewed. Persons may be interviewed voluntarily or by being subpoenaed before the grand jury. *It should be noted that records of doctors in group practice, whether incorporated or not, can be subpoenaed but records of solo practitioners are protected by the Fifth Amendment rights against self-incrimination. It should be noted that the United States Supreme Court recently rendered a decision holding that the introduction into evidence of the business records, personally prepared by an attorney who is a sole practitioner and seized during a search of his offices pursuant to a valid search warrant, did not violate the Fifth Amendment's command that "no person . . . shall be compelled in any criminal case to be a witness against himself."* The dissent perceived no distinction of substance between compelling the production of such records through subpoena and their seizure by search warrant. It appears moreover, by the language of the most recent related case, that the Supreme Court may indeed decide that business records personally prepared by a sole practitioner can be subpoenaed as well as seized pursuant to a search warrant.

Where appropriate, persons are x-rayed and examined by experts who are prepared to testify in court. The physician himself may be interviewed by the postal inspector. Unlike PBS personnel the postal inspector does give *Miranda* warnings, thereby advising the doctor that anything he says can be used in court against him, that he need not say anything, that he can consult with counsel, etc. Finally, the doctor being investigated can himself be subpoenaed before the grand jury.

Investigations of medicare and medicaid fraud are very much like those for mail fraud against PBS in its own business. In medicare cases PBS representatives acting as agents of the government initiate a preliminary investigation. If it appears that fraud has been committed, the investigation is taken over, expanded, and completed by the Bureau of Health Insurance. PBS does not participate in medicaid investigations but postal



inspectors do. Investigation of possible medicaid fraud is initiated by state investigators and then conducted in the manner described above.

The most important difference between medicare and medicaid investigations and those by PBS for fraud in its own business is the purpose of the meetings with the doctor. Unlike meetings with PBS representatives, when state or federal investigators seek a conference with the physicians the matter tends to be more serious and more likely will be referred to the prosecutor. The state had had a policy of "settling" its cases, as had PBS; in the last two years it has more aggressively sought prosecution.

### **Prosecution—criminal penalties**

The prosecutor has almost total discretion in determining what is to be done with the case. He can decline prosecution and suggest to PBS where the case relates to its own business to attempt to recover its money amicably or by institution of suit as a private party. In medicare and medicaid cases he can decline prosecution and recommend administrative action without doing anything further or he can institute civil suit in behalf of the federal government with or without a recommendation of administrative action in addition. Although no such case has ever been instituted, it is the opinion of this writer that the federal government can sue under the False Claims Statute for medicaid claims submitted to a state agency. In medicare cases, a doctor who is criminally charged is generally also sued civilly, whereas if he is first sued civilly, it is because criminal prosecution has been declined.

After a decision has been made to file criminal charges the prosecutor has additional wide discretion. He can proceed by misdemeanor or by felony or by a combination of both and he can intentionally not include charges. Because of the discretion of the investigators in determining whether a case is to be referred for prosecution and that of the prosecutor in how he intends to proceed, the most important role of counsel is to attempt to prevent the case from being referred to the prosecutor and

if that cannot be accomplished, to persuade the prosecutor not to prosecute.

The criminal penalties for false claims vary from one year incarceration and/or \$10,000 fine up to five years incarceration and/or \$10,000 fine for each count in the indictment. One false claim is generally the basis of a count. For false claims submitted prior to October 1972, the misdemeanor penalty is one year incarceration and/or \$1,000 fine. There is a five year statute of limitations.

### **Civil implications**

The civil implications of being charged with fraud are the following:

1. Suit under the False Claims Statute with a forfeiture penalty of \$2,000 and double damages for every false claim submitted;
2. Suspension of payment on assigned claims;
3. Suspension or expulsion from the medicare program, the medicaid program, or both;
4. Suspension or expulsion from participating in the Blue Shield Plan;
5. Suspension from the county medical society;
6. Increased cost of malpractice insurance;
7. Increased exposure as a target for malpractice action; and
8. Suspension or revocation of licensure.

### **Statistics for Pennsylvania**

In the last two years there have been three convictions—against one dentist and two M.D.s—for mail fraud against PBS in the eastern district of Pennsylvania, and no convictions anywhere else in the state. Prior to this period there had been only one or two convictions in the entire history of PBS.

In the last two years, there have been two convictions for medicaid fraud in the eastern district of Pennsylvania, and nowhere else in the state. Prior to this time, there were no convictions for medicaid fraud in Pennsylvania. One doctor was an osteopath, and the other an M.D.

In the last three years there have been 17 convictions in the eastern district of Pennsylvania against doctors for medicare fraud. Of these, two have been against osteopaths, five

against podiatrists, and ten against M.D.s. During that period, there were three additional convictions against M.D.s in the middle and western districts of Pennsylvania. In addition, one doctor, an osteopath, was convicted of both medicare and medicaid fraud.

Of the convictions listed, one doctor received a prison sentence of five years, plus five years parole upon release of prison, with two days a week charity work pending the parole period. Three doctors received prison sentences of two years, plus fines; one doctor received a prison sentence of one year (subsequently reduced to five months) plus a fine; one doctor received a prison sentence of 45 days plus charity work and a fine; one doctor received a prison sentence of one month, plus charity work, and a fine; one doctor received a prison sentence of one month, plus a fine; the remainder received sentences of probation with or without charity work and fines.

Since the first conviction in September 1970, statistics for the entire state of Pennsylvania are the following: 35 convictions for medicare fraud; 3 convictions for mail fraud; 2 convictions for medicaid fraud; and 1 conviction for both medicare and medicaid fraud. In addition, a PBS investigator was convicted for bribery relating to a medicare fraud investigation of a physician. There have been 2 acquittals and 1 case of a hung jury with the defendant never being retried. Of the total convictions listed against doctors, the breakdown into types is the following: 20 M.D.s, 10 D.O.s, 9 podiatrists, and 1 dentist. (One defendant, an osteopath, was convicted for medicare fraud in 1971, and for medicaid fraud in 1976. These cases are counted as 2 convictions.)

It is expected that the number of medicare prosecutions will decline—at least in the eastern district of Pennsylvania—with a possible increase in other areas of Pennsylvania and the country. The number of medicaid prosecutions should increase as the federal government intends to assist in the enforcement of medicaid and no longer leave that task solely to the states as a result of the recent creation of the Office of the Attorney General of HEW. □



# Genetic counseling in the delivery of health care

KENNETH L. GARVER, M.D., PH.D.

Pittsburgh

*'Once primary care physicians understand a few basic mechanisms of inheritance and cytogenetics, they may easily keep up with current information, either by an occasional review course or by consulting an appropriate journal or book, when a questionable case arises. In lieu of this, it should at least be possible for primary care physicians to recognize when a case needs further counseling at an appropriate genetic counseling center.'*

Genetic counseling has become an important part of the delivery of health care.<sup>1,2,3</sup> Yet, many health care personnel consider genetic counseling a service available only in a medical center with highly trained personnel and sophisticated techniques. A small number of patients need these services, but most genetic counseling should be done in the offices of primary care physicians and should be an integral part of patient care.

Genetic counseling has become more relevant in medical care because of many factors. Antibiotics, vaccines, and better sanitation have made infectious diseases less of a problem than they were twenty or thirty years ago and better nutrition has decreased the incidence of malnutrition syndromes in this country. While these advances were being made, new techniques were developed which facilitated an examination of individuals from a genetic basis. Cells can be grown in culture and analyzed for biochemical and enzyme constituents. The technique that has most clinical applications is the ability to examine chromosomes of human beings. Concurrent with



*Dr. Garver is associate professor of obstetrics and gynecology and pediatrics for the University of Pittsburgh School of Medicine, assistant professor of human genetics in Pitt's Graduate School of Public Health, and serves as director of the Magee-Womens Hospital unit of the University of Pittsburgh Health Center Genetic Service.*

decreased family size, parents are increasingly interested in having their one or two or three children as normal as possible.

Once primary care physicians understand a few basic mechanisms of inheritance and cytogenetics, they may easily keep up with current information, either by an occasional review course or by consulting an appropriate journal or book,<sup>4,5,6</sup> when a questionable case arises. In lieu of this, it should at least be possible for primary care physicians to recognize when a case needs further counseling at an appropriate genetic counseling center.

## Patients needing counseling

**Parents who have a child with a birth defect or a genetic disease** and are concerned about the possibilities of its recurring in their own or their children's families comprise a large group in need of counseling.

A common example is a child born with Down's syndrome (formerly called mongolism). Very frequently this is the first child with Down's syn-



rome in the family of either parent and they are stunned and upset.<sup>7</sup> Genetic counseling involves much more than providing the parents with the simple recurrence risks of Down's syndrome. The counselor (and by counselor I mean the primary care physician or the genetic counselor) should realize that the parents are going through a very understandable and predictable series of emotional reactions.<sup>7</sup> They can direct much anger toward the physician who cared for the mother during her pregnancy or the physician who is taking care of the baby, at the nurses, and on some occasions, each other. They can harbor feelings of great guilt about what they did or did not do that resulted in the birth of a baby with defects. More tragically, they can reject the baby with Down's syndrome. The counselor must understand and help the patients transcend the agonizing period.

When parents ask for specific answers, it is important to fully discuss Down's syndrome, not only from the standpoint of its causation but also to impart the feeling that something can now be done about the future of their child. This involves enrolling the child very early in a program of infant stimulation and making certain the parents know of programs in the community that can help them and the child such as a parent-to-parent program. Later, the counselor should acquaint the parents with other facilities such as sheltered workshops and special education classes. More specifically, it should be explained to the parents that there are many types of Down's syndrome and that estimation of risk to themselves and other family members for having another affected child can only be made following examination of the baby's chromosomes.<sup>8</sup>

If the parents are under 35 and if the baby has the type of Down's syndrome called primary trisomy (47, XX or XY, +21) then the parents have a 1 in 100 risk with each pregnancy for having another child with Down's syndrome. The parents should know that there is a 99 in 100 chance the next child will not have Down's syndrome. Equally important information is that with this type of the syndrome, the brothers and sisters of the

baby with Down's syndrome and all collateral relatives are not at a significantly increased risk of giving birth to children with Down's syndrome. They have the same risk as any normal parental pair in the general population.

If, on the other hand, the baby has the translocation type of Down's syndrome and if either parent is a carrier, that family can have a markedly increased risk for having other children with Down's syndrome. If the baby has a 14/21 or 15/21 translocation type and if the mother is the carrier, then with the next pregnancy there is a 1 in 10 risk she will have another child with Down's syndrome. If the father is the carrier, the risk with each pregnancy is 1 in 50. When a child with the translocation type of Down's syndrome is born into a family, the risk to siblings and other family members depends on whether they are carriers for the translocation chromosome.

Another type of birth defect commonly seen are CNS closure defects (anencephaly and spina bifida cystica). There is still much misinformation among health professionals regarding recurrence risks of these conditions.

Both anencephaly and spina bifida cystica (myelomeningocele) are inherited in a multifactorial way. This means there are many genes from both parents plus environmental factors involved in causation of the birth defect.

After parents have a child with a CNS closure defect, their recurrence risk with each succeeding pregnancy is 1 in 25. Regardless of the type of defect in the first child, with each pregnancy they have a 1 in 50 chance of giving birth to a child with anencephaly, a 1 in 50 chance of having a child with spina bifida cystica and a slightly greater risk than the population in general that the child will be affected with hydrocephalus.<sup>9-10</sup> Although it is suspected that environmental factors also play a part, they are still largely unknown. There have been many unsubstantiated theories presented such as Dr. Renwick's hypothesis that blighted potatoes eaten by pregnant women will increase their risk of having a child with a CNS closure defect.<sup>11</sup>

**Some young couples, either contemplating marriage or married and considering a family,** realize there is genetic disease or birth defects in their family and therefore desire counseling to determine their risk for having affected children. This is known as prospective genetic counseling and hopefully it will become more common in the future.

A frequent example, because of publicity in the lay press, concerns couples possibly at risk for having a child with Tay-Sachs disease. This is one of the diseases that is more prevalent in a specific segment of the population, namely Jews whose ancestors came from the Ashkenazic area of Europe.<sup>12</sup> This is an area in northeastern Poland and adjacent areas of Lithuania and Russia.

Tay-Sachs disease is inherited in an autosomal recessive manner. Therefore, in order for a child to have this condition, it is necessary for both parents to be carriers, that is, that they have a normal gene on one chromosome and the mutant gene for Tay-Sachs disease at the same loci on the homologous chromosome. If both parents are carriers, there is a 1 in 4 risk with each pregnancy that the child will be affected.

It is now possible by utilizing tests for an enzyme, hexosaminidase A, to determine the carrier state. If each parent is a carrier and they have a 1 in 4 risk of having an affected child, there are many options open to them, including adoption, artificial insemination, and amniocentesis, to determine whether the baby in utero has Tay-Sachs disease.

**Another category involves women who are pregnant and have been inadvertently exposed to a mutagen.** Frequently a woman in the child-bearing age doesn't realize she is pregnant and undergoes a series of abdominal x-rays. When the pregnancy is discovered, there is concern about the possible damage to the baby. In order to adequately estimate the risk, it is necessary to determine the total dosage of radiation absorbed. Surprisingly, if she has undergone only one abdominal procedure such as an upper or lower G.I. series, this usually does not increase the risk that the fetus will be born with a congenital defect.<sup>13</sup>



The question of the effect of drugs taken early in pregnancy and the baby's increased risk for having a birth defect is still largely unknown. Recent evidence indicates that Dilantin,<sup>14,15</sup> tranquilizers,<sup>16</sup> oral contraceptives, and hormones<sup>17,18</sup> used for tests of pregnancy might cause the baby to be at an increased risk. In these cases it is necessary to emphasize that from our present knowledge the chances are still great that the baby will be normal.

**Another group who might require genetic counseling are those couples who have had three or more spontaneous abortions.** Studies have shown that in these situations there is approximately a 4 percent chance that the repeated miscarriages are due to either parent being a balanced translocation carrier.<sup>19</sup> In these cases it is important to delineate not only the risk of further miscarriages but also the possibility that they will have a child born live with multiple defects.

**Prenatal diagnosis of many genetic defects is now possible.**<sup>20,21</sup> These are generally divided into cases involving a possible chromosomal aberration, an x-linked recessive disorder, an inborn error of metabolism and a miscellaneous group, the largest number of which are CNS closure defects.

Prenatal diagnosis of genetic defects is best done at about 15 weeks of gestation. The techniques used depend upon the particular abnormality being investigated. If a chromosomal aberration is being considered, an amniocentesis is performed and amniotic fluid cells (cells from the baby) are grown in culture. In 2½ to 4 weeks, these cells can be harvested, and chromosomes examined, and it can then be determined whether the baby has normal chromosomes or abnormal chromosomes characteristic of a particular syndrome. Older mothers who are concerned about their chances of having a child with Down's syndrome comprise the largest group requesting prenatal diagnosis. At age 20 a woman has a 1 in 2000 risk of having a child with Down's syndrome, at age 30 a 1 in 1200 risk, at age 40 a 1 in 100 risk and at age 45 a 1 in 40 risk.

If an inborn error of metabolism is being considered, an amniocentesis

can be performed, amniotic fluid cells grown, and when enough are available, the particular enzyme at risk is assayed in the growing cells.

Cytogenetic and enzyme studies can be performed on amniotic fluid that has been in transit for many days provided that proper precautions are taken.<sup>22</sup> It is therefore possible to do an amniocentesis in a rural area and transport it to an appropriate center for testing.

CNS closure defects can be diagnosed at about 15 weeks of gestation by several techniques.<sup>23,24</sup> Sonography will determine the size of the baby's head and it has been demonstrated that alpha fetoprotein is significantly elevated in amniotic fluid when the baby has an open CNS defect. Sonography and estimation of amniotic fluid alpha fetoprotein when used together are about 95 percent predictive. Estimation of alpha fetoprotein in maternal serum<sup>25</sup> and fetoscopy<sup>26</sup> might be used in the future to prenatally diagnose CNS closure defects.

### Obtaining genetic information

Despite the availability of sophisticated technological procedures, the keystone for investigating any genetic problem is a thorough history. It consists of an evaluation of the family, past medical history, and if necessary, the obstetrical history of the patient(s) being counseled. Frequently, on their first visit, the patients or couple know very little about genetic disease or birth defects in their family. However, when they specifically ask older relatives, they obtain much helpful information. It is usually necessary to obtain physician or hospital records to verify the diagnosis of disease or defects in collateral relatives.

It was not until 1956 that two researchers, Tjio and Levan, published an easy and reproducible method for examining chromosomes of human beings.<sup>27</sup> In 1959 Lejeune described the first birth defect known to be caused by a change in chromosome number or structure.<sup>28</sup> Since then there has been a veritable explosion of knowledge that can be applied to

clinical situations utilizing cytogenetic studies on the patient or patients involved.

Unfortunately cytogenetic studies are still quite expensive and time-consuming and although they cannot be used as a routine screening test, they should be utilized in any case in which chromosome abnormalities are suspected.

It is now possible to grow cells *in vitro* from many human tissues. This enables not only an examination of the chromosomes of these cultured cells but also many biochemical and enzymatic parameters.

Biochemical and enzyme studies can also be done on blood and many tissues *in vivo*. It is possible to diagnose many heterozygote or carrier situations by means of these biochemical or enzymatic studies.

### Primary physicians as counselors

It is evident that a lack of genetic knowledge by primary care physicians results in both underestimating and overestimating genetic risks to patients.

A frequent example of underestimating risks for a recurrence of a birth defect concerns parents who had a child with a CNS closure defect and who were told "lightning never strikes twice in the same place" or that their risk for a second child with this defect was 1 in 50,000. The cold facts as described above are that these parents have a 1 in 25 risk with the next pregnancy for having a second child with a CNS closure defect.

Some patients are given forceful advice to undergo procedures such as abortion or sterilization because of unfounded and wrong genetic information.

Recently an extremely disturbed and anxious 20 year old girl was seen in our clinic. Several weeks previously, she had been seen by her family physician for a routine physical. When found that her sister had Down's syndrome, the physician strongly recommended that she be sterilized because of this "terrible form of mental retardation in her family." A second physician referred her to us for another opinion and sub-



sequent chromosome studies showed that her sister did not have the familial type of Down's syndrome. The patient actually had less chance of having a child with Down's syndrome than her physician who recommended sterilization.

Another concern are mothers who are advised to have a therapeutic abortion because a drug (either prescribed or over-the-counter) was ingested during the first trimester of the pregnancy. In many cases, a thorough review of the literature reveals no correlation between ingestion of the drug and fetal disease or birth defects. The parents are therefore told that on the basis of our best information, they have the same risk as anyone else in the population, namely 1 in 100, for having a child with a serious birth defect.

Giving genetic counseling requires that the physician have firm facts and current knowledge before he counsels his patient concerning matters as important as those of reproduction.

Primary care physicians should be aware that information from stillbirths and neonatal deaths could answer many questions for parents and collateral relatives, yet for most stillbirths there is not even an adequate physical examination recorded. Every stillbirth and neonatal death should be followed up by: (1) a complete physical examination; (2) several pictures, particularly of any birth defect; (3) a complete autopsy; (4) x-rays (post mortum if necessary); and (5) cytogenetic studies done on either heart blood or tissues if indicated by other findings. It is sometimes possible to grow cells from lungs up to three days after the death of the baby.

### Philosophy of genetic counseling

There are two concepts of the role of the counselor.<sup>29</sup> Some believe that he should be directive and make decisions for his patients, such as whether or not to have children, to be sterilized or to have an abortion. Others believe that counseling should be non-directive and patients should make their own decisions. This requires that they receive a full descrip-

tion of the disease in question, including all pertinent medical, social, and economic data. They should also be given their risk for having a child with a defect, their chance of having a normal child, and a description of all options open to them such as adoption, sterilization, artificial insemination and, if applicable, amniocentesis.

Genetic counseling should be non-directive. All patients have different ethical, moral, and ethnic backgrounds as do most counselors. Counseling should be a vehicle for transmission of scientific knowledge at a level that can be understood by each patient. It should not be used to direct a decision which has moral or ethical implications.

The decision as to the future should not be made in the counselor's office. It should be a mutual decision between the parents and should involve much discussion and a mature look at the possible results of having a child with a birth defect. It is true that no one can prospectively assess the effect on family relations of having a child with a birth defect, but the more it is discussed, the more knowledgeable the final decision will be.

If necessary, the counselor should be prepared to refer parents to a psychologist, psychiatrist, or to a religious advisor.

### Genetic counseling facilities

As was mentioned at the beginning of this article, the great majority of genetic counseling should be carried out by primary care physicians.

In those instances where expert advice or facilities are needed, we in Pennsylvania are fortunate in having a network of genetic counseling clinics. Each medical school has an active genetic counseling center and many now have satellite clinics in peripheral areas. A detailed listing of the facilities can be found in the International Directory which is published by the National Foundation-March of Dimes.<sup>30</sup> □

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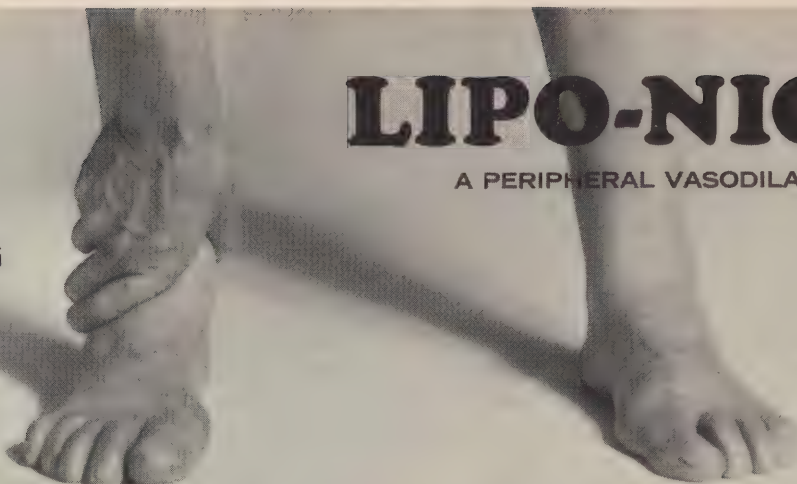
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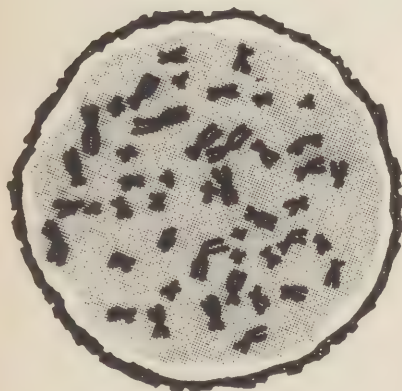
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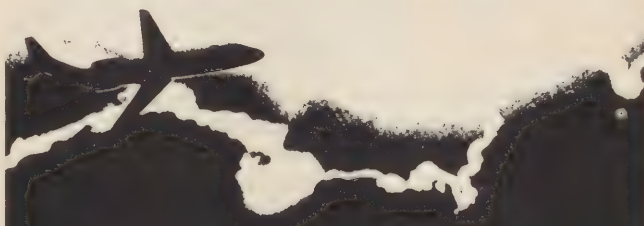
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## PHYSICIANS WANTED

**Family Physician**—Board Certified or qualified. Could be residency trained or qualified by active practice. Wanted for position as third full time faculty in accredited established community based family practice residency program in Michigan. Should be interested in curriculum expansion and teaching family practice residents and medical students. Faculty position on Michigan State University College of Human Medicine. Salary commensurate with training and experience. Good fringe package. Send curriculum vitae to: Robert J. Toteff, M.D., Director, Family Practice Center, 705 Cooper St., Saginaw, MI 48602.

**House Coverage**—Tired of the rat race of private practice—or are you just getting started and could use supplemental income? In either case, contact Sister Salvatore at Nazareth Hospital in northeast Philadelphia—(215) 331-8000—for a very attractive offer on house coverage. Malpractice insurance, vacation, life insurance, health plan are just a few of the benefits that are a part of this offer that includes a salary in the low 30s. Call today.

**Physicians (July and/or August)**—For brother-sister camp in Pennsylvania Pocono Mountains. Beautiful lake. Write qualifications and family accommodations needed to David Blumstein, 1410 E. 24th St., Brooklyn, NY 11210.

**House Physicians**—Pennsylvania license, competitive salaries and fringe benefits. St. Luke's and Children's Medical Center, Philadelphia, Pa. Contact Jay H. Davidson, M.D., (215) 684-3900, ext. 685.

**Emergency Physicians**—Staff positions and Directorships in southern New Jersey and all of Pennsylvania. Full time preferred, but also part time available. Fee-for-service with liberal guarantee. Write Department 740, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

**G.P. to Associate in One Man Corporation**—Option to take over. Practice primarily obstetrics and pediatrics. Two hospitals, 500 beds, open staff, most specialties. Charles A. Lehman, Jr., M.D., 335 Maynard St., Williamsport, PA 17701; (717) 323-9947.

**Emergency Room Physician**—The Lower Bucks Hospital currently has positions available for evening and/or night shift and weekends and holidays. If interested send resume to Personnel Department, The Lower Bucks Hospital, Bath Rd., Bristol, PA 19007, or call (215) 785-1211. Equal Opportunity Employer Male/Female.

**Chairman Department of Surgery**—Seven hundred thirty-four bed, fully accredited hospital is inviting applications for position of full time chairman of department of surgery. Group I Program. Clinical surgeon desired. Salary negotiable. Send curriculum vitae qualifications to

Chairman, Surgical Search Committee, St. Francis General Hospital, 45th St. (off Penn Ave.), Pittsburgh, PA 15201.

**Emergency Physicians**—A multi-hospital group of emergency physicians seeks members for full-time positions at major hospital emergency departments in Philadelphia and other areas of Pennsylvania. In addition to full-time emergency physicians, a physician director is sought for each emergency department. The group encourages professional and administrative autonomy in its member physicians. Financial arrangements are fee-for-service with minimum guarantee. Emergency-oriented educational programs for physicians are maintained by the group at no charge to its members. Compensation ranges from \$40,000 to \$60,000 per year for 48 hours per week. Write: Department 650, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, Pa. 17043.

**Florida Gulf Coast**—Unique private practice opportunity and hospital staff memberships immediately available in Tampa-St. Petersburg, the state's fastest-growing metropolitan area. Florida's largest community hospital development and management firm seeks curriculum vitae from primary care physicians—family medicine, general practice, internal medicine—and specialists in plastic surgery, otolaryngology, neurosurgery, gynecology, anesthesiology, ENT, and physical and rehabilitative medicine. Write to Medical Affairs Department, MEDFIELD CORPORATION, P. O. Box 15207, 1609 Pasadena Ave. S., St. Petersburg, FL 33733.

**Emergency Physician System**—Needs several full time emergency physicians, for western Pennsylvania area emergency department. Independent contractor arrangements. The system is on a "fee-for-service" basis. Contact (412) 228-3400 for interview appointment.

**Waynesburg, Pennsylvania**—Professional emergency physicians corporation is seeking a full time, career oriented emergency physician. Fee for service with a guaranteed minimum, corporate fringe benefits, flexible schedule, light night duty. New facilities, new equipment less than a year old. Comfortable on-call room with color television. \$50,000 to \$60,000 potential earnings. Contact GCEP, P. O. Box 708, Waynesburg, PA 15370.

**House Staff Physician**—Excellent opportunity for a *Pennsylvania licensed* physician to serve in a responsible position of a modern suburban Philadelphia, 286 bed hospital. JCAH accredited. \$30,000 per year plus vacation, sick leave, paid pension plan, hospitalization, malpractice insurance, and disability insurance. Some evening and night duty required. Availability June 1, 1977. For further information, contact John F. Dunleavy, Assistant Administrator, Holy Redeemer Hospital, Meadowbrook, PA 19046; telephone (215) 947-3000.



**Torrance, Psychiatrists and Physicians**—Board Certified or Board Eligible, Pennsylvania license required. Immediate openings. Excellent opportunity to work in state hospital in developing new programs. Salary competitive. Limited housing available. Excellent fringe benefits. Call (412) 459-8000 or write Ray Bullard, M.D., Superintendent, or Peter Bishop, D.O., Assistant Superintendent, Torrance State Hospital, Torrance, PA 15779.

**E. R. Physicians**—To complete developing group. Superb working conditions. Fully cooperative staff. Light patient load. Competitive pay and fringe benefits. Fully flexible scheduling. Clean, small, friendly community. Reply to: Chief Physician, Emergency Room Services, Adrian Hospital, Punxsutawney, PA 15676.

**Full Time Emergency Department** corporation needs physician to complete five man group. Moving into new facility 1977. 40,000 visits per year in teaching hospital. Good salary and fringe benefits including malpractice insurance, hospitalization, disability, and retirement programs. Contact Emergency Physicians of Erie, Ltd., 1261 W. 9th St., Erie, PA 16502.

**GP, FP, Internist, and Pediatrician**—Needed for multi specialty, hospital based group practice. New medical office building, adjacent to new 231 bed general hospital, will finish to suit. Highly competitive and flexible financial arrangements. Large, growing draw area, near Pittsburgh. Contact John McCarroll, Director of Ambulatory Care Services, Braddock General Hospital, Holland Ave., Braddock, PA 15104; (412) 351-3800.

**Orthopedic Surgeon Wanted**—Associate for well established Orthopedic Clinic in Eastern Pennsylvania. First year, salary plus percentage. Partnership after one year. Board eligibility required. No investment needed. Write Department 709, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

**Active Orthopedic Surgeons** located in northeast Philadelphia and adjacent suburbs seeking orthopedic resident finishing accredited residency. Position open. First year salary and partnership after one year. No investment needed. Send curriculum vitae. Write Department 730, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

#### POSITIONS WANTED

**Orthopedic Surgeon**—Completing residency and available to practice in July 1977 seeking southeastern Pennsylvania location. Write Department 742, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

**General Surgeon**—University trained, experienced in colonoscopy. Passed part I of Board. F.M.G., 40. Available July 1977 or earlier. Write Department 737, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

**Physician/Surgeon**—M.D., American surgeon, medical

school faculty for 25 years. Seeks full time position as medical educator, director emergency room service, or position with large corporation in medical or administrative capacity. Licensed in Pennsylvania, New York, Florida. Write Department 739, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

**Cardiologist**—Board Certified in Maryland, desires hospital based position. Please reply to Department 741, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

**Internist, Board Certified**—Wishes permanent part time position in Philadelphia area, industrial, clinical, or administrative. Write Department 738, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

**Internal Medicine**—Seeking 1-2 year residency/fellowship/preceptorship in S.E. Pennsylvania, Philadelphia area preferable. American graduate. Practice aim: internal medicine/adult primary care. Presently practicing pathologist. Previous 2 year internal medicine residency. Licensed Pennsylvania, New Jersey, Michigan. Write Department 743, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

#### FOR RENT

**Space in Professional Center**—Specialties or general practice, 4 treatment rooms, laboratory, dark room, business office, waiting room, consultation room. Primary or secondary office, furnished or unfurnished, shared lease possible. (215) 646-1665.

#### FOR SALE

**Office/Residence Combination For Dermatology Practice For Sale**—Main thoroughfare of industrial city with university and colleges in eastern Pennsylvania. Phone (215) 868-3951.

**Family Physician**—Office available immediately from retiring M.D. Well established practice. Excellent hospital. J. W. Allwein, M.D., 51 Parsonage St., Newville, PA 17241; (717) 776-3215.

#### MISCELLANEOUS

**Tax Deductible Vacations For Medical Professionals**—Over 500 listings of national/international meetings in the medical sciences for 1977. Send a \$10 check or money order payable to Professional Calendars, P.O. Box 40083, Washington, D.C. 20016.

**Biomedical Electronics Service**—Repairs medical, laboratory, and other electronic equipment. Will install and remove x-ray equipment. Walker Electronics®, 117 Sylvan Terrace, Harrisburg, PA 17104; telephone (717) 233-4716.





## obituaries

• Indicates membership in the Pennsylvania Society at time of death.

• **Alfred O. Boettger**, Martin's Creek; Hahnemann Medical College and Hospital, 1944; age 59; died August 18, 1976. His wife survives him.

• **Raymond G. Decker**, Wilkes-Barre; Georgetown University School of Medicine, 1954; age 48; died November 7, 1976. He was a member of the medical staffs of Wyoming Valley, Mercy, and General Hospitals, and was physician for the Wilkes-Barre area school district. His wife, five children, and three brothers survive him.

• **Louis J. Frymire**, Pittsburgh; University of Pittsburgh School of Medicine, 1938; age 62; died October 26, 1976. He was director of obstetrics and gynecology and residency training at Shadyside Hospital. His wife, four daughters, and a son survive him.

• **Roy W. Gifford**, Gettysburg; Jefferson Medical College, 1927; age 76; died November 2, 1976. He had served as president of the Adams County Medical Society in 1935, 1937, and 1970, on the board of directors in 1969 and 1970, and on the board of censors in 1969. He was a delegate to the State Society 1949 to 1963 and 1970 to 1971. He is survived by his wife, two sons, a daughter, and a brother.

• **William R. Levis**, Homestead, Florida; Hahnemann Medical College and Hospital, 1915; age 83; died October 20, 1976. He was former chief of surgery at the Crozer-Chester Medical Center, Upland. His wife and one son, William R. Levis, Jr., M.D., survive him.

• **Cyril M. Luce**, Media; University of Utah College of Medicine, 1915; age 55; died November 1, 1976. He was a professor of ophthalmology and an associate surgeon in the department of oculoplastic surgery at the Wills Eye Hospital, Philadelphia, and taught ophthalmology at Thomas Jefferson University Hospital and the University of Pennsylvania Graduate School of Medicine. His wife, three sons, a daughter, and his mother survive him.

• **Aaron W. Mallin**, Philadelphia; University of Pennsylvania School of Medicine, 1939; age 63; died June 3, 1976. Information regarding survivors is unavailable at this writing.

• **Timothy F. Moran**, Scranton; University of Michigan School of Medicine, 1931; age 71; died October 25, 1976. He was on the faculty of the colon and rectal department of Temple University Medical Center. He was a past president of the Pennsylvania Society of Colon and Rectal Surgeons. His wife, three sons, one of whom is Timothy Moran, Jr., M.D., and one daughter survive him.

• **Thomas M. McMillan, Jr.**, Mobile, Alabama; University of Pennsylvania School of Medicine, 1917; age 84; died

October 19, 1976. In 1922 he joined the faculty of the University of Pennsylvania School of Medicine as an assistant instructor and in 1957 was named emeritus professor of clinical medicine and clinical cardiology. He was chief of the division of cardiology at Philadelphia General Hospital 1921 to 1952, and on the staff of Pennsylvania Hospital 1922 to 1957. He was editor-in-chief 1946 to 1955 of *Circulation*, the journal of the American Heart Association, and received the Gold Heart Award. He had served as a governor of eastern Pennsylvania of the American College of Physicians, received the Alfred Stengel Award in 1954, and was named a master in 1964. He was a past president of the Pennsylvania Heart Association. His wife and two daughters survive him.

• **John F. McVey**, Pittsburgh; University of Pittsburgh School of Medicine, 1927; age 74; died November 2, 1976. He was a member of the emeritus staff at Pittsburgh Hospital. Surviving are his wife, a daughter, and two sisters.

• **Erwin J. Nelowet**, Norristown; Temple University School of Medicine, 1933; age 71; died August 16, 1976. A son and a sister survive him.

• **Joseph J. Peters**, Philadelphia; University of Pennsylvania School of Medicine, 1948; age 53; died October 30, 1976. Dr. Peters was former director of the Center for Studies on Sexual Deviance, and director of the Center for Rape Concern at Philadelphia General Hospital; senior attending psychiatrist at the Institute of Pennsylvania Hospital; dean of the Delaware Valley Group Psychotherapy Training Institute; associate clinical professor of psychiatry at the University of Pennsylvania School of Medicine; and a lecturer in the department of sociology at the University of Pennsylvania. He was a recipient of the Hospital Physicians Award for "The Lonely Plight of Victims of Rape" and the Earl D. Jones Award of the Mental Health Association of Southeastern Pennsylvania. His wife, two sons, two daughters, his parents, a sister, and a brother survive him.

• **John S. Plumer**, Pittsburgh; Johns Hopkins University School of Medicine, 1914; age 90; died October 20, 1976. Information regarding survivors is unavailable at this writing.

• **Byron E. Shaw**, Springdale; Jefferson Medical College, 1917; age 88; died October 24, 1976. He practiced medicine 51 years and was a member of the medical staffs of Citizens General, New Kensington, and Allegheny Valley Hospitals. Surviving are his wife, a son, three daughters, a brother, and a sister.

• **Joseph H. Schoenfeld**, Philadelphia; Medico-Chirurgical College, 1915; age 83; died August 25, 1976. His wife, two daughters, and four sisters survive him.



# Pennsylvania Guide to Continuing Medical Education



Prepared by:  
Council on Education and Science

20 Erford Road, Lemoyne, Pennsylvania 17043  
(717) 238-1635

This list of continuing medical education announcements is published as a supplement to the September and January issues of PENNSYLVANIA MEDICINE. It includes all intermittent programs, courses, seminars, lectures, and other continuing medical education activities that were reported prior to the deadline. Items received after the deadline will be published (if presentation date has not passed) in the next supplement. For a reprint of this supplement or for submitting additional announcements, contact the Council on Education and Science at the address shown above.

In most cases, each of the continuing medical education activities listed in this supplement has been granted AAFP and ACPG (osteopathic) credit. Contact those offices for details.

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## General Abbreviations:

Acad	Academy	Gen	General
Admin	Administrator	Grad	Graduate
Amer	American	Hosp	Hospital
Assn	Association	Inst	Institute
Ave(s)	Avenue(s)	Lab(s)	Laboratory, Laboratories
Bo	Board	Med	Medical, Medicine
Bldv	Boulevard	Mem	Memorial
Bldg	Building	Natl	National
Cntr	Center	N	North
Chrm	Chairman	Pkwy	Parkway
Clin	Clinic, Clinical	Phys	Physicians
Co	County	Pa	Pennsylvania
Coll	College	Box	Post Office Box
Comm	Committee	Prac	Practice
Cmsn	Commission	Prof	Professional
		Prgm	Program
		RMP	Regional Medical Program
Cont	Continuing	Rehab	Rehabilitation
CME	Continuing Medical Education	Rd	Road
		Rm	Room
Dept	Department	Sch	School
Dir	Director	Secy	Secretary
DME	Director Medical Education	Serv	Service
		Soc	Society
Dist	District	S	South
Div	Division	St	State, Street, Saint
Dr	Drive	Sur(s)	Surgeon(s)
E	East	Univ	University
Educ	Education	VA	Veterans Administration
Exec	Executive	W	West

## REFERENCE CODE FOR ACCREDITED PENNSYLVANIA INSTITUTIONS

(Each of the following institutions has continuing medical education accreditation to grant Category One Credit.)

Note: When any of these names appear in individual announcements, the code name (rather than full name) is printed. Refer to this section for address.

ACC—Amer. Coll. of Card., 9650 Rockville Pike, Bethesda, MD 20014  
ACP—Amer. Coll. of Phys., 4200 Pine St., Philadelphia 19104  
ACS—Amer. Coll. of Surgs., 55 E. Erie St., Chicago, Ill. 60610  
AHA—Amer. Heart Assn., Pa. Affiliate, P.O. Box 2435, Harrisburg 17105

Allegheny—Allegheny Gen. Hosp., 320 E. North Ave., Pittsburgh 15212  
Allergy—Pa. Allergy Assn., 240 N. 36th St., Camp Hill 17011  
AMA—Amer. Med. Assn., 535 N. Dearborn St., Chicago, Ill. 60610  
Anesthesiologists—Pa. Soc. of Anesthesiologists, 4518 Union Deposit Rd., Harrisburg 17111  
Cambria-Somerset—Cambria-Somerset Reg. Council for Prof. Ed., % Lee Hosp., 320 Main St., Johnstown 15901  
Chester—Chester Co. Hosp., 602 E. Marshall St., West Chester 19380 (% Joseph L. Abbott, M.D.)  
Clin. Path.—Pa. Assn. of Clin. Path., 1735 W. Main St., Norristown 19401  
Clin. Sch.—Clin. Sch. of the Family Inst., Wurzel Bldg., Philadelphia Psychiatric Cntr., Ford Rd. and Monument Ave., Philadelphia 19131  
Coatesville—Coatesville Hosp., Coatesville 19320  
Coatesville VA—Coatesville Vet. Admin. Hosp., Coatesville 19320  
Coll. Phys./Phila.—Coll. of Phys. of Philadelphia, 19 S. 22nd St., Philadelphia 19103  
Colon and Rectal—Pa. Soc. of Colon and Rectal Surg., Liberty Sq. Med. Cntr., 17th and Liberty Sts., Allentown 18104  
Conemaugh—Conemaugh Valley Memorial Hosp., 1086 Franklin St., Johnstown 15905  
Delaware Co.—Delaware Co. Mem. Hosp., Lansdowne Ave., Drexel Hill 19026  
Dermatology—Pa. Acad. of Dermatology, 8220 Castor Ave., Philadelphia 19152 (% Charles H. Greenbaum, M.D.)  
Elwyn—Elwyn Institute, 111 Elwyn Rd., Elwyn 19063  
EPPI—Eastern Pa. Psychiatric Institute, Henry Ave. and Abbottsford Rd., Philadelphia 19129  
Erie PG—Erie Postgraduate Med. Inst., Gannon Coll. Erie 16501  
Frankford—Frankford Hosp., Frankford Ave. and Wakeling St., Philadelphia 19124  
Geisinger—Geisinger Med. Cntr., Danville 17821  
Hahnemann—Hahnemann Med. Coll., 230 N. Broad St., Philadelphia 19102  
Hamot—Hamot Med. Cntr., Erie 16512  
Harrisburg—Harrisburg Hosp., Harrisburg 17101  
M. S. Hershey—Pa. State Univ. Coll. of Med., M. S. Hershey Med. Cntr., Univ. Dr., Hershey 17033  
Institute—Institute of the Pa. Hosp., 111 N. 49th St., Philadelphia 19139  
Jeanes—Jeanes Hosp. of Fox Chase Center for Cancer and Med. Sciences, 7600 Central Ave., Philadelphia 19111  
Jefferson—Jefferson Med. Coll. 1025 Walnut St., Philadelphia 19107  
Lackawanna Co.—Lackawanna Co. Med. Soc., Med. Arts Bldg., 327 N. Washington Ave., Scranton 18503  
Lebanon VA—Lebanon Vet. Admin. Hosp., Lebanon 17042  
Lehigh AHEC—Lehigh Valley Area Health Ed. Cntr. 335 N. Eighth St., Allentown 18102  
McKeesport—McKeesport Hosp., 1500 5th Ave., McKeesport 15132  
MCP—Med. Coll. of Pa., 3300 Henry Ave., Philadelphia 19129  
Mercy/Pgh.—Mercy Hosp., Pride & Locust Sts., Pittsburgh 15219  
Norristown State—Norristown State Hosp., Stanbridge & Sterigere Sts., Norristown 19141  
Packer—Robert Packer Hosp., Sayre 18840  
PAFP—Pa. Acad. of Family Phys., 5600 Derry St., Harrisburg 17111  
Paoli—Paoli Mem. Hosp., Paoli 19301  
PAO&O—Pa. Acad. of Oph. & Otol., 1248 Hamilton St., Allentown 18102  
PMS—Pa. Med. Society, 20 Erford Rd., Lemoyne 17043  
Phoenixville—Phoenixville Hosp., 140 Nutt Rd., Phoenixville 19460  
Polyclinic—Harrisburg Polyclinic Hosp., Third St. and Polyclinic Ave., Harrisburg 17105  
Psychiatry—Pa. Psychiatric Soc. 20 Erford Rd., Lemoyne 17043  
Radiology—Pa. Radiological Soc., 4518 Union Deposit Rd., Harrisburg, 17111.  
Reading—Reading Hosp., 6th Ave. & Spruce St., Reading 19602  
St. Francis—St. Francis Gen. Hosp., Penn Ave. and 45th St., Pittsburgh 15201  
St. Margaret—St. Margaret Mem. Hosp., 265-46th St., Pittsburgh 15201  
St. Vincent—St. Vincent Hosp., Erie 16512  
Temple—Temple Univ. Health Sciences Cntr., 3400 N. Broad St., Philadelphia 19140  
U. of Pa.—Univ. of Pa. Sch. of Med., 288 Med. Labs. Bldg., Philadelphia 19174  
Pitt—Univ. of Pittsburgh Sch. of Med., 1022-H Scaife Hall, Pittsburgh 15261  
Roentgen Ray—Phila. Roentgen Ray Soc., Temple U. Health Sciences Cntr., Philadelphia 19140  
Warren State—Warren St. Hosp., Box 249, Warren 16365  
Washington—Washington Hosp., 155 Wilson Ave., Washington 15301  
Wernersville—Wernersville St. Hosp., Wernersville 19565  
West Penn—Western Pa. Hosp., 4800 Friendship Ave., Pittsburgh 15224  
York—York Hosp., George St. & Rathton Rd., York 17405



## ANNOUNCEMENTS

For more information, such as: frequency of sessions, fees, maximum registration, faculty, etc., contact the director at the address given in the announcement or in the REFERENCE CODE box on the cover.

Abington; Abington Mem. Hosp.; '76-'77 Academic Year

(1) Grand Rounds; by **Temple**; second and fourth Tuesdays, Sept.-May (77-1-3)  
Contact: Charles H. Ewing, M.D., Dir. of Cont. Educ., Abington Mem. Hosp., Abington 19001.

Allentown; Allentown-Sacred Heart Hosps.; '76-'77 Academic Year

(1) Continuing Medical Education Seminars; by **U. of Pa.**; bimonthly, Sept. 8-June 22 (77-1-39)  
Contact: Fred Fister, M.D., Allentown Hosp., 17th and Chew Sts., Allentown 18102.

Allentown; **PAO&O**; '76-'77 Academic Year

(1) Annual Conference on Pediatric Ophthalmology-Complications; at Hyatt House, Cherry Hill, N.J.; May 15-17 (77-1-70)

(1) Annual Convention; at Bedford Springs Hotel; May 19-21 (77-1-71)  
(1) Eye, Ear, Nose and Throat Conferences; at Wyomissing Club, Reading; one day a month, Sept.-Apr. (77-1-72)

(1) Oculo-Plastic Surgery; location to be announced. April 29-30 (77-1-73)  
(1) The Glaucoma Patient; at Wills Eye Hosp., Philadelphia; April 1-2 (77-1-74)  
(1) Retinal Diseases of the Young and Adolescent; at Marriott Hotel, Philadelphia; Mar. 4-5 (77-1-75)

(1) Otolaryngology Conference; at Allegheny Co. Med. Soc. Headquarters, Pittsburgh; monthly, Sept.-Mar. (77-1-76)

(1) Ophthalmology Conferences; at Inter County Ophthalmologic Society, Lansdale; monthly, exact dates to be announced (77-1-77)

Contact: Robert E. Shoemaker, M.D., Chrm., Comm. on Scientific Work, **PAO&O**.

Ambler; Horsham Hosp.; '76-'77 Academic Year

(1) Discussion of Unusual and/or Complicated Cases; by **Temple**; bimonthly, Sept.-June (77-1-95)

(1) Clinical Case Conference/or Special Guest Lecture; by **Temple**; quarterly, Sept.-June (77-1-178)

Contact: Nicholas C. Tenaglia, M.D., Clin. Dir., Horsham Hosp., Welsh Rd. & Butler Pike, Ambler 19002.

Bedford; Bedford Springs Hotel; 1977

(1) Continuing Education Program-Pa. Assn. for Thoracic Surgery; by **Temple**; Sept. 23-24 (77-1-482)

Contact: J. C. Donnelly, Jr., M.D., Sec., Pa. Assn. for Thoracic Surg., Suite 233, Lan-kenau Med. Bldg., Philadelphia 19151.

Bethlehem; St. Luke's Hosp.; '76-'77 Academic Year

(1) Continuing Medical Education Program; by **Temple**; monthly, July-June (77-1-220)

Contact: Albert Finestone, M.D., Asst. Dean, Cont. Med. Educ., **Temple**.

Brownsville; Brownsville Gen. Hosp.; 1977

(1) Obstructive Lung Disease; by **Pitt**; Jan. 6 (77-1-375)

(1) Gall Bladder Disease; by **Pitt**; Jan. 20 (77-1-376)

(1) Congestive Heart Disease; by **Pitt**; Feb. 3 (77-1-377)

(1) Renal Disease; by **Pitt**; Feb. 17 (77-1-378)

(1) Gout; by **Pitt**; Mar. 3 (77-1-379)

(1) Cardio-Pulmonary Resuscitation; by **Pitt**; March 17 (77-1-380)

(1) Arthritis; by **Pitt**; Apr. 7 (77-1-381)

Contact: Thomas E. Park, M.D., Chief, Med. Staff, Brownsville Gen. Hosp., Brownsville 15417.

Bryn Mawr; Bryn Mawr Hosp.; '76-'77 Academic Year

(1) Interdepartmental Clinical Course; by **Jefferson**; monthly, Sept.-Sept. (77-2-2)

(1) Tumor Board; by **Jefferson**; weekly, Sept.-Aug. (77-1-30)

### Key to symbols:

( ) Numbers in parentheses at the beginning of an announcement indicate the PRA Category number in which attendance at this program should be reported. You may report each hour of attendance.

(77-1-XX) Numbers in parentheses at the end of an announcement are code numbers which will be helpful as a cross reference from the Subject Index section of this supplement.

**Bold Face Type** indicates an institution that has Category I accreditation. This name MUST APPEAR on your PRA APPLICATION to the AMA if you are to receive Category I credit.

(1) Correlated Clinical Science Course-Surgery; by **Jefferson**; monthly, Sept.-June (77-1-31)

(1) Correlated Clinical Science Course-Pediatric; by **Jefferson**; monthly, Oct.-June (77-1-32)

(1) Correlated Clinical Science Course-Medicine; by **Jefferson**; monthly, Sept.-May (77-1-33)

(1) Correlated Clinical Science Course-Psychiatry; by **Jefferson**; monthly, Oct.-June (77-1-34)

Contact: Theodore J. Berry, M.D., DME, Bryn Mawr Hosp., Bryn Mawr, 19010.

(1) Current Concepts in Medicine for the Practicing Physician; by **Jefferson**; April 28-29 at Valley Forge Hilton; April 30 at Bryn Mawr Hosp. (77-1-392)

Contact: Harold J. Robinson, M.D., Bryn Mawr Hosp., Bryn Mawr 19010.

Butler; Butler Co. Med. Soc.; 1977

(1) Cardiac Arrhythmias; by **Pitt**; at Holiday Inn, Butler; Jan. 11 (77-1-382)

(1) Purpose and Technique of Medical Audit; by **Pitt**; at Holiday Inn, Butler; Feb. 8 (77-1-383)

(1) Investigations and Treatment of Infertility in Women; by **Pitt**; at Holiday Inn, Butler; March 8 (77-1-384)

(1) Surgery and Peptic Ulcer Disease; by **Pitt**; at Holiday Inn, Butler; April 12 (77-1-385)

Contact: S. A. Nallathambi, M.D., Prgm. Chrm., Butler Co. Med. Soc., 230 S. Washington St., Butler 16001.

Canonsburg; Canonsburg General Hosp.; 1977

(1) Cardiac Murmurs and Arrhythmias—Diagnostic Evaluation and Management; by **Pitt**; Jan. 11 (77-1-360)

(1) Recent Advances in Immunology; by **Pitt**; Feb. 1 (77-1-361)

(1) Breast Cancer; by **Pitt**; Mar. 1 (77-1-362)

(1) Pancreatic and Small Bowel Disorders; by **Pitt**; April 5 (77-1-363)

(1) Leukemias and Lymphomas; by **Pitt**; May 3 (77-1-364)

Contact: Louis Signorella, M.D., McMurray 15317.

Carnegie; Woodville State Hosp.; '76-'77 Academic Year

(1) Continuing Education Seminars; by **Pitt**; weekly, Sept.-June (77-1-35)

Contact: Maurice S. Cerul, M.D., Dir. Educ., Woodville State Hosp., Carnegie 15106.

Danville; **Geisinger**; '76-'77 Academic Year

(1) Advances in Clinical Practice; Feb. 12-13; at Sheraton Inn, Danville (77-1-205)

(1) Hypertension, 1977; Feb. 23 (77-1-206)

(1) New Developments in Otolaryngology of Interest to Primary Care Physicians; Mar. 7 (77-1-207)

(1) High and Low Blood Sugars and What to do About Them; Mar. 16 (77-1-208)

(1) Immunology for the Practitioner; Mar. 30 (77-1-209)

(1) Practical Advances in Dermatology; Apr. 6 (77-1-210)

(1) Abdominal Diseases: The Internist and the Surgeon; Apr. 6 (77-1-211)

(1) Pulmonary Physiology Made Easy: A Guide to the Understanding of Pulmonary Function Testing; Apr. 20 (77-1-212)

(1) Hypothyroidism and Thyrotoxicosis; May 4 (77-1-213)

(1) Special Child Conference-9th Annual; May 7 (77-1-214)

(1) The Worried Well: Practical Approaches to Problem Patients; June 1 (77-1-215)

(1) The Significance of the Apical Systolic Murmur; June 8 (77-1-216)

(1) Gynecologic Endocrinology; every fourth Monday (77-1-261)

(1) Neurology-Neurosurgery Conference; every Monday (77-1-262)

(1) Head and Neck Tumor Conference; every Monday (77-1-263)

(1) Visiting Professor Program; every third Monday (77-1-264)

(1) Behavioral Science Lectures in Family Practice; every Monday (77-1-265)

(1) Pediatric Grand Rounds; second and fourth Tuesdays (77-1-266)

(1) Multidisciplinary Tumor Conference; first and third Tuesdays (77-1-267)

(1) Cardiovascular Hemodynamic Conference; every Wednesday (77-1-268)

(1) Pulmonary Physiology Conference; every Wednesday (77-1-269)

(1) Core Curriculum Lectures in Family Practice; every Wednesday (77-1-270)

(1) Emergency Medicine Lectures; every Wednesday (77-1-271)

(1) Combined Pediatric, OB/GYN Perinatal Conference; every third Thursday (77-1-272)

(1) Rehabilitation Medicine Teaching Program; first and third Thursday (77-1-273)

(1) Chest Conference; every Thursday (77-1-274)

(1) Electrophysiology Conference; every Friday (77-1-275)

(1) Hospital Grand Rounds; every Friday (77-1-276)

(1) Internal Medicine Conference; every Tuesday, Wednesday, and Thursday (77-1-277)

(1) Dermatology Conference; every Monday, Thursday, and Friday (77-1-278)

(1) Updating Medical Urology; every Thursday (77-1-279)

(1) Urology Pathology Conference; every third Thursday (77-1-280)

(1) Urology Radiology; every Friday (77-1-281)

(1) Pediatric Teaching Conference; every Tuesday and every first, second, and fourth Thursday (77-1-282)

(1) Dermatology Grand Rounds; every last Friday of month, Sept.-May (77-1-296)

Contact: Mildred K. Fleetwood, Ph.D., V. Chrm., Educ. Comm., **Geisinger**.

Drexel Hill; **Delaware Co.**; '76-'77 Academic Year

(1) Monthly Medical Symposium; monthly, Sept. 14-June 7 (77-1-60)

(1) Saturday Multidisciplinary Conference; weekly, Sept. 4-June 25 (77-1-61)

(1) Pediatric Problems; twice monthly, Sept. 2-June 16 (77-1-62)



(1) Current Problems in Anesthesiology; weekly, Sept. 13-June 27 (77-1-63)  
(1) Surgical Seminar; monthly, Sept. 28-Aug. 23 (77-1-64)  
(1) Continuing Medical Education in Gynecology; monthly, Sept. 23-Aug. 25 (77-1-65)  
(1) Clinical Pathological Conference; monthly; Sept. 14-June 14 (77-1-66)  
(1) Urology- Renology Conference; monthly, Sept. 10-June 10(77-1-67)  
(1) Continuing Education in Electroencephalography; weekly, Sept. 3-June 24 (77-1-68)  
(1) Tumor Conference; monthly, Sept. 15-Aug. 17 (77-1-69)  
Contact: Donald V. Powers, M.D., DME, Delaware Co.

DuBois; Clearfield Co. Med. Soc. and Jefferson Co. Med. Soc.; 1977  
(1) Continuing Education for Physicians; by **Pitt**; weekly beginning Feb. 1977 (77-1-561)  
Contact: Clifford B. Lull, M.D., Jefferson Co. Med. Soc., DuBois 15801.

East Stroudsburg; Pocono Hosp.; '76-'77 Academic Year  
(1) Continuing Medical Education Program; by **MCP**; monthly, Sept.-May (77-1-217)  
Contact: Gerald H. Escovitz, M.D., Assoc. Dean of Cont. Edu., **MCP**.

Erie; **Hamot**; 1977  
(1) Biomechanics Course; weekly, Sept. 1976-Aug. 1977 (77-1-522)  
(1) Catheterization Conference; weekly, Sept. 1976-August 1977 (77-1-523)  
(1) Chest Conference; weekly, Sept. 1976-Aug. 1977 (77-1-524)  
(1) Pathology Conference; weekly, Sept. 1976-Aug. 1977 (77-1-525)  
(1) Surgical Conference; weekly, Sept. 1976-Aug. 1977 (77-1-526)  
(1) Visiting Professor Program; 1-2 days a month, Sept. 1976-June 1977 (77-1-527)  
(1) Medical Conference; weekly, Sept. 1976-Aug. 1977 (77-1-528)  
Contact: Beatrice Olsen, Admin. Asst., **Hamot**.

Greensburg; Centralized Hosp. Serv. of Westmoreland Co.; '76-'77 Academic Year  
(1) Continuing Education for Physicians; by **Pitt**; monthly, Oct.-June (77-1-288)  
Contact: Ira Schugar, Dir., Education and Training, Centralized Hosp. Serv. of Westmoreland Co., Greensburg 15601.  
(1) Contraception and Sterilization; by **Pitt**; Feb. 1; at Monsour Med. Center (77-1-516)  
(1) Pelvic Infections—Including Vaginitis; by **Pitt**; April 19; at Westmoreland Hosp., Greensburg (77-1-517)  
Contact: P. Hattoum, M.D., Monsour Med. Cntr. or John Newman, M.D., Westmoreland Hosp., Greensburg.

Hanover; Hanover General Hosp.; '76-'77 Academic Year  
(1) The Anemias; Primary, Secondary and Genetic; by **Harrisburg**; Jan. 13 (77-1-328)  
(1) Peripheral Vascular Disorders and Phlebo-embolic Disease; by **Harrisburg**; Feb. 16 (77-1-329)  
(1) Acute Hemorrhagic Shock; by **Harrisburg**; Mar. 17 (77-1-330)  
(1) Eye Problems in General Practice; by **Harrisburg**; Apr. 13 (77-1-331)  
(1) The Collagen Diseases; by **Harrisburg**; May 11 (77-1-332)  
(1) Radiologic and Nuclear Medicine in Diagnosis and Therapy; Mammography, Xerography, Thermography, and the EMI; by **Harrisburg**; June 16 (77-1-333)  
Contact: Alvaro Alandete, M.D., Prgm. Dir., Cont. Educ., Hanover General Hosp., Highland Ave., Hanover 17331.

Hazleton; Hazleton St. Gen. Hosp.; '76-'77 Academic Year  
(1) Continuing Medical Education Seminars; by **U. of Pa.**; weekly, Sept. 16-May 19 (77-1-37)  
Contact: Robert Gunderson, M.D., Hazleton St. Gen. Hosp., Northeastern Bldg., Hazleton 18201

Indiana; Indiana Hosp.; 1977  
(1) Kidney Stones; by **Pitt**; Jan. 8 (77-1-608)  
(1) Rehabilitation of the Stroke Patient; by **Pitt**; Jan. 22 (77-1-609)  
(1) Sports Medicine; by **Pitt**; Feb. 5 (77-1-610)  
(1) Stasis Ulcer; by **Pitt**; Feb. 19 (77-1-611)  
(1) Pulmonary Embolism; by **Pitt**; March 5 (77-1-612)  
(1) Office Gynecology; by **Pitt**; March 19 (77-1-613)  
(1) Obesity; by **Pitt**; April 2 (77-1-614)  
(1) Hyperlipidemia; by **Pitt**; April 16 (77-1-615)  
(1) Surgical Management of Peptic Ulcer Disease; by **Pitt**; May 7 (77-1-616)  
Contact: Stephen J. Takach, M.D., Indiana Hosp., Indiana 15701.

Kane; McKean Co. Med. Soc.; 1977  
(1) Subject to be announced; Jan. 18; by **Pitt**; at Penn Hills Country Club, Bradford (77-1-433)  
(1) Subject to be announced; Feb. 15; by **Pitt**; at Penn Hills Country Club, Bradford (77-1-434)  
(1) Subject to be announced; March 15; by **Pitt**; at Penn Hills Country Club, Bradford (77-1-435)  
(1) Subject to be announced; April 19; by **Pitt**; at Penn Hills Country Club, Bradford (77-1-436)  
(1) Subject to be announced; May 17; by **Pitt**; at Penn Hills Country Club, Bradford (77-1-437)  
Contact: Thomas Logio, M.D., Comm. Med. Bldg., 2 Thompson Park, Kane 16735.

Kingston; Nesbitt Mem. Hosp.; '76-'77 Academic Year

(1) Parkinson's Disease-Office Management; by **Geisinger**; Jan. 13 (77-1-284)  
(1) New Concepts-Management of Multiple Sclerosis; by **Geisinger**; Jan. 13 (77-1-284)  
(1) New Aspects of Management and Treatment of Endometriosis; by **Geisinger**; Feb. 10 (77-1-285)  
(1) Treatment and Management of Cervical Carcinoma; by **Geisinger**; Feb. 10 (77-1-285)  
(1) New Management of Hypertension; by **Geisinger**; Mar. 10 (77-1-286)  
(1) Basics and Clinical Application of Arterial Blood Gases; by **Geisinger**; Apr. 14 (77-1-287)  
(1) Chemo and Cobalt Therapy in Oncology; by **Geisinger**; May 12 (77-1-288)  
Contact: William H. Boyle, M.D., Nesbitt Hosp., Wyoming Ave., Kingston.

Kittanning; Armstrong Co. Mem. Hosp.; 1977  
(1) Acute and Chronic Renal Failure; by **Pitt**; Jan. 8 (77-1-394)  
(1) Genetics; by **Pitt**; Jan. 22 (77-1-395)  
(1) Rehabilitation of the Stroke Patient; by **Pitt**; Feb. 12 (77-1-396)  
(1) Chemotherapeutic Principles; by **Pitt**; Feb. 26 (77-1-397)  
(1) Hyperlipidemia; by **Pitt**; Mar. 12 (77-1-398)  
(1) Hypertension and Renal Disease; by **Pitt**; Mar. 26 (77-1-399)  
(1) Recent Trends—Office Gynecology; by **Pitt**; Apr. 9 (77-1-400)  
(1) Nuclear Medicine; by **Pitt**; Apr. 23 (77-1-401)  
(1) Chronic Obstructive Pulmonary Disease; by **Pitt**; May 14 (77-1-402)  
(1) Acute Care of Multiple Trauma; by **Pitt**; May 21 (77-1-403)  
Contact: Se Boo Kang, M.D., Chrm., Cont. Educ. Comm., Armstrong Co. Mem. Hosp., Kittanning 16201.

Lancaster; Lancaster Gen. Hosp.; '76-'77 Academic Year  
(1) Medical Grand Rounds; by **Temple**; weekly, July-June (77-1-6)  
(1) Clinical Correlation in Family Med.; by **Temple**; bi-weekly, July-June (77-1-7)  
(1) Program in Continuing Med. Educ.; by **Temple**; weekly, July-June (77-1-8)  
(1) Scientific Program-Monthly Staff Meeting; by **Temple**; monthly, Sept.-June (77-1-9)  
(1) Surgical Pathology Conference; by **Temple**; monthly, Sept.-Aug. (77-1-96)  
(1) Radiology Conference; by **Temple**; weekly, Sept.-Aug. (77-1-97)  
(1) Neuropsychiatric Staff; by **Temple**; monthly, Sept.-Aug. (77-1-98)  
(1) Anesthesia Meeting; by **Temple**; monthly, Sept.-Aug. (77-1-99)  
(1) Obstetrics and Gynecology Conference; by **Temple**; monthly, Sept.-Aug. (77-1-100)  
(1) Surgical, Mortality and Morbidity; by **Temple**; monthly, Sept.-Aug. (77-1-101)  
(1) Pediatric Conference; by **Temple**; monthly, Sept.-Aug. (77-1-102)  
(1) Ophthalmology Meeting; by **Temple**; monthly, Sept.-Aug. (77-1-103)  
(1) Medical Staff Meeting; by **Temple**; monthly, Sept.-June (77-1-104)  
Contact: John H. Esbenschade, Jr., M.D., DME, Lancaster Gen. Hosp., 555 N. Duke St., Lancaster 17604.

Lancaster; St. Joseph's Hosp.; 1977  
(1) Present Status of Endoscopic Cholangiography and Pancreatography; by **Jefferson**; Jan. 26 (77-1-586)  
(1) Problems in the Management of the Gravely Ill Patient; by **Jefferson**; Feb. 23 (77-1-588)  
(1) Recent Advances in the Clinical Use of Radioisotopes; by **Jefferson**; Feb. 9 (77-1-587)  
(1) Drug Interactions; by **Jefferson**; Mar. 9 (77-1-589)  
(1) Indications for and Hazards of Prophylactic Use of Antibiotics; by **Jefferson**; Mar. 23 (77-1-590)  
(1) A Rational Approach to the Diagnosis and Treatment of Hypertension; by **Jefferson**; Apr. 6 (77-1-591)  
(1) Management of the Severely Injured Patient; by **Jefferson**; Apr. 20 (77-1-592)  
(1) Practical Approach to the Management of the Patient with Hypo or Hyperadrenal Function; by **Jefferson**; May 4 (77-1-593)  
(1) Chronic Obstructive Pulmonary Diseases; by **Jefferson**; May 18 (77-1-594)  
Contact: John H. Killough, Ph.D., M.D., Dir. of CME, **Jefferson**.

Latrobe; Latrobe Area Hosp.; 1977  
(1) The Prostaglandins—Amenorrhea—Galactorrhea Syndromes; by **Jefferson**; Jan. 5 (77-1-595)  
(1) Inflammatory Bowel Diseases; by **Jefferson**; Feb. 2 (77-1-596)  
(1) Diabetes Revisited—Hypercalcemia; by **Jefferson**; Mar. 2 (77-1-597)  
(1) Pulmonary Embolism—Bronchial Asthma; by **Jefferson**; Apr. 6 (77-1-598)  
(1) Hearing Loss—T&A—Indications and Alternatives; by **Jefferson**; May 4 (77-1-599)  
(1) Non-Invasive Techniques of Cardiac Diagnosis; by **Jefferson**; June 1 (77-1-600)  
(1) Drug Interactions; by **Jefferson**; July 6 (77-1-601)  
Contact: John H. Killough, Ph.D., M.D., Dir. of CME, **Jefferson**.

Meadowbrook; Holy Redeemer Hosp.; 1977  
(1) Glomerulonephritis - Recent Advances; by **Jefferson**; Jan. 5 (77-1-576)  
(1) Benign vs. Malignant Gammopathy; by **Jefferson**; Feb. 2 (77-1-577)  
(1) Malabsorption; by **Jefferson**; Feb. 17 (77-1-578)  
(1) Air Pollution - Respiratory Diseases; by **Jefferson**; Mar. 9 (77-1-579)  
(1) Convulsive Disorders; by **Jefferson**; Mar. 17 (77-1-580)  
(1) Causes and Treatment of Hyponatremia; by **Jefferson**; Mar. 30 (77-1-581)  
(1) Causes and Treatment of Hypopotassmia; by **Jefferson**; Apr. 6 (77-1-582)  
(1) Occupational Hazards to Hearing; by **Jefferson**; Apr. 14 (77-1-583)



(1) Preoperative Evaluation; by **Jefferson**; Apr. 21 (77-1-584)  
(1) Pediatric Hypertension; by **Jefferson**; May 4 (77-1-585)  
Contact: John H. Killough, Ph.D., M.D., Dir. of CME, **Jefferson**.

McKeesport; McKeesport Hosp.; 1977

(1) Continuing Education for Physicians; by **Pitt**; weekly beginning winter 1977 (77-2-17)  
Contact: Rudolph Buck, M.D., McKeesport Hosp., McKeesport 15132.

Monongahela; Monongahela Valley Hosp., Inc.; 1977

(1) Causes of Hypertension; at Charleroi Div.; by **Pitt**; Jan. 18 (77-1-455)  
(1) Cosmetic Surgery: Indications, Candidates, Common Problems, Procedures Available; at Monongahela Div.; by **Pitt**; Feb. 15 (77-1-456)  
(1) Neurology Review; Common Syndromes, Physical Examination, Definitive Testing; at Charleroi Div.; by **Pitt**; March 15 (77-1-457)  
(1) Diagnosis and Therapy of Common Dermatological Problems; at Monongahela Div.; by **Pitt**; April 19 (77-1-458)  
(1) Common Pediatric GI Problems; at Charleroi Div.; by **Pitt**; May 17 (77-1-459)  
Contact: Umberto DeRienzo, M.D., Chrm., Cont. Educ., Charleroi Div., North Charleroi 15022 or John M. Brandon, M.D., Chrm., Cont. Educ., Monongahela Div., New Eagle 15063.

Natrona Heights; Tri-Co. Branch Med. Soc.; '76-'77 Academic Year

(1) Continuing Education for Physicians; by **Pitt**; monthly, Sept.-May (77-1-295)  
Contact: William Balash, M.D., Prog. Chrm., Tri-Co. Branch Med. Soc., c/o Allegheny Valley Hosp., Natrona Heights 15065.

New Castle; Lawrence Co. Med. Soc.; 1977

(1) Treatment of Intractable Pain; by **Pitt**; at Troggio's Restaurant; Jan. 4 (77-1-365)  
(1) Pediatric and Adolescent Medicine; by **Pitt**; at Troggio's Restaurant; Feb. 1 (77-1-366)  
(1) Current Trends in the Diagnosis and Management of Psychiatric Illness; by **Pitt**; at Troggio's Restaurant; March 1 (77-1-367)  
(1) Psychiatry in General and Rehabilitation Therapy; by **Pitt**; at Troggio's Restaurant; April 5 (77-1-368)  
(1) Ultrasound as a Diagnostic Tool; by **Pitt**; at Troggio's Restaurant; May 3 (77-1-369)  
Contact: James N. Bower, M.D., Chrm., Comm. for Cont. Educ., Lawrence Co. Med. Soc., 103 S. Mercer St., New Castle 16101.

New Castle; Alternating Between Jameson Memorial Hosp. and St. Francis Hosp.; 1977

(1) Chemotherapeutic Principles; by **Pitt**; Jameson Mem. Hosp.; Jan. 11 (77-1-420)  
(1) Oncology—Case Presentation; by **Pitt**; St. Francis Hosp.; Feb. 8 (77-1-421)  
(1) Oncology—Case Presentation; by **Pitt**; Jameson Mem. Hosp.; March 8 (77-1-422)  
(1) A Review of Basic Immunology; by **Pitt**; St. Francis Hosp.; April 12 (77-1-423)  
(1) Subject to be announced; by **Pitt**; Jameson Mem. Hosp.; May 10 (77-1-424)  
Contact: James N. Bower, M.D., Jameson Mem. Hosp., New Castle 16101 or Frank J. Altomare, M.D., St. Francis Hosp. of New Castle, New Castle 16101.

Norristown; Montgomery Co. Med. Soc.; '76-'77 Academic Year

(1) Suburban Pathology Society Seminar; by **U. of Pa.**; 1st Wednesday ea. month, Oct.-May (77-1-26)  
Contact: John J. McGraw, Jr., M.D., Bryn Mawr Hosp., Bryn Mawr 19010.

Oil City; Venango Co. Med. Soc.; '76-'77 Academic Year

(1) Continuing Education for Physicians; by **Pitt**; monthly, Oct.-June; alternates among Franklin Hosp., Franklin; Oil City Hosp., Oil City; and Titusville Hosp., Titusville (77-1-285)  
Contact: Robert M. Pilewski, M.D., 122 W. First St., Oil City 16301.

Philadelphia; **Coll. Phys./Phila.**; 1977

(1) Second Career Training Program for Emergency Physicians; April 18-May 6 (77-1-428)  
Contact: Albert J. Finestone, M.D., Dir. of Cont. Educ. Prgms., **Temple**.

Philadelphia; Episcopal Hosp.; '76-'77 Academic Year

(1) Update in Neurology; by **Temple**; May 1977 (77-1-314)  
(1) Gastroenterologic Problems for Physicians; by **Temple**; biweekly, Sept. 9-Aug. 25 (77-1-315)  
(1) Department of Medicine CPC Conference; by **Temple**; monthly, Sept. 15-May 17 (77-1-316)  
(1) Cardiac Catheterization; by **Temple**; weekly, Sept. 13-May 30 (77-1-317)  
(1) Clinical Cardiology; by **Temple**; weekly, Sept. 14-May 31 (77-1-318)  
(1) Hematology; by **Temple**; weekly, Sept. 27-June 27 (77-1-319)  
(1) Pulmonary Conference; by **Temple**; biweekly, Sept. 3-Aug. 19 (77-1-320)  
(1) Nephrology for the Practicing Physician; by **Temple**; biweekly, Sept. 14-Aug. 23 (77-1-321)  
(1) Department of Medicine Grand Rounds; by **Temple**; weekly, Sept. 17-May 29 (77-1-322)  
(1) Temple TV Grand Rounds; by **Temple**; weekly, Sept. 15-May 25 (77-1-323)  
(1) Endocrinology for the Practicing Physician; by **Temple**; biweekly, Sept. 2-Aug. 18 (77-1-324)  
Contact: Jacob Zatuchni, M.D., Dept. Med., Episcopal Hosp., Front St. and Lehigh Ave., Philadelphia 19125.

(1) Introductory Diagnostic Ultrasound; by **Temple**; Dec. 13-17 and Mar. 7-11 (77-1-105)

(1) Diagnostic Ultrasound-Advanced Abdominal Scanning; by **Temple**; Jan. 10-14 and Apr. 18-22 (77-1-106)  
(1) Diagnostic Ultrasound-Echocardiography; by **Temple**; Feb. 14-18 and May 2-6 (77-1-107)  
(1) Diagnostic Ultrasound-Cross-Sectional Anatomy; by **Temple**; June 6-10 (77-1-108)  
Contact: Albert J. Finestone, M.D., Asst. Dean, **Temple**.

Philadelphia; **EPPI**; '76-'77 Academic Year

(1) Schizophrenia; Jan. 13 (77-1-80)  
(1) Manic-Depressive Illness; Feb. 10 (77-1-81)  
Contact: Geraldine DePaula, M.D., Dir., CME, **EPPI**.  
(1) Introduction to Clinical Behavior Therapy; by **Temple**; weekly, Sept. 15-Mar. 30 (77-1-115)  
(1) The 12th June Institute in Behavior Therapy; by **Temple**; daily for 4 weeks, June 6-July 1 (77-1-116)  
Contact: Albert J. Finestone, M.D., Asst. Dean, **Temple**.

Philadelphia; Frankford Hosp.; '76-'77 Academic Year

(1) Continuing Medical Education Program; by **MCP**; monthly, Sept.-June (77-1-218)  
Contact: Gerald H. Escovitz, M.D., Assoc. Dean for Cont. Edu., **MCP**.

Philadelphia; **Hahnemann**; '76-'77 Academic Year

(1) Current Concepts in Medicine; Wednesday, Oct. 6-May 18 (77-1-180)  
(1) Chairman's Medical Grand Rounds; Thursdays, Oct. 7-May 26 (77-1-181)  
(1) Occupational Respiratory Disease; at Sheraton Hotel, Philadelphia; Feb. 21-23 (77-1-182)  
(1) Cancer Chemotherapy III; at Sheraton Hotel, Philadelphia; Apr. 18-20 (77-1-183)  
(1) Bedside Diagnosis of Heart Disease; at Marriott Motor Hotel, Philadelphia; July 18-20 (77-1-184)  
(1) Therapeutics; at Marriott Motor Hotel, Philadelphia; May 8-12 (77-1-185)  
(1) Rheumatology Tutorial Course; Monday and Thursday, Sept. 6-30; Oct. 4-29; Nov. 1-25; Jan. 3-27; Feb. 7-Mar. 3; Mar. 7-31; Apr. 4-28; May 2-26; June 6-30 (77-1-186)  
(1) Neuropathology Tutorial; Oct. 4-Dec. 24; Jan. 3-Mar. 25; Apr. 4-June 24 (77-1-187)  
(1) Adult Neurology Tutorial; Oct. 4-Dec. 24; Jan. 3-Mar. 25; Apr. 4-June 24 (77-1-188)  
(1) Pediatric Neurology Tutorial; Oct. 4-Dec. 24; Jan. 3-Mar. 25; Apr. 4-June 24 (77-1-189)  
(1) Fluid and Electrolyte Metabolism Tutorial; Sept. 6-17; Oct. 3-14; Nov. 7-18; Jan. 3-14; Feb. 7-18; Mar. 7-18; Apr. 4-15; May 2-13; June 6-17; (77-1-190)  
(1) Hypertension, Clinical and Laboratory Tutorial; Sept. 6-17; Oct. 3-14; Nov. 7-18; Jan. 3-14; Feb. 7-18; Mar. 7-18; Apr. 4-15; May 2-13; June 6-17 (77-1-191)  
(1) Dialysis Tutorial Course; Sept. 6-17; Oct. 3-14; Nov. 7-18; Jan. 3-14; Feb. 7-18; Mar. 7-18; Apr. 4-15; May 2-13; June 6-17 (77-1-192)  
(1) Gastrointestinal Endoscopy Tutorial; Sept. 13-17; Oct. 11-15; Nov. 8-12; Dec. 13-17; Jan. 10-14; Feb. 14-18; Mar. 14-18; Apr. 11-15; May 9-13; June 13-17 (77-1-193)  
(1) Clinical Gastroenterology Tutorial; weekly, Sept. 16-Oct. 20; Mar. 17-Apr. 21 (77-1-194)  
(1) Clinical Immunology Tutorial Course; Sept. 6-Oct. 29; Feb. 7-Apr. 1; May 2-June 24 (77-1-195)  
(1) Cardiac Care Unit Tutorial; Oct. 4-22; Oct. 25-Nov. 12; Jan. 3-21; Jan. 24-Feb. 11; Feb. 14-Mar. 4; Mar. 7-25; Apr. 11-29; May 2-20; May 23-June 10 (77-1-196)  
(1) Basic Medicine Tutorial Course; Sept. 13-Dec. 3; Jan. 10-Apr. 1; Apr. 4-June 24 (77-1-197)  
(1) Critical Care Tutorial Course; Nov. 1-Dec. 24; Jan. 3-Feb. 25; Mar. 7-Apr. 29; May 2-June 24 (77-1-198)  
(1) Continuing Education Program; weekly, Sept. 10-June 10 (77-1-199)  
(1) Continuing Education Program; weekly, Sept. 15-May 18 (77-1-200)  
(1) Continuing Education Program; weekly, Sept. 16-May 19 (77-1-201)  
(1) Continuing Education Program; weekly, Nov. 26-May 20 (77-1-202)  
(1) Continuing Education Program; weekly, Sept. 24-June 24 (77-1-203)  
(1) Continuing Education Program; weekly, Sept. 15-June 22 (77-1-204)  
Contact: Robert J. Schaefer, Exec. Dir., Cont. Educ. Prgm. Coordinator, **Hahnemann**.  
(1) Surgical Grand Rounds; weekly, Sept. '77-June '78 (78-1-15)  
(1) Journal Club; 2 days a month all year (77-2-18)  
Contact: Demetrius S. Saris, M.D., Assoc. Prof., Dept. of Surgery, **Hahnemann**.

Philadelphia; **Jeanes**; '76-'77 Academic Year

(1) Pathologists Meeting; March 3 and June 2 (77-1-82)  
(1) Radiology Conference; weekly, Sept. 2-Aug. 25 (77-1-83)  
(1) GI Conference; weekly, Sept. 3-Aug. 26 (77-1-84)  
(1) Cancer Detection in Office Practice; weekly, Sept. 8-May 25 (77-1-85)  
(1) Tumor Conference; weekly, Sept. 13-July 25 (77-1-86)  
(1) Tumor Board; weekly, Sept. 13-Aug. 29 (77-1-87)  
(1) Pathology Slide Conference; weekly, Sept. 14-Aug. 30 (77-1-88)  
(1) Weekly Scientific Conference; weekly, Sept. 15-May 18 (77-1-89)  
(1) Clinical Rounds, Medical Dept.; weekly, Sept. 15-June 15 (77-1-90)  
(1) Medical Dept. Meeting, Scientific; monthly, Sept. 22-June 22 (77-1-91)  
(1) Surgical Dept. Meeting, Scientific; monthly, Oct. 6-Aug. 3 (77-1-92)  
(1) Rheumatology for Practicing Physicians; one day per week, Jan. 19-26 (77-1-93)  
(1) Common Neurology Problems in Office Practice; one day per week, Apr. 20-27 (77-1-94)  
Contact: Joseph M. Winston, M.D., Chrm., Dept. of Med. Educ., **Jeanes**.



Philadelphia; **Jefferson**; 1977

- (1) Advanced Electronystagmography Course; Mar. 31-Apr. 1 (77-1-564)
- (1) Obstetrics and Gynecology; Mar. 16-18 (77-1-565)
- (1) Vascular Diseases and Diabetes; Feb. 9 (77-1-566)
- (1) Modern Therapeutics III; Feb. 23-25 (77-1-567)

Contact: John H. Killough, Ph.D., M.D., Dir. of CME, **Jefferson**.

Philadelphia; Marriott Motor Hotel; 1977

- (1) Bedside Diagnosis of Heart Disease; by **Hahnemann**; Mar. 7-9 (77-1-393)
- Contact: Bernard L. Segal, M.D., Hahnemann Medical College, Philadelphia 19102.

Philadelphia; **MCP**; '76-'77 Academic Year

- (1) Retraining Program for Inactive Physicians; Apr. 18-June 10 (77-1-221)
- (1) Radiation Oncology Conference; weekly (77-1-222)
- (1) Thyroid Conference; weekly (77-1-223)
- (1) Nuclear Medicine Conference; weekly (77-1-224)
- (1) Visiting Professor Program-Medicine; monthly (77-1-225)
- (1) Department of Medicine Grand Rounds; weekly (77-1-226)
- (1) Obstetrics-Gynecology Grand Rounds; weekly (77-1-227)
- (1) Emergency Medicine Grand Rounds; weekly (77-1-228)
- (1) IVP Conference; two days per month (77-1-229)
- (1) Angiography Conference; two days per month (77-1-230)
- (1) GI Conference; weekly (77-1-231)
- (1) Radiology Journal Club; two days per month (77-1-232)
- (1) Radiology-Pathology Conference; two days per month (77-1-233)
- (1) Morbidity and Mortality Rounds; weekly (77-1-234)
- (1) Neurology Grand Rounds; weekly (77-1-235)
- (1) Gross Neuropathology Conference; weekly (77-1-236)
- (1) Neurology Journal Club; weekly (77-1-237)
- (1) Neurology Psychiatry Conference; monthly (77-1-238)
- (1) Rheumatology-Radiology Conference; twice monthly (77-1-239)
- (1) Rheumatology Quiz Review; weekly (77-1-240)
- (1) Rheumatology Visiting Professor Conference; weekly (77-1-241)
- (1) Rheumatology Grand Rounds; weekly (77-1-242)
- (1) Orthopedic Anatomy Conference; weekly (77-1-243)
- (1) Orthopedic Sound Slide Series; weekly (77-1-244)
- (1) Orthopedic-Rheumatology Conference; monthly (77-1-245)
- (1) Orthopedic-Radiology Conference; weekly (77-1-246)
- (1) Orthopedic Grand Rounds; weekly (77-1-247)
- (1) Orthopedic-Pediatric Conference; monthly (77-1-248)
- (1) Pediatric Surgery Conference; monthly (77-1-249)
- (1) Pediatric Hematology Conference; monthly (77-1-250)
- (1) Pediatric Cardiology Conference; monthly (77-1-251)
- (1) Pediatric Grand Rounds; three times monthly (77-1-252)
- (1) Pediatric Pathology Conference; monthly (77-1-253)
- (1) Pediatric Neurology Conference; monthly (77-1-254)
- (1) Obstetrics-Pediatrics Conference; weekly (77-1-255)
- (1) Surgery Grand Rounds; weekly (77-1-256)
- (1) Surgery Conference; weekly (77-1-257)
- (1) Acute Care Conference; weekly (77-1-258)
- (1) Chest Conference; weekly (77-1-259)
- (1) Urology-Radiology Conference; weekly (77-1-260)

Contact: Gerald H. Escovitz, M.D., Assoc. Dean, Cont. Educ., **MCP**.

Philadelphia; Moss Rehabilitation Hosp., Albert Einstein Med. Cntr.; '76-'77 Academic Year

- (1) Grand Rounds; by **Temple**; weekly, Sept.-June (77-1-27)
  - (1) Basic Science and Clinical Concept Review; weekly, Sept.-June (77-1-28)
  - (1) Prosthetics/Orthotics Conference; weekly, July-June (77-1-29)
- Contact: Thomas E. Strax, M.D., Moss Rehab. Hosp., 12th St. & Tabor Rd., Philadelphia 19141

Philadelphia; Nazareth Hosp.; 1977

- (1) New Developments in Gynecology; by **Temple**; Jan. 19 (77-1-476)
- (1) Advances in Internal Medicine; by **Temple**; Feb. 16 (77-1-477)
- (1) Adolescent Suicidal Attempt; by **Temple**; Mar. 16 (77-1-478)
- (1) Surgery for Peripheral Vascular Disease; by **Temple**; Apr. 20 (77-1-479)
- (1) Thyroid Disease; by **Temple**; May 18 (77-1-480)
- (1) New Concept in Cardiology; by **Temple**; June 15 (77-1-481)

Contact: Paul M. Lin, M.D., Chrm., Educ. Cmte., Nazareth Hosp., 2601 Holme Ave., Philadelphia 19152.

Philadelphia; Philadelphia Psych. Cntr.; '76-'77 Academic Year

- (1) Grand Rounds; by **Psychiatry**; Thurs., Sept. 9-June 23 (77-1-78)
- Contact: Harold Winn, M.D., Dir., CME, Phila. Psych. Cntr., Ford Road & Monument Ave., Philadelphia, 19131.

Philadelphia; St. Christopher's Hosp. for Children; '76-'77 Academic Year

- (1) Pediatric Cardiology Conference; by **Temple**; weekly, Sept.-June (77-1-109)
- (1) Pediatric Conference; by **Temple**; weekly, Sept.-June (77-1-110)
- (1) Grand Rounds; by **Temple**; weekly, Sept.-June (77-1-111)
- (1) Pediatric Radiology; by **Temple**; weekly, Sept.-June (77-1-112)
- (1) 26th Annual Seminar in Pediatrics; by **Temple**; at Benjamin Franklin Hotel, Philadelphia, June 7-10 (77-1-113)
- (1) A Day of Pediatric Nephrology; by **Temple**; Apr. 20 (77-1-114)

## Pennsylvania Medicine, January 1977

Contact: Alan B. Gruskin, M.D., Dir., Cont. Educ., St. Christopher's Hosp. for Children, 2600 N. Lawrence St., Philadelphia 19133.

Philadelphia; **Temple**; '76-'77 Academic Year

- (1) Monthly Medical Conference; at Northeastern Hosp., Phila.; monthly, Sept.-June (77-1-179)
  - (1) Hepatology Conference; weekly, Sept.-June (77-1-119)
  - (1) Clinical Gastroenterology; at Hotel Rose Hall Inter-Continental, Montego Bay, Jamaica; Dec. 26-Jan. 2 (77-1-120)
  - (1) The Practice of Behavior Therapy with Children: A Training Seminar; at Hilton Hotel, Philadelphia; Jan. 20-21 (77-1-121)
  - (1) Workshop in Surgery of the Posterior Fossa; at Sheraton Airport Inn, Philadelphia; Jan. 22-23 (77-1-122)
  - (1) A Day in Pediatric Cardiology; Mar. 16 (77-1-123)
  - (1) Frontiers of Psychotherapy; at University City Holiday Inn, Philadelphia; Mar. 17-18 (77-1-124)
  - (1) Urology Course; Mar. 21 (77-1-125)
  - (1) Emergency Department Radiology; Apr. 13 (77-1-126)
  - (1) Clinical Skills Day; at Sugarloaf Conference Center, Philadelphia; Apr. 23 (77-1-127)
  - (1) Family Practice Review Course; at Landis Valley Motor Inn, Lancaster; Apr. 25-29 (77-1-128)
  - (1) Stauffer Memorial Lecture; Apr. 27 (77-1-129)
  - (1) Thrombosis Course; at Marriott Motor Inn, Bala Cynwyd; June 24-25 (77-1-130)
  - (1) Mini Fellowships in Sports Medicine; date to be announced (77-2-9)
  - (1) ENT Workshop; date to be announced (77-2-10)
  - (1) Anesthesiology Basic Science Lecture; weekly, Sept.-June (77-1-131)
  - (1) Anesthesiology Case Conference; weekly, Sept.-June (77-1-32)
  - (1) Anesthesiology Seminar; weekly, Sept.-June (77-1-133)
  - (1) Anatomy Conference and Class; weekly, Sept.-June (77-1-134)
  - (1) Basic Science Review; weekly, Sept.-June (77-1-135)
  - (1) Thrombohemorrhagic Conference; weekly, Sept.-June (77-1-139)
  - (1) Pulmonary Grand Rounds; weekly, Sept.-June (77-1-141)
  - (1) Angiography; weekly, Sept.-June (77-1-136)
  - (1) Cardiac Arrhythmia Conference; weekly, Sept.-June (77-1-137)
  - (1) Cardiac Catheterization Conference; weekly, Sept.-June (77-1-138)
  - (1) Chest Conference; weekly, Sept.-June (77-1-140)
  - (1) Electrodiagnostic Rounds; weekly, Sept.-June (77-1-142)
  - (1) Endocrine-Metabolic Conference; weekly, Sept.-June (77-1-143)
  - (1) GI Conference; weekly, Sept.-June (77-1-144)
  - (1) Medical Grand Rounds; weekly, Sept.-June (77-1-145)
  - (1) CPC/Medicine; weekly, Sept.-June (77-1-146)
  - (1) Fracture Conference; weekly, Sept.-June (77-1-147)
  - (1) Rheumatology Conference; weekly, Sept.-June (77-1-148)
  - (1) Infectious Disease Clinical Microbiology Conference; weekly, Sept.-June (77-1-149)
  - (1) Neurology Conference; weekly, Sept.-June (77-1-150)
  - (1) Grand Rounds in Neurosurgery; weekly, Sept.-June (77-1-151)
  - (1) OB/GYN Grand Rounds; weekly, Sept.-June (77-1-152)
  - (1) OB/GYN Postgraduate Program; weekly, Sept.-June (77-1-153)
  - (1) Hematology-Oncology Conference; weekly, Sept.-June (77-1-154)
  - (1) Tumor Conference; weekly, Sept.-June (77-1-155)
  - (1) Orthopedic Surgery Basic Science Conference; weekly, Sept.-June (77-1-156)
  - (1) Orthopedic Surgery Grand Rounds; weekly, Sept.-June (77-1-157)
  - (1) Patient Care Mortality and Morbidity Conference; weekly, Sept.-June (77-1-158)
  - (1) Grand Rounds in Psychiatry; weekly, Sept.-June (77-1-159)
  - (1) Rehabilitation Chairman's Rounds; weekly, Sept.-June (77-1-160)
  - (1) Clinical Pathology Radiology Conference; weekly, Sept.-June (77-1-161)
  - (1) Neuroradiology Conference; weekly, Sept.-June (77-1-162)
  - (1) Orthopedic Radiology; weekly, Sept.-June (77-1-163)
  - (1) Urologic Radiology; biweekly, Sept.-June (77-1-164)
  - (1) Surgical Morbidity Conference; weekly, Sept.-June (77-1-165)
  - (1) Medical/Surgical Conferences; 2 days a week (77-2-11)
  - (1) Grand Rounds from Temple Univ. School of Medicine; Wednesdays, Sept.-June (77-1-174)
  - (1) Chevalier Jackson Basic Course in Bronchoesophagology; Feb. 7-18 (77-1-176)
  - (1) Medical and Psychiatry Continuing Education; at Allentown State Hosp.; Jan. 17, Feb. 28, Mar. 21, Apr. 18, May 16 and June 20 (77-1-177)
  - (1) Dermatology Grand Rounds; weekly, Sept.-June (77-2-166)
  - (1) Socratic Seminars; dates variable (77-2-12)
  - (1) Journal Club; weekly, Sept.-June (77-1-166)
  - (1) Basic Science Seminar; weekly, Sept.-June (77-1-167)
  - (1) Progress in General Medicine-Toland Memorial Lecture; monthly, 3rd Wednesday, Sept.-June (77-1-168)
  - (1) Grand Rounds; every second and fourth Tuesday, Sept.-May (77-1-169)
  - (1) Clinical Application of New Developments in Medicine; at Phila. State Hosp.; biweekly, Fridays, Sept.-Feb. (77-1-170)
  - (1) Grand Rounds; at McShea Hall, Montgomery Hosp.; first Thursday each month, Sept.-June (77-1-171)
  - (1) Continuing Education Medical Conference; Fridays, Sept.-June (77-1-172)
- Contact: Albert J. Finestone, M.D., Asst. Dean, Cont. Med. Educ., **Temple**.

Philadelphia; **U. of Pa.**; '76-'77 Academic Year

- (1) Department of Medicine Weekly Conferences; Sept.-June (77-1-36)



Contact: Henry G. Sparks, Coordinator, Cont. Educ. Program, **U. of Pa.**

Philadelphia; West Park Hosp.; '76-'77 Academic Year

(1) Continuing Medical Education Program; by **MCP**; monthly, Sept.-June (77-1-219)  
Contact: Gerald H. Escovitz, M.D., Assoc. Dean for Cont. Edu., **MCP**.

Philadelphia; Wills Eye Hosp.; 1977

(1) Annual Glaucoma Course; by **Jefferson** and **PAO&O**; Mar. 31-April 2 (77-1-359)  
Contact: Kenneth W. Benjamin, M.D., 1419 Spruce St., Philadelphia, 19102.

Pittsburgh; **Allegheny**; '76-'77 Academic Year

(1) Cardiology Conference; Mondays, Sept. 6-June 27 (77-1-17)  
Contact: Stanley Briller, M.D., Head, Heart Station, **Allegheny**.  
(1) Endocrinology Conference; second Thursday each month, Sept. 9-June 9 (77-1-13)

Contact: James Parrish, M.D., Head, Div. of Endocrin., **Allegheny**.  
(1) Anesthesiology Conference; Thursday, Sept. 1976-June 1977 (77-1-529)

Contact: David J. Torpey, Jr., M.D., Head, Div. of Anes., **Allegheny**.  
(1) Medical Grand Rounds; Wednesdays, Sept. 1976-June 1977 (77-1-530)

Contact: Claude R. Joyner, M.D., Dir., Dept. of Med., **Allegheny**.  
(1) GI Medical/Surgical Conference; Thursdays, Sept. 1976-June 1977 (77-1-531)  
Contact: George J. Brodmerkel, Jr., M.D., Div. of Gastroenterology, **Allegheny**.

(1) Infectious Diseases Conference; first Thursday each month, Sept. 1976-June 1977 (77-1-532)

Contact: Edward B. Rotheram, Jr., M.D., Head, Div. of Infect. Diseases, **Allegheny**.  
(1) Pediatric Conference; first and third Mondays, Sept. 1976-June 1977 (77-1-534)

Contact: M. Remsen Behrer, M.D., Head, Div. of Pediatrics, **Allegheny**.  
(1) New Patient Conference (Radiation Therapy); Tuesdays and Thursdays, Sept. 1976-June 1977 (77-1-535)

(1) Head and Neck Radiation Oncology Conference; Fridays, Sept. 3-June 24 (77-1-14)

Contact: J. P. Concannon, M.D., Head, Div. of Radiation/Oncology, **Allegheny**.  
(1) Hematology/Oncology Conference; Thursdays, Sept. 2-June 30 (77-1-23)

Contact: Milton M. Michaels, M.D., Head, Div. of Hematology, **Allegheny**.  
(1) Laboratory Medicine Seminar; second Friday of each month, Sept. 10-June 10 (77-1-18)

(1) Lecture Series in Pathology; last Friday of each month, Sept. 24-June 24 (77-1-22)  
(1) Medical Mortality Conference; 1st and third Friday of each month, Sept. 8-June 15 (77-1-21)

(1) Pathology-Oncology Slide Seminar; weekly, Sept. 3-June 24 (77-1-20)

Contact: Robert J. Hartsock, M.D., Dir., Dept. Lab. Med., **Allegheny**.

(1) Neurology Section of Internal Medicine Conference; third Thurs. of ea. month, Sept. 16-June 16 (77-1-15)

Contact: Hirsh Wachs, M.D., Head, Div. of Neurol., **Allegheny**.  
(1) Neurosciences Conference; Wednesdays, Sept. 1976-June 1977 (77-1-16)

(1) Neurosciences Conference; Fridays, Sept. 3-June 24 (77-1-16)

Contact: Emil H. Schnap, M.D., Div. of Diag. Rad., **Allegheny**.  
(1) Nuclear Medicine Lectures; weekly, Sept. 6-June 27 (77-1-24)

Contact: Mustafa H. Adatepe, M.D., Head, Sect. Nuclear Med., **Allegheny**.  
(1) Obstetrics/Gynecology Conference; Thursday, Sept. 9-June 30 (77-1-10)

Contact: James Gilmore, M.D., Chrm., Dept. of OB/GYN, **Allegheny**.  
(1) Pathology-Radiology Correlation Conference; Tuesday, Sept. 7-June 28 (77-1-11)

Contact: John H. Feist, M.D., Prgm. Dir., Div. of Diag. Rad., **Allegheny**.  
(1) Renal-Electrolyte Conference; 4th Thursday each month, Sept. 23-June 23 (77-1-12)

Contact: Jules B. Puschett, M.D., Head, Div. of Renal-Elect. Dis., **Allegheny**.  
(1) Thoracic Surgery Conference; weekly, Sept. 7-June 28 (77-1-19)

Contact: George J. Magovern, M.D., Dept. of Surg., **Allegheny**.  
(1) Pulmonary Conference; every other Tuesday, Sept. 1976-June 1977 (77-1-536)

Contact: John G. Shively, M.D., Head, Div. of Resp. Dis., **Allegheny**.  
(1) Medical/Surgical Pulmonary Conference; Tuesdays, Sept. 1976-June 1977 (77-1-537)

Contact: Shirley J. Brown, Admin. Aide, Office of Med. Educ., **Allegheny**.

Pittsburgh; **Mercy**; '77-'78 Academic Year

(1) Anesthesiology Resident Seminar; weekly, Sept. 5-June 28 (78-1-1)  
(1) Anesthesiology Basic Science Lectures; weekly, August 25-June 22 (77-1-297)

(1) Otology-Audiology Conference; Sept. 2-June 24 (77-1-309)  
(1) Plastic Reconstructive Surgery Conference; weekly, Sept.-June (77-1-311)

(1) Cardiology Conferences; weekly, Sept. 1-June 15 (77-1-299)

(1) Cardiology Cardiovascular Surgery Conference; weekly, Sept. 9-June 16 (78-1-2)  
(1) Otolaryngology House Staff Seminar; biweekly, Sept. 8-June 28 (78-1-3)

(1) Head and Neck Conference; weekly, Sept. 2-June 23 (78-1-4)

(1) Radiology Conference; monthly, Sept. 23-May 26 (78-1-5)

(1) Radiology-Gastroenterology Conselative Conference; monthly, Sept.-May (77-1-312)

(1) Joint Orthopedic Conference; biweekly, Sept. 7-May 24 (77-1-307)

(1) Surgical Mortality Session; weekly, continual (78-1-6)

(1) General Surgical Conference; weekly, continual (78-1-7)

(1) Pediatric Grand Rounds; weekly, continual (78-1-8)

(1) Pediatric Conference; weekly, continual (78-1-9)

(1) Medical Oncology Conference; weekly, continual (78-1-10)

(1) Otolaryngology Clinical Pathology Conference; monthly, continual (78-1-11)

(1) Neurology and Neurosurgery Conference; weekly, continual (78-1-12)

(1) Medical Grand Rounds; weekly, continual (78-1-13)  
(1) Medical Mortality Session; weekly, continual (78-1-14)  
(1) Human Genetics; biweekly (77-1-306)

(1) Gynecology/Pathology Conference; weekly (77-1-305)

(1) Gynecologic Endocrinology Lecture; Sept. 14-May 24 (77-1-303)

(1) Obstetric/Gynecology Grand Rounds; weekly, Sept. 3-May 28 (77-1-304)

(1) Medical Resident Seminars; weekly, Sept. 4-June 25 (77-1-302)

(1) Medical Quarterly Conference; Sept. 14; Dec. 14; Mar. 15; June 14 (77-1-301)

(1) Combined Gastro-Surgical Conference; Sept. 8-May 25 (77-1-300)

(1) Radiobiology Conference; monthly, Sept. 24-May 27 (77-1-313)

Contact: John J. Kenny, M.D., Chrm., Cont. Med. Educ., **Mercy/Pgh.**

Pittsburgh; North Hills Passavant Hosp.; 1977

(1) Hyperalimentation; by **Pitt**; Jan. 27 (77-1-465)

(1) Evaluation and Treatment of Hemolytic Anemia; by **Pitt**; Feb. 24 (77-1-466)

(1) Hospital Bred Infections; by **Pitt**; Mar. 24 (77-1-467)

(1) Cardiac Dysrhythmias and Utilization of Pacemakers; by **Pitt**; Apr. 28 (77-1-468)

(1) Blood Component Therapy Update; by **Pitt**; May 26 (77-1-469)

Contact: Herbert H. Anderson, M.D., North Hills Passavant Hosp., Pittsburgh 15237.

Pittsburgh; **Pitt**; '76-'77 Academic Year

(1) Continuing Education in Otolaryngology; weekly, Sept.-May (77-1-261)

(1) Seminars in Clinical Cardiology; monthly, Sept.-May (77-1-262)

(1) WPIC Guest Lecture Series; at Western Psychiatric Inst. and Clinic; monthly (77-1-263)

(1) Staunton Staff Case Conference; at Falk Clinic, Pittsburgh; weekly (77-1-264)

(1) Dermato-Pathology Conference; at VA Hosp., Pittsburgh; weekly (77-1-265)

(1) Dermatologic Mycology Conference; at Falk Clinic, Pittsburgh; weekly (77-1-266)

(1) Dermatology Rounds; at Children's Hosp. of Pittsburgh; weekly (77-1-267)

(1) Dermatology Rounds; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-268)

(1) Dermatology Clinical Case Presentation and Conference; at Falk Clinic, Pittsburgh; weekly (77-1-269)

(1) Dermatology Conference; at Falk Clinic, Pittsburgh; weekly (77-1-270)

(1) Dermato-Pathology Conference; weekly (77-1-271)

(1) Dermatology Clinical Lecture Series; at Falk Clinic, Pittsburgh; weekly (77-1-272)

(1) VAH Dermatology Rounds; at VA Hosp. (Oakland); weekly (77-1-273)

(1) ENT Tumor Conference; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-274)

(1) Otology Tumor Conference; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-275)

(1) Surgical Rounds; at Eye and Ear Hosp., Pittsburgh; weekly (77-1-276)

(1) Otology Conference; at Eye and Ear Hosp., Pittsburgh; weekly (77-1-277)

(1) Grand Rounds-Otolaryngology; at Eye and Ear Hosp., Pittsburgh; weekly (77-1-278)

(1) Radiology Grand Rounds; weekly (77-1-279)

(1) Teaching Conference-Radiology; four days a week (77-1-280)

(1) Clinical Electronstagnography; two days (77-1-281)

(1) ICU Rounds-Children's; at Children's Hosp. of Pittsburgh; weekly (77-1-282)

(1) Critical Care Medicine Conference; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-283)

(1) Anesthesiology Research Seminar; weekly (77-1-284)

(1) Biochemical-Pathology Conference; weekly (77-1-285)

(1) Pathology Teaching Conference; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-286)

(1) Anatomy and Cell Biology Seminar; weekly (77-1-287)

(1) Rheumatology Grand Rounds; at Presbyterian-Univ. Hosp., Pittsburgh (77-1-288)

(1) Rheumatology Seminar and Research Conference; weekly (77-1-289)

(1) Rheumatology-Orthopedic Conference; weekly (77-1-290)

(1) GI Journal Club; bi-monthly (77-1-291)

(1) Anesthesiology-Critical Care Medicine Research Seminar; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-292)

(1) Anesthesiology Conference; at Magee-Womens Hosp., Pittsburgh; weekly (77-1-293)

(1) Biomedical Seminars; bi-monthly (77-1-294)

(1) Anesthesiology In-Service Meeting; at Presbyterian-Univ. Hosp., Pittsburgh; monthly (77-1-295)

(1) Medical Pharmacology; weekly (77-1-296)

(1) Clinical Pharmacology Concepts; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-297)

(1) Clinical Basic Science Conference; weekly (77-1-298)

(1) Pediatric-Neurosurgery Conference; at Children's Hosp. of Pittsburgh; weekly (77-1-299)

(1) Adult Orthopedic Grand Rounds; at VA Hosp. (Oakland); weekly (77-1-300)

(1) Orthopedic-Radiology Conference; at Children's Hosp. of Pittsburgh; weekly (77-1-301)

(1) Orthopedic Grand Rounds; at Children's Hosp. of Pittsburgh; weekly (77-1-302)

(1) ENT Radiology Conference; at Eye and Ear Hosp. of Pittsburgh; weekly (77-1-303)

(1) ENT Pathology Conference; at Eye and Ear Hosp. of Pittsburgh; weekly (77-1-304)

(1) Otology Radiology Conference; weekly (77-1-305)

(1) Glaucoma Conference; at Eye and Ear Hosp. of Pittsburgh; weekly (77-1-306)

(1) External Eye Disease Conference; at Eye and Ear Hosp. of Pittsburgh; weekly (77-1-307)

(1) Specialty Clinics in Ophthalmology; at Eye and Ear Hosp. of Pittsburgh; weekly (77-1-308)



(1) Ophthalmic Pathology Conference; at Eye and Ear Hosp. of Pittsburgh; weekly (77-1-309)

(1) Grand Rounds in Ophthalmology; at Eye and Ear Hosp. of Pittsburgh; weekly (77-1-310)

(1) Journal Club-Ophthalmology, at Eye and Ear Hosp. of Pittsburgh; weekly (77-1-311)

(1) Neural Science Conference-Neurology; at Children's Hosp. of Pittsburgh; weekly (77-1-312)

(1) Neural Science Conference-Neurosurgery; at Children's Hosp. of Pittsburgh; weekly (77-1-313)

(1) Neural Science Conference-Neuroradiology; at Children's Hosp. of Pittsburgh; weekly (77-1-314)

(1) WPIC Educational Conference; at Children's Hosp. of Pittsburgh; five days per week (77-1-315)

(1) Pediatric Radiology Conference; weekly (77-1-316)

(1) Film Review-Radiology; at Children's Hosp. of Pittsburgh; five days per week (77-1-317)

(1) Medical Review Rounds-Radiology; at Presbyterian-Univ. Hosp., Pittsburgh; five days per week (77-1-318)

(1) Radiological-Surgical Conference; weekly (77-1-319)

(1) Medical-Surgical Cardiovascular Conference; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-320)

(1) Radiological-Surgical Conference; weekly (77-1-321)

(1) Surgical Seminar; weekly (77-1-322)

(1) WPIC Educational Conference; at Western Psychiatric Inst. and Clinic, Pittsburgh; weekly (77-1-323)

(1) Psychosomatic Conference; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-324)

(1) Medical Grand Rounds; weekly (77-1-325)

(1) Ambulatory Care Conference; at Falk Clinic, Pittsburgh; two days per week (77-1-326)

(1) Medical Specialty Conference; at Montefiore Hosp., Pittsburgh; three days per week (77-1-327)

(1) Medical Grand Rounds; at Montefiore Hosp., Pittsburgh; weekly (77-1-328)

(1) Infectious Disease Rounds; weekly (77-1-329)

(1) Medical Surgical Conference; at Montefiore Hosp., Pittsburgh; weekly (77-1-330)

(1) Renal-Water-Electrolyte Conference; at VA Hosp. (Oakland); weekly (77-1-331)

(1) Renal-Hypertension Conference; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-332)

(1) General Medical Conference; at VA Hosp. (Oakland); weekly (77-1-333)

(1) Neurology-Neurosurgery Conference; at Children's Hosp. of Pittsburgh; weekly (77-1-334)

(1) Clinical Conference-Neurology; weekly (77-1-335)

(1) Neurology Basic Science Seminar; weekly (77-1-336)

(1) Topics in Neurology; weekly (77-1-337)

(1) Obstetrical Grand Rounds; at Magee-Womens Hosp., Pittsburgh; weekly (77-1-338)

(1) Gynecology Grand Rounds; at Magee-Womens Hosp., Pittsburgh; weekly (77-1-339)

(1) Neonatal Conference; at Magee-Womens Hosp., Pittsburgh; weekly (77-1-340)

(1) Neonatal Grand Rounds; at Magee-Womens Hosp., Pittsburgh; weekly (77-1-341)

(1) Pediatric Grand Rounds; at Children's Hosp. of Pittsburgh; weekly (77-1-342)

(1) OPD Conference; at Children's Hosp. of Pittsburgh; two days per week (77-1-343)

(1) Ambulatory Care Conference; at Children's Hosp. of Pittsburgh; weekly (77-1-344)

(1) Pediatric Neurosurgery Conference; at Children's Hosp. of Pittsburgh; weekly (77-1-345)

(1) Pediatric Radiology Conference; at Children's Hosp. of Pittsburgh; weekly (77-1-346)

(1) Children's Hospital ICU Rounds; at Children's Hosp. of Pittsburgh; weekly (77-1-347)

(1) Neuroanesthesiology Rounds; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-348)

(1) Medicine-Pathology Correlation Seminar; at Montefiore Hosp., Pittsburgh; weekly (77-1-349)

(1) Neuroradiology Conference; at Children's Hosp. of Pittsburgh; weekly (77-1-350)

(1) Film Review - Radiology; at Children's Hosp. of Pittsburgh; three days per week (77-1-351)

(1) GI Review; at Presbyterian-Univ. Hosp., Pittsburgh; four days per week (77-1-352)

(1) Vascular Review; at Presbyterian-Univ. Hosp., Pittsburgh; five days per week (77-1-353)

(1) Neuroradiology Review; at Presbyterian-Univ. Hosp., Pittsburgh; five days per week (77-1-354)

(1) Film Review - General; at Presbyterian-Univ. Hosp., Pittsburgh; five days per week (77-1-355)

(1) Medical Review Rounds; at Presbyterian-Univ. Hosp., Pittsburgh; five days per week (77-1-356)

(1) Seminar for Leaders in Group Process of Consultation; at Staunton Clinic, Pittsburgh; weekly (77-1-357)

(1) Physiology Colloquium; weekly (77-1-358)

(1) Pathology Seminar; weekly (77-1-359)

(1) Trauma - Fracture Conference; at Children's Hosp. of Pittsburgh; weekly (77-1-360)

(1) Clinical Pharmacology Seminar; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-361)

(1) Rheumatology Grand Rounds; at St. Margaret Mem. Hosp., Pittsburgh; monthly (77-1-362)

(1) Clinical Endocrine Conference; weekly (77-1-363)

(1) Hematology Conference; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-364)

(1) Cardiology Conference; at Montefiore Hosp., Pittsburgh; weekly (77-1-365)

(1) Anatomy and Cell Biology Seminar; weekly (77-1-366)

(1) Biochemical-Pathology Conference; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-367)

(1) Pathology Teaching Conference; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-368)

(1) Hematology Grand Rounds; weekly (77-1-369)

(1) Hematology Journal Club; weekly (77-1-370)

(1) Infectious Disease Conference; at Montefiore Hosp., Pittsburgh; weekly (77-1-371)

(1) Medical Pharmacology Seminar; weekly (77-1-372)

(1) Mortality Conference; weekly (77-1-373)

(1) Urological Surgery Conference; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-374)

(1) Plastic Surgery Grand Rounds; at VA Hosp. (Oakland); weekly (77-1-375)

(1) Plastic Surgery Teaching Conference; at Children's Hosp. of Pittsburgh; weekly (77-1-376)

(1) Cardiac Arrhythmia and Electrophysiological Conference; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-377)

(1) Cardiology Grand Rounds; at Presbyterian-Univ. Hosp., Pittsburgh; weekly (77-1-378)

(1) Rheumatology-Pathology Review; at St. Margaret Mem. Hosp., Pittsburgh; weekly (77-1-379)

(1) Rheumatology-Radiology Review; at St. Margaret Mem. Hosp., Pittsburgh; weekly (77-1-380)

(1) Rehabilitation Team in Action; at St. Margaret Mem. Hosp., Pittsburgh; weekly (77-1-381)

(1) Arthritis and the Rehabilitation Team; at St. Margaret Mem. Hosp., Pittsburgh; weekly (77-1-382)

(1) Orthopedic-Pathology Basic Science Conference; at Children's Hosp. of Pittsburgh; weekly (77-1-383)

(1) Orthopedic Conference Combined St. Francis and Mercy Hosp.; weekly (77-1-384)

(1) Rheumatology for the Orthopedic Surgeon; at St. Margaret Mem. Hosp., Pittsburgh; weekly (77-1-385)

(1) Orthopedic Grand Rounds; at Children's Hosp. of Pittsburgh; weekly (77-1-386)

(1) Hand Surgery Grand Rounds; at VA Hosp. (Oakland); weekly (77-1-387)

(1) Chest Surgery Conference; at VA Hosp. (Oakland); weekly (77-1-388)

(1) Surgical Grand Rounds; weekly (77-1-389)

(1) Medical Surgical Conference; at Montefiore Hosp., Pittsburgh; weekly (77-1-390)

(1) Seminars for the Practicing Physician; Thursdays, Sept. 16-April (77-1-334)

(1) Seminars in Clinical Cardiology; monthly, Sept.-May (77-1-335)

(1) Continuing Education in Otolaryngology; Sept.-May (77-1-336)

(1) Bi-State Meeting - American College of Physicians; at Montefiore Hosp.; Nov. 12-13 (77-2-95)

(1) Phaco-Emulsification: Surgical Techniques; at Eye and Ear Hosp.; Jan. 17-19 (77-1-337)

(1) Cardiopulmonary Resuscitation Course; Mar. 11-12 (77-1-341)

(1) American Urological Association Meeting; at Pittsburgh Hilton Hotel; Mar. 18-20 (77-1-342)

(1) Clinical Immunopathology; at William Penn Hotel; Mar. 27-30 (77-1-343)

(1) Seminar and Workshop in Diagnostic and Operative Laparoscopy; at Magee Womens Hosp.; March (77-1-344)

(1) Selected Seminars in Nutrition; at Univ. Health Ctr. of Pittsburgh; Tuesdays, Apr. 5-June 7 (77-1-345)

(1) Fourth Annual Symposium for Nurse Anesthetists; at Pittsburgh Hilton Hotel; Apr. 22-24 (77-1-346)

(1) Cardiopulmonary Resuscitation Course; Apr. 29-30 (77-1-347)

(1) Internal Medicine Board Review Course; at Univ. Health Ctr. of Pittsburgh; April-May (77-1-348)

(1) Sixth Sports Medicine Symposium; at Univ. Health Ctr. of Pittsburgh; April (77-1-349)

(1) Phaco-Emulsification: Surgical Techniques; at Eye and Ear Hosp.; May 2-4 (77-1-350)

(1) Selected Subjects in Internal Medicine; at William Penn Hotel; May 16-20 (77-1-351)

(1) Ophthalmic Microsurgery; at Eye and Ear Hosp.; May (77-1-352)

(1) Eleventh Annual Symposium on Emergency and Critical Care Medicine; May (77-1-353)

(1) Nuclear Medicine Update; May (77-1-354)

(1) 1st International Facial Nerve Symposium in the USA; at Pittsburgh Hilton Hotel; June 19-23 (77-1-355)

(1) Contemporary Problems in Surgery; at Montefiore Hosp.; June (77-1-356)

(1) Pediatric Otolaryngology; at Univ. Health Center of Pittsburgh; June (77-1-357)

(1) Ischemic Limbs: Vascular Reconstruction and Constructive Amputations; Jan. 7 (77-1-538)

(1) Medical-Legal Forensic Science Seminar; Jan. 7-8 (77-1-539)

(1) Hematopathology: Bone Marrow and Lymph Nodes; Feb.; at Univ. Health Ctr. (77-1-540)

(1) Second Seminar in Angiography and Special Diagnostic Techniques in Radiol-



ogy; Feb. 21-25 (77-1-541)

(1) Medical-Legal Seminars; two separate 5 day programs, Mar. 21-Apr. 1; at Vail, Colo. (77-1-542)

(1) Seminar and Workshop in Diagnostic and Operative Laparoscopy; Mar.; at Magee-Womens Hosp. (77-1-543)

(1) 8th Workshop in the Use of Staplers in Surgery; Mar.; at Univ. Health Ctr. (77-1-544)

(1) Strabismus; spring 1977; at Eye and Ear Hosp. (77-1-545)

(1) Sixth Sports Medicine Symposium; Apr. 1-2; at Univ. Health Ctr. (77-1-546)

(1) Diabetes Symposium; Apr. 14; at Univ. Health Ctr. (77-1-547)

(1) Selected Seminars in Nutrition; Apr. 5-June 7, Tuesdays; at Univ. Health Ctr. (77-1-548)

(1) Internal Medicine Board Review Course; Mondays and Wednesdays, Apr.-May; at Univ. Health Ctr. (77-1-549)

(1) Symposium on the Management of Chronic Pain; Apr. 16 (77-1-550)

(1) 13th International Medical-Legal Seminar; Apr. 16-30; Egypt and Morocco (77-1-551)

(1) Hemophilia Symposium; Apr. 21; at Univ. Health Ctr. (77-1-552)

(1) Nuclear Medicine Update; May 2-3; at Univ. Health Ctr. (77-1-553)

(1) Ophthalmic Microsurgery; May 11-13; at Eye and Ear Hosp. (77-1-554)

(1) Ophthalmic Microsurgery; May 16-18; at Eye and Ear Hosp. (77-1-554)

(1) 11th Annual Symposium on Emergency and Critical Care Medicine; May 26-27; at Pittsburgh Hilton (77-1-555)

(1) Pediatric Otolaryngology; June 16-18; at Univ. Health Ctr. (77-1-556)

(1) Contemporary Problems in Surgery; June; at Montefiore Hosp. (77-1-557)

(1) Family Medicine: A Refresher Course and Practice Examination for Family Physicians; Sept. 15-18; at Pittsburgh Hilton (77-2-13)

(1) Practical Neuropathology; Sept. 9-11; Pittsburgh (77-2-14)

(1) Medical Knowledge Self-Assessment Program IV; Oct. 3-7; at William Penn Hotel (77-2-15)

(1) Clinical Neuro-otolaryngology; Nov. 17-19; at Univ. Health Ctr. (77-2-16)

(1) Seminars in Clinical Cardiology; Jan. 12 (77-1-558)

Contact: William M. Cooper, M.D., Assoc. Dean for Cont. Med. Educ., **Pitt.**

Pittsburgh; Shadyside Hosp.; '76-'77 Academic Year

(1) Surgical Grand Rounds; by **Pitt**; Mondays (77-2-3)

(1) Radiology Conference; by **Pitt**; Tuesdays (77-2-4)

(1) Pathology Conference; by **Pitt**; Thursdays (77-2-5)

(1) Medical Grand Rounds; by **Pitt**; Thursdays (77-2-6)

Contact: Karl H. Franz, M.D., DME, Shadyside Hosp., 5230 Centre Ave., Pittsburgh, 15232.

Pittsburgh; St. John's Gen. Hosp.; 1977

(1) Treatment of Overdoses; by **Pitt**; Feb. 16 (77-1-450)

(1) Low Back Pain and Paget's Disease; by **Pitt**; Mar. 16 (77-1-451)

(1) Nephrolithiasis; by **Pitt**; April 20 (77-1-452)

(1) Tuberculosis Update; by **Pitt**; May 18 (77-1-453)

(1) Diagnosis and Treatment of Seizure Disorders Including Status Epilepticus; by **Pitt**; June 15 (77-1-454)

Contact: Raymond Wojciak, D.O., St. John's Gen. Hosp., McClure Ave., Pittsburgh 15212.

Pittsburgh; Suburban Gen. Hosp.; 1977

(1) The Approach to a Patient with Anemia; by **Pitt**; Jan. 19 (77-1-449)

Contact: Thomas R. Graham, M.D., Suburban Gen. Hosp., South Jackson Ave., Pittsburgh 15202.

Pittsburgh; St. Margaret; '76-'77 Academic Year

(1) Workshop in Rheumatology and Orthopedics (Surgical Indications); 6 days a month for 12 months; Sept. 1-August 31 (77-1-41)

(1) A One Day Symposium on Rheumatic Diseases; date and location to be announced; one day-November (77-2-7)

(1) Subspecialty Conferences; monthly, Sept. 1-August 31 (Fridays) (77-1-42)

(1) Seminars for the Family Physician; three half-days, tentatively Oct. 21, 1976; Jan. 20, 1977; Apr. 21, 1977 (77-1-43)

(1) Selected Topics in Rheumatology; weekly, Sept. 1-Aug. 31 (77-1-44)

(1) Rheumatology-Radiology Review; weekly, Sept. 1-Aug. 31 (77-1-45)

(1) Rheumatology-Pathology Review; weekly, Sept. 1-Aug. 31 (77-1-46)

(1) Rheumatology for the Orthopedic Surgeon; weekly, Sept. 1-Aug. 31 (77-1-47)

(1) Rheumatology Grand Rounds; monthly, Sept. 1-Aug. 31 (77-1-48)

(1) Rehabilitation Team in Action; weekly, Sept. 1-Aug. 31 (77-1-49)

(1) Radiology Conferences; every other Friday, Sept. 1-Aug. 31 (77-1-50)

(1) Psychiatry Seminars in Family Practice; every Thursday, Sept. 1-Aug. 31 (77-1-51)

(1) Pediatric Conference; every other Tuesday, Sept. 1-Aug. 31 (77-1-52)

(1) OB-GYN Conferences; every other Tuesday, Sept. 1-Aug. 31 (77-1-53)

(1) Neurology Conferences; 2nd and 4th Fridays of each month, Sept. 1-Aug. 31 (77-1-54)

(1) Family Practice Medical Conferences; every Saturday except last of month, Sept. 1-Aug. 31 (77-2-8)

(1) Continuing Medical Education Postgraduate Lectures; every Thursday, Sept. 1-Aug. 31 (77-1-55)

(1) Community and Family Practice Seminars; every other Monday, Sept. 1-Aug. 31 (77-1-56)

(1) Cardiology Conferences; every other Friday, Sept. 1-Aug. 31 (77-1-57)

(1) Arthritis and the Rehabilitation Team; weekly, Sept. 1-Aug. 31 (77-1-58)

Contact: Paul W. Dishart, M.D., Coord. Dir., CME, St. Margaret.

Pittsburgh; West Penn; 1977

(1) Cardiology 1977; Feb. 27-March 6 (77-1-25)

(1) Head and Neck Tumor Conference Series; Feb. 4-Mar. 25; at Mellon Pavilion, Pittsburgh (77-1-358)

Contact: Robert M. Grom, Medical Education Coordinator, **West Penn.**

Pottsville; Good Samaritan Hosp.; '76-'77 Academic Year

(1) Continuing Medical Education Seminars; by **U. of Pa.**; monthly, Oct. 28-May 26 (77-1-40)

Contact: Norman Wall, M.D., Good Samaritan Hosp., Norwegian & Tremont Sts., Pottsville 17901.

Pottsville; Pottsville Hosp.; 1977

(1) Inflammatory Bowel Disease; by **Jefferson**; Jan. 6 (77-1-568)

(1) Diagnosis and Treatment of Breast Lesions; by **Jefferson**; Feb. 3 (77-1-569)

(1) Neuro-Transmitters and Brain Catecholamines; by **Jefferson**; March 3 (77-1-570)

(1) Drug Treatment of Arrhythmias; by **Jefferson**; April 7 (77-1-571)

(1) Hyperlipidemia; by **Jefferson**; May 5 (77-1-572)

(1) Menopause - What Not, If Estrogen; by **Jefferson**; June 2 (77-1-573)

Contact: John H. Killough, Ph.D., M.D., Dir. of CME, **Jefferson.**

Reading; Berks Co. Med. Soc.; '76-'77 Academic Year

(1) Continuing Medical Education Program; by **Reading**; weekly, Sept.-June (77-1-2)

Contact: Leonard M. DelVecchio, M.D., 308 Old Airport Rd., Douglassville 19518.

Reading; **Reading**; 1977

(1) Radiology for the Non-Radiologist; Mar. 19; at Abraham Lincoln Motor Inn (77-1-563)

Contact: J. R. McShane, M.D., **Reading.**

Roaring Spring; Nason Hosp.; 1977

(1) Hyperlipemias: Diagnosis, Types and Treatment; by **Pitt**; Jan. 4 (77-1-470)

(1) Low Back Syndromes—Diagnosis and Treatment; by **Pitt**; Feb. 1 (77-1-471)

(1) Recognition and Treatment of Obstetrical Emergencies in 1st and 3rd Trimesters; by **Pitt**; March 1 (77-1-472)

(1) Cerebrovascular Disease: Diagnosis and Treatment; by **Pitt**; April 5 (77-1-473)

(1) Diagnostic Uses of Radioisotopes; by **Pitt**; May 3 (77-1-474)

(1) Non-Metastatic Manifestations of Neoplasms; by **Pitt**; June 7 (77-1-475)

Contact: Marion A. Morelli, M.D., Chrm., Educ. Comm., Nason Hosp., Roaring Spring 16673.

Rochester; Beaver Co. Med. Soc.; 1977

(1) Current Concepts—Surgery for Occlusive Arterial Disease; by **Pitt**; at Penn State Beaver Campus, Library Conference Room; Jan. 19 (77-1-370)

(1) Practical Management of Common Neurological Disorders; by **Pitt**; at Penn State Beaver Campus, Library Conference Room; Feb. 16 (77-1-371)

(1) Antibiotics—Mechanism of Action and How to Select; by **Pitt**; at Penn State Beaver Campus, Library Conference Room; Mar. 16 (77-1-372)

(1) Current Concepts in Immunology; by **Pitt**; at Penn State Beaver Campus, Library Conference Room; Apr. 20 (77-1-373)

(1) Difficult Diagnosis of Chest Pain; by **Pitt**; at Penn State Beaver Campus, Library Conference Room; May 18 (77-1-374)

Contact: K. N. Shetty, M.D., Chrm., Educ. & Science, or Susan Frey, Exec. Sec., Beaver Co. Med. Soc., 350 Adams St., Rochester 15074.

Sayre; **Packer**; 1977

(1) Medical Grand Rounds; every Friday (77-1-518)

(1) Surgical Grand Rounds; every Saturday (77-1-519)

(1) Tumor Conference; 2nd and 4th Tuesdays (77-1-520)

(1) Clinical Pathological Conference; 3rd Wednesday (77-1-521)

(1) Anesthesia Postgraduate Day; Jan. 22 (77-1-430)

(1) Surgery Postgraduate Day; Feb. 26 (77-1-431)

(1) Health Care Symposium; March 26 (77-1-432)

Contact: Paul C. Royce, M.D., Ph.D., Dir. of Med. Educ., **Packer.**

Scranton; Community Med. Cent.; 1977

(1) Viral Hepatitis; by **Jefferson**; Jan. 12 (77-1-574)

(1) Nosocomial Infections; by **Jefferson**; Feb. 9 (77-1-575)

Contact: John H. Killough, Ph.D., M.D., Dir. of CME, **Jefferson.**

Sellersville; Penn Found. for Mental Health; '76-'77 Academic Year

(1) Continuing Medical Education Seminar Series; by Grand View Hosp. and **Temple**; monthly, Sept. 28-May 31 (77-1-117)

Contact: Norman L. Loux, M.D., Med. Dir., Penn Foundation for Mental Health, Inc., Box 32, Lawn Ave., Sellersville 18960.

Sharon; Sharon Gen. Hosp.; 1977

(1) Upper GI Tract; by **Pitt**; Jan. 7 (77-1-438)

(1) Blood—RBC, WBC, Lymphocytes; by **Pitt**; Feb. 4 (77-1-439)

(1) Lower GI Tract; by **Pitt**; Mar. 4 (77-1-440)

(1) Bone; by **Pitt**; Apr. 1 (77-1-441)



(1) Lung; by **Pitt**; May 6 (77-1-442)  
 (1) Medical Audit as a Staff Function; by **Pitt**; Jan. 5 (77-1-443)  
 (1) Head Trauma; by **Pitt**; Jan. 19 (77-1-444)  
 (1) Common Problems in Dermatology; by **Pitt**; Feb. 2 (77-1-445)  
 (1) Medical Diseases Presenting with Psychiatric Symptoms; by **Pitt**; Feb. 16 (77-1-446)  
 (1) Problem Oriented Medical Records; by **Pitt**; March 2 (77-1-447)  
 (1) Low Back Pain; Lumbago vs. Disc; by **Pitt**; Mar. 16 (77-1-448)  
 Contact: Thomas V. Murray, M.D., Dir., Cont. Med. Educ., Sharon General Hosp., Sharon 16147.

Sunbury; Sunbury Community Hosp.; '76-'77 Academic Year  
 (1) Postgraduate Medical Seminars; by **Hahnemann**; second and fourth Wednesdays, Sept., Oct., Nov., Feb., Mar. and Apr. (77-1-5)  
 Contact: Willard W. Christman, M.D., DME, Sunbury Community Hosp., Sunbury 17801.

Uniontown; Fayette Co. Med. Soc.; 1977  
 (1) Evaluation of Jaundice and Liver Function Tests; at Uniontown Hosp.; by **Pitt**; Jan. 26 (77-1-460)  
 (1) Evaluation of Dizziness; at Uniontown Hosp.; by **Pitt**; Feb. 23 (77-1-461)  
 (1) Modern Approach to Allergic Diseases; at Uniontown Hosp.; by **Pitt**; March 23 (77-1-462)  
 (1) Peripheral Neuropathies—Diagnosis and Treatment; at Uniontown Hosp.; by **Pitt**; April 27 (77-1-463)  
 (1) Antibiotics—Mechanism of Action and How to Select; at Uniontown Hosp.; by **Pitt**; May 25 (77-1-464)  
 Contact: Walter Lion, Exec. Sec., Fayette Co. Med. Soc., 30 Delaware Ave., Uniontown 15401.

Warren; **Warren State**; '76-'77 Academic Year  
 (1) Guest Lecturer Program; monthly, Friday and Saturday (77-1-325)  
 (1) Literature Seminar; Thursdays (77-1-326)  
 (1) Psychiatric and Medical Film Seminar; Mondays (77-1-327)  
 Contact: Leonard H. Brennan, M.D., Dir. of Med. Educ., **Warren State**.

Wellsboro; Soldiers and Sailors Mem. Hosp.; 1977  
 (1) Clinical Application of Acid Base Physiology; by **Jefferson**; Jan. 19 (77-1-602)  
 (1) Use of Arteriography in Diagnosis; by **Jefferson**; Feb. 16 (77-1-603)  
 (1) Headache; by **Jefferson**; March 16 (77-1-604)  
 (1) Current Immunology; by **Jefferson**; April 20 (77-1-605)  
 (1) Endocrine Function; by **Jefferson**; May 18 (77-1-606)  
 (1) Management of Cardiac Arrhythmias; by **Jefferson**; June 15 (77-1-607)  
 Contact: John H. Killough, Ph.D., M.D., Dir. of CME. **Jefferson**.

Wernersville; **Wernersville**; 1977  
 (1) Human Ecology (Effects of the Physical Environment on the Therapy of Hospitalized Psychiatric Patients); Feb. 3, 10 and 17 (77-1-425)  
 (1) Psychopharmacology Update; Apr. 14 (77-1-426)  
 (1) Substance Abuse; Apr. 28 and May 5 (77-1-427)  
 Contact: Ronald A. Ivison, Ed.D., Asst. Dir., for Clin. Staff Educ., **Wernersville**.

Williamsport; Williamsport; 1977  
 (1) An Approach to Adolescent Obesity; by **U. of Pa.**; Jan. 7 (77-1-483)  
 (1) The Epstein-Barr Virus and Infectious Mononucleosis; by **U. of Pa.**; Jan. 8 (77-1-484)  
 (1) Approach to the Acutely Inflamed Joint(s); by **U. of Pa.**; Jan. 14-15 (77-1-485)  
 (1) OB/GYN program to be announced; by **U. of Pa.**; Jan. 21-22 (77-1-486)  
 (1) Aortic Aneurysms; by **U. of Pa.**; Jan. 28 (77-1-487)  
 (1) Varicose Vein Surgery; by **U. of Pa.**; Jan. 29 (77-1-488)  
 (1) Current Concepts in Anticonvulsant Therapy; Learning Disabilities; Floppy Infants; Seizure Disorders in Children; by **U. of Pa.**; Feb. 4-5 (77-1-489)  
 (1) Approach to the Anemic Patient; by **U. of Pa.**; Feb. 11-12 (77-1-490)  
 (1) OB/GYN program to be announced; by **U. of Pa.**; Feb. 18-19 (77-1-491)  
 (1) Cervical Spondylosis, Diagnosis and Complications; by **U. of Pa.**; Feb. 25 (77-1-492)  
 (1) Pediatric Neurosurgery; by **U. of Pa.**; Feb. 26 (77-1-493)  
 (1) Innocent Cardiac Murmurs; by **U. of Pa.**; March 4 (77-1-494)  
 (1) Rheumatic Fever 1977; by **U. of Pa.**; June 5 (77-1-495)  
 (1) Management of Hypertension; by **U. of Pa.**; March 11-12 (77-1-496)  
 (1) OB/GYN program to be announced; by **U. of Pa.**; March 18-19 (77-1-497)  
 (1) Carcinoma of the Stomach; by **U. of Pa.**; March 25 (77-1-498)  
 (1) Hyperalimentation; by **U. of Pa.**; March 26 (77-1-499)  
 (1) Acute Glomerulonephritis; Metabolic Acidosis/Alkalosis; One Day OPD Workup of Renal Problems; Approach to Patients with Disorders of the Inflammatory Response; by **U. of Pa.**; April 1-2 (77-1-500)  
 (1) OB/GYN program to be announced; by **U. of Pa.**; April 15-16 (77-1-501)  
 (1) Old and New Problems of the Hip; by **U. of Pa.**; April 22 (77-1-502)  
 (1) Office Orthopaedics; by **U. of Pa.**; April 23 (77-1-503)  
 (1) Subject to be announced; by **U. of Pa.**; April 29-30 (77-1-504)  
 (1) Hematology; by **U. of Pa.**; May 6-7 (77-1-505)  
 (1) Pathophysiology of Acid-Base Disorders; by **U. of Pa.**; May 13-14 (77-1-506)  
 (1) Peripheral Vascular Surgery; by **U. of Pa.**; May 20 (77-1-507)  
 (1) Renal Transplantation; by **U. of Pa.**; May 21 (77-1-508)  
 (1) Pediatric Program to be Announced; by **U. of Pa.**; June 3-4 (77-1-509)

(1) Approach to Ischemic Heart Disease and Hyperlipidemia; by **U. of Pa.**; June 10-11 (77-1-510)  
 (1) OB/GYN program to be announced; by **U. of Pa.**; June 17-18 (77-1-511)  
 (1) Reconstructive Plastic Surgery; by **U. of Pa.**; June 24 (77-1-512)  
 (1) Malignant Melanoma; by **U. of Pa.**; June 25 (77-1-513)  
 Contact: Herman W. Rannels, M.D., V. Pres. and Med. Dir., Williamsport Hosp., 777 Rural Ave., Williamsport 17701.

York; **York**; 1977  
 (1) Management of Insensitive Limbs; Escape From Pain—The Pursuit of Happiness; Jan. 6 (77-1-404)  
 (1) Hypothalamus-Pituitary Axis in Gynecology; Early Diagnosis and Management of Pituitary Microadenoma; Jan. 13 (77-1-405)  
 (1) What the Primary Care Physician Should Know About Genetic Evaluation and Counseling; Common Morphologic Syndromes; Jan. 20 (77-1-406)  
 (1) Inflammatory Bowel Disease; Panel—With Cases; Jan. 27 (77-1-407)  
 (1) Treatment of GI Disorders By Operant Conditioning; Irritable Bowel Syndrome and Diverticular Disease; Feb. 3 (77-1-408)  
 (1) Thrombophlebitis and Pulmonary Emboli—Diagnosis, Treatment and Prevention; Arteriosclerosis Obliterans—Diagnosis and Treatment; Feb. 10 (77-1-409)  
 (1) Parotid Tumors; Treatment of Head and Neck Cancer; Feb. 17 (77-1-410)  
 (1) Radiation Therapy of Pituitary Disease; Selected Topics in Radiation Therapy; Feb. 24 (77-1-411)  
 (1) The Pediatric-Psychiatric Interface of Adolescence; Selected Cases; March 3 (77-1-412)  
 (1) Diseases of the Vulva; Management of Vulvar Disorders; Mar. 10 (77-1-413)  
 (1) Diagnosis, Treatment and Long Term Follow-up of Primary Myocardial Disease; Indications for Coronary Arteriography; Mar. 17 (77-1-414)  
 (1) Management of Cardiac Emergencies; Mar. 24 (77-1-415)  
 (1) Pulmonary Emboli, Recent Advances in Diagnosis and Treatment; Mar. 31 (77-1-416)  
 (1) Clinical Disturbances in Regulation of Water and Electrolyte Metabolism; Selected Cases; Apr. 7 (77-1-417)  
 (1) Psychophysiological Responses to Anesthesia and Operation; Informed Consent; Apr. 14 (77-1-418)  
 (1) Physiology of Sexual Response; Treatment of Sexual Dysfunction; April 21 (77-1-419)  
 Contact: David R. Fink, Ph.D., Director of Education, Medical Affairs, **York**.

# CALENDAR

A quick reference to Category I continuing medical education opportunities in Pennsylvania by date.

JANUARY	
4	Hyperlipemias; Diagnosis, Types and Treatment; at Nason Hosp., Roaring Spring (77-1-470)
4	Sexual Deviations; at Woodville St. Hosp., Carnegie (77-1-35)
4	Treatment of Intractable Pain; at Troggio's Restaurant, New Castle (77-1-365)
5	Glomerulonephritis—Recent Advances; at Holy Redeemer Hosp., Meadowbrook (77-1-576)
5	Medical Audit as a Staff Function; at Sharon Gen. Hosp. (77-1-443)
5	The Prostaglandins-Amenorrhea-Galactorrhea Syndromes; at Latrobe Area Hosp. (77-1-595)
6	Inflammatory Bowel Disease; at Pottsville Hosp. (77-1-568)
6	Management of Insensitive Limbs; Escape from Pain—The Pursuit of Happiness; at York Hosp. (77-1-404)
6	Obstructive Lung Disease; at Brownsville Gen. Hosp. (77-1-375)
6	Renal Disease Symposium; Medical Management of Renal Disease; Antihypertensive Rx.; Renin and Blood Pressure Disorder; at Hazleton St. Gen. Hosp. (77-1-37)
7	An Approach to Adolescent Obesity; at Williamsport Hosp. (77-1-483)
7	Childhood Malignancy—Leukemia and Wilm's Tumor; at Williamsport Hosp. (77-1-38)
7	Ischemic Limbs: Vascular Reconstruction and Constructive Amputations; at Pitt (77-1-538)

(77-1-XX) Numbers in parentheses at the end of the item are code numbers which will be helpful as a reference to find a contact for more information.  
 See: town, institution, and code numbered item in Announcements section for complete details.



7	Upper GI Tract; at Sharon Gen. Hosp. (77-1-438)		
7-8	Medical-Legal Forensic Science Seminar; at Pitt (77-1-539)	1	Psychiatric Emergencies; at Woodville St. Hosp., Carnegie (77-1-35)
8	Acute and Chronic Renal Failure; at Armstrong Co. Mem. Hosp., Kittanning (77-1-394)	1	Recent Advances in Immunology; at Canonsburg Gen. Hosp. (77-1-361)
8	Kidney Stones; at Indiana Hosp., Indiana (77-1-608)	2	Benign vs. Malignant Gammopathy; at Holy Redeemer Hosp., Meadowbrook (77-1-577)
8	The Epstein-Barr Virus and Infectious Mononucleosis; at Williamsport Hosp. (77-1-484)	2	Common Problems in Dermatology; at Sharon Gen. Hosp. (77-1-445)
10-14	Diagnostic Ultrasound-Advanced Abdominal Scanning; at Episcopal Hosp., Phila. (77-1-106)	2	Inflammatory Bowel Diseases; at Latrobe Area Hosp. (77-1-596)
11	Alcoholism; at Woodville St. Hosp., Carnegie (77-1-35)	3	Congestive Heart Disease; at Brownsville Gen. Hosp. (77-1-377)
11	Cardiac Arrhythmias; at Holiday Inn, Butler (77-1-382)	3	Diagnosis and Treatment of Breast Lesions; at Pottsville Hosp. (77-1-569)
11	Cardiac Murmurs and Arrhythmias—Diagnostic Evaluation and Management; at Canonsburg Gen. Hosp. (77-1-360)	3	Human Ecology (Effects of the Physical Environment on the Therapy of Hospitalized Psychiatric Patients); at Wernersville State Hosp. (77-1-425)
11	Chemotherapeutic Principles; at Jameson Mem. Hosp., New Castle (77-1-420)	3	Treatment of GI Disorders by Operant Conditioning; Irritable Bowel Syndrome and Diverticular Disease; at York Hosp. (77-1-408)
12	Pediatric Pharmacology; at Allentown-Sacred Heart Hosps. (77-1-39)	4	Blood—RBC, WBC, Lymphocytes; at Sharon Gen. Hosp. (77-1-439)
12	Viral Hepatitis; at Community Med. Center, Scranton (77-1-574)	4	Learning Disabilities; at Williamsport Hosp. (77-1-38)
13	Hypothalamus-Pituitary Axis in Gynecology; Early Diagnosis and Management of Pituitary Microadenoma; at York Hosp. (77-1-405)	4-5	Current Concepts in Anticonvulsant Therapy; Learning Disabilities; Floppy Infants; Seizure Disorders in Children; at Williamsport Hosp. (77-1-489)
13	New Concepts—Management of Multiple Sclerosis; at Nesbitt Mem. Hosp., Kingston (77-1-284)	5	Sports Medicine; at Indiana Hosp., Indiana (77-1-610)
13	Parkinson's Disease—Office Management; at Nesbitt Mem. Hosp., Kingston (77-1-284)	7-18	Chevalier Jackson Basic Course in Bronchoesophagology; by Temple (77-1-176)
13	Schizophrenia; at EPPI (77-1-80)	8	Oncology—Case Presentation; at St. Francis Hosp., New Castle (77-1-421)
13	The Anemias; Primary, Secondary and Genetic; at Hanover Gen. Hosp. (77-1-328)	8	Purpose and Technique of Medical Audit; at Holiday Inn, Butler (77-1-383)
14	Antibiotics; at Williamsport Hosp. (77-1-38)	8	Unusual Psychiatric Disorders; Postpartum Disorders; at Woodville St. Hosp., Carnegie (77-1-35)
14-15	Approach to the Acutely Inflamed Joint(s); at Williamsport Hosp. (77-1-485)	9	Handicapped Child; at Allentown-Sacred Heart Hosps. (77-1-39)
17	Medical and Psychiatry Continuing Education; at Allentown St. Hosp. (77-1-177)	9	Nosocomial Infections; at Community Med. Ctr., Scranton (77-1-575)
17-19	Phaco-Emulsification: Surgical Techniques; at Eye and Ear Hosp. (77-1-337)	9	Recent Advances in the Clinical Use of Radioisotopes; at St. Joseph's Hosp., Lancaster (77-1-587)
18	Addictions; at Woodville St. Hosp., Carnegie (77-1-35)	9	Vascular Diseases and Diabetes; at Jefferson (77-1-566)
18	Causes of Hypertension; at Charleroi Div., Monongahela Valley Hosp., North Charleroi (77-1-455)	10	Human Ecology (Effects of the Physical Environment on the Therapy of Hospitalized Psychiatric Patients); at Wernersville State Hosp. (77-1-425)
18	Subject to be announced; at Penn Hills Country Club, Bradford (77-1-433)	10	Manic-Depressive Illness; at EPPI (77-1-81)
19	Clinical Application of Acid Base Physiology; at Soldiers and Sailors Mem. Hosp., Wellsboro (77-1-602)	10	New Aspects of Management and Treatment of Endometriosis; at Nesbitt Mem. Hosp., Kingston (77-1-285)
19	Current Concepts—Surgery for Occlusive Arterial Disease; at Penn State Beaver Campus, Library Conference Room (77-1-370)	10	Renal Disease Symposium; Pyelonephritis; Acute Renal Failure; Renal Tubular Acidosis; at Hazleton St. Gen. Hosp. (77-1-37)
19	Head Trauma; at Sharon Gen. Hosp. (77-1-444)	10	Thrombophlebitis and Pulmonary Emboli—Diagnosis, Treatment, and Prevention; Arteriosclerosis Obliterans—Diagnosis and Treatment; at York Hosp. (77-1-409)
19	New Developments in Gynecology; at Nazareth Hosp., Philadelphia (77-1-476)	10	Treatment and Management of Cervical Carcinoma; at Nesbitt Mem. Hosp., Kingston (77-1-285)
19	The Approach to a Patient with Anemia; at Suburban Gen. Hosp., Pittsburgh (77-1-449)	11	Septic Shock Etiology Pathogen Management; at Williamsport Hosp. (77-1-38)
20	Gall Bladder Disease; at Brownsville Gen. Hosp. (77-1-376)	11-12	Approach to the Anemic Patient; at Williamsport Hosp. (77-1-490)
20	Seminars for the Family Physician; at St. Margaret Mem. Hosp., Pittsburgh (77-1-43)	12	Rehabilitation of the Stroke Patient; at Armstrong Co. Mem. Hosp., Kittanning (77-1-396)
20	What the Primary Care Physician Should Know About Genetic Evaluation and Counseling; Common Morphologic Syndromes; at York Hosp. (77-1-406)	12-13	Advances in Clinical Practice; at Sheraton Inn, Danville (77-1-205)
20-21	The Practice of Behavior Therapy with Children: A Training Seminar; at the Hilton Hotel, Phila. (77-1-121)	14-18	Diagnostic Ultrasound-Echocardiography; at Episcopal Hosp., Phila. (77-1-107)
21	Oncology; at Williamsport Hosp. (77-1-38)	15	Cosmetic Surgery: Indications, Candidates, Common Problems, Procedures Available; at Monongahela Div., Monongahela Valley Hosp., New Eagle (77-1-456)
21-22	Cardiopulmonary Resuscitation Course (77-1-338)	15	Individual Psychotherapy, Psychoanalytic Behavior, Client-Centered Hypnosis, Direct Analysis; at Woodville St. Hosp., Carnegie (77-1-35)
21-22	OB/GYN Program to be announced; at Williamsport Hosp. (77-1-486)	15	Subject to be announced; at Penn Hills Country Club, Bradford (77-1-434)
22	Anesthesia Postgraduate Day; at Robert Packer Hosp., Sayre (77-1-430)	16	Advances in Internal Medicine; at Nazareth Hosp., Philadelphia (77-1-477)
22	Genetics; at Armstrong Co. Mem. Hosp., Kittanning (77-1-395)	16	Medical Diseases Presenting with Psychiatric Symptoms; at Sharon Gen. Hosp. (77-1-446)
22	Rehabilitation of the Stroke Patient; at Indiana Hosp., Indiana (77-1-609)	16	Peripheral Vascular Disorders and Phlebo-embolic Disease; at Hanover Gen. Hosp. (77-1-329)
22-23	Workshop in Surgery of the Posterior Fossa; at Sheraton Airport Inn, Phila. (77-1-122)	16	Practical Management of Common Neurological Disorders; at Penn State Beaver Campus, Library Conference Room (77-1-371)
25	Psychosomatic Medicine; at Woodville St. Hosp., Carnegie (77-1-35)	16	Treatment of Overdoses; at St. John's Gen. Hosp., Pittsburgh (77-1-450)
26	Abdominal Pain in Children; at Allentown-Sacred Heart Hosps. (77-1-39)	16	Use of Arteriography in Diagnosis; at Soliders and Sailors Mem. Hosp. Wellsboro (77-1-603)
26	Evaluation of Jaundice and Liver Function Tests; at Uniontown Hosp. (77-1-460)	17	Human Ecology (Effects of the Physical Environment on the Therapy of Hospitalized Psychiatric Patients); at Wernersville State Hosp. (77-1-425)
26	Present Status of Endoscopic Cholangiography and Pancreatography; at St. Joseph's Hosp., Lancaster (77-1-586)	17	Malabsorption; at Holy Redeemer Hosp., Meadowbrook (77-1-578)
27	Hyperalimentation; at North Hills Passavant Hosp., Pittsburgh (77-1-465)	17	Parotid Tumors; Treatment of Head and Neck Cancer; at York Hosp. (77-1-410)
27	Inflammatory Bowel Disease; Panel—With Cases; at York Hosp. (77-1-407)	17	Renal Disease; at Brownsville Gen. Hosp. (77-1-378)
27	Juvenile Diabetes; at Good Samaritan Hosp., Pottsville (77-1-40)	17	Renal Disease Symposium; Management of Chronic Renal Disease—Dialysis and Transplant in Renal Failure; at Hazleton St. Gen. Hosp. (77-1-37)
28	Aortic Aneurysms; at Williamsport Hosp. (77-1-487)	18	Endocrinology; at Williamsport Hosp. (77-1-38)
29	Varicose Vein Surgery; at Williamsport Hosp. (77-1-488)		

## FEBRUARY

1	Contraception and Sterilization; at Monsour Med. Cent., Jeannette (77-1-516)	17	Renal Disease; at Brownsville Gen. Hosp. (77-1-378)
1	Low Back Syndromes—Diagnosis and Treatment; at Nason Hosp., Roaring Spring (77-1-471)	17	Renal Disease Symposium; Management of Chronic Renal Disease—Dialysis and Transplant in Renal Failure; at Hazleton St. Gen. Hosp. (77-1-37)
1	Pediatric and Adolescent Medicine; at Troggio's Restaurant, New Cas-	18	Endocrinology; at Williamsport Hosp. (77-1-38)



18-19	OB/GYN Program to be announced; at Williamsport Hosp. (77-1-491)	15	Medical Quarterly Conference; at Mercy, Pittsburgh (77-1-301)
19	Stasis Ulcer; at Indiana Hosp., Indiana (77-1-611)	15	Neurology Review; Common Syndromes, Physical Examination, Definitive Testing; at Charleroi Div., Monongahela Valley Hosp., North Charleroi (77-1-457)
21-23	Occupational Respiratory Disease; by Hahnemann, Phila. (77-1-182)	15	Subject to be announced; at Penn Hills Country Club, Bradford (77-1-435)
21-25	Second Seminar in Angiography and Special Diagnostic Techniques in Radiology; in Caracas Hilton, Caracas, Venezuela (77-1-541)	16	A Day in Pediatric Cardiology; by Temple (77-1-123)
22	Group Psychotherapy; Family Therapy; Multiple Therapists; Psycho-drama; at Woodville St. Hosp., Carnegie (77-1-35)	16	Adolescent Suicidal Attempt; at Nazareth Hosp., Philadelphia (77-1-478)
23	Birth Injuries and Their Future Impact; at Allentown-Sacred Heart Hosps. (77-1-39)	16	Antibiotics—Mechanism of Action and How to Select; at Penn State Beaver Campus, Library Conference Room (77-1-372)
23	Evaluation of Dizziness; at Uniontown Hosp. (77-1-461)	16	Headache; at Soldiers and Sailors Mem. Hosp., Wellsboro (77-1-604)
23	Hypertension, 1977; at Geisinger, Danville (77-1-206)	16	High and Low Blood Sugars and What to do About Them; at Geisinger, Danville (77-1-208)
23	Problems in the Management of the Gravely Ill Patient; at St. Joseph's Hosp., Lancaster (77-1-588)	16	Low Back Pain; Lumbago vs. Disc; at Sharon Gen. Hosp. (77-1-448)
23-25	Modern Therapeutics III; at Jefferson (77-1-567)	16	Low Back Pain and Paget's Disease; at St. John's Gen. Hosp., Pittsburgh (77-1-451)
24	Evaluation and Treatment of Hemolytic Anemia; at North Hills Passavant Hosp., Pittsburgh (77-1-466)	16-18	Obstetrics and Gynecology; at Jefferson (77-1-565)
24	Anaerobic Infections; at Hazleton St. Gen. Hosp. (77-1-37)	17	Acute Hemorrhagic Shock; at Hanover Gen. Hosp. (77-1-330)
24	Hematuria; at Good Samaritan Hosp., Pottsville (77-1-40)	17	Cardio-Pulmonary Resuscitation; at Brownsville Gen. Hosp. (77-1-380)
24	Radiation Therapy of Pituitary Disease; Selected Topics in Radiation Therapy; at York Hosp. (77-1-411)	17	Convulsive Disorders; at Holy Redeemer Hosp., Meadowbrook (77-1-580)
25	Cervical Spondylosis, Diagnosis and Complications; at Williamsport Hosp. (77-1-492)	17	Diagnosis, Treatment and Long Term Follow-up of Primary Myocardial Disease; Indications for Coronary Arteriography; at York Hosp. (77-1-414)
25	Concepts of Renal Transplants; at Williamsport Hosp. (77-1-38)	17	The Cardiac Examination; at Hazleton St. Gen. Hosp. (77-1-37)
26	Chemotherapeutic Principles; at Armstrong Co. Mem. Hosp., Kittanning (77-1-397)	17-18	Frontiers of Psychotherapy; at University City Holiday Inn, Phila. (77-1-124)
26	Pediatric Neurosurgery; at Williamsport Hosp. (77-1-493)	18	High Risk OB; at Williamsport Hosp. (77-1-38)
26	Surgery Postgraduate Day; at Robert Packer Hosp., Sayre (77-1-431)	18-19	OB/GYN Program to be announced; at Williamsport Hosp. (77-1-497)
28	Medical and Psychiatry Continuing Education; at Allentown St. Hosp. (77-1-177)	18-20	American Urological Association Meeting; at Pittsburgh Hilton Hotel (77-1-342)
<b>MARCH</b>			
1	Breast Cancer; at Canonsburg Gen. Hosp. (77-1-362)	19	Office Gynecology; at Indiana Hosp., Indiana (77-1-613)
1	Current Trends in the Diagnosis and Management of Psychiatric Illness; at Troggio's Restaurant, New Castle (77-1-367)	19	Radiology for the Non-Radiologist; at Abraham Lincoln Motor Inn, Reading (77-1-563)
1	Organic Therapies; Milieu Therapy; at Woodville St. Hosp., Carnegie (77-1-35)	21	Medical and Psychiatry Continuing Education; at Allentown St. Hosp. (77-1-177)
1	Recognition and Treatment of Obstetrical Emergencies in 1st and 3rd Trimesters; at Nason Hosp., Roaring Spring (77-1-472)	21	Urology Course; Caracas, Venezuela (77-1-125)
2	Diabetes Revisited - Hypercalcemia; at Latrobe Area Hosp. (77-1-597)	21-April 1	Medical-Legal Seminars; at Vail, Colorado (77-1-542)
2	Problem Oriented Medical Records; at Sharon Gen. Hosp. (77-1-447)	22	Geriatric Psychiatry; Forensic Psychiatry; at Woodville St. Hosp., Carnegie (77-1-35)
3	Gout; at Brownsville Gen. Hosp. (77-1-379)	23	Indications for and Hazards of Prophylactic Use of Antibiotics; at St. Joseph's Hosp., Lancaster (77-1-590)
3	Neuro-Transmitters and Brain Catecholamines; at Pottsville Hosp. (77-1-570)	23	Modern Approach to Allergic Diseases; at Uniontown Hosp. (77-1-462)
3	Pathologists Meeting; at Jeanes Hosp. (77-1-82)	23	Pros and Cons of Multiphasic Screening Program; at Allentown-Sacred Heart Hosps. (77-1-39)
3	The Pediatric-Psychiatric Interface of Adolescence; Selected Cases; at York Hosp. (77-1-412)	24	Appendicitis, the Acute Surgical Abdomen; at Hazleton St. Gen. Hosp. (77-1-37)
3	Viruses as Infective Agents; at Hazleton St. Gen. Hosp. (77-1-37)	24	Errors in Emergency Practice; at Good Samaritan Hosp., Pottsville (77-1-40)
3-4	A Multidiscipline Approach to Orbital Disorders; at Univ. Health Ctr. of Pittsburgh (77-1-339)	24	Hospital Bred Infections; at North Hills Passavant Hosp., Pittsburgh (77-1-467)
4	Genetics and Genetic Counseling; at Williamsport Hosp. (77-1-38)	24	Management of Cardiac Emergencies; at York Hosp. (77-1-415)
4	Innocent Cardiac Murmurs; at Williamsport Hosp. (77-1-494)	25*	Carcinoma of the Stomach; at Williamsport Hosp. (77-1-498)
4	Lower GI Tract; at Sharon Gen. Hosp. (77-1-440)	25	IV Nutrition-Hyperalimentation; at Williamsport Hosp. (77-1-38)
4-5	Retinal Diseases of the Young and Adolescent; at Marriott Hotel, Philadelphia (77-1-75)	26	Health Care Symposium; at Robert Packer Hosp., Sayre (77-1-432)
5	Pulmonary Embolism; at Indiana Hosp., Indiana (77-1-612)	26	Hyperalimentation; at Williamsport Hosp. (77-1-499)
7	New Developments in Otolaryngology of Interest to Primary Care Physicians; at Geisinger, Danville (77-1-207)	26	Hypertension and Renal Disease; at Armstrong Co. Mem. Hosp., Kittanning (77-1-399)
7-9	Bedside Diagnosis of Heart Disease; at Philadelphia Marriott Motor Hotel (77-1-393)	27-30	Clinical Immunopathology; at William Penn Hotel (77-1-343)
7-11	Introductory Diagnostic Ultrasound; at Episcopal Hosp., Phila. (77-1-105)	29	Etiology; at Woodville St. Hosp., Carnegie (77-1-35)
8	Child Psychiatry; at Woodville St. Hosp., Carnegie (77-1-35)	30	Causes and Treatment of Hyponatremia; at Holy Redeemer Hosp., Meadowbrook (77-1-581)
8	Investigations and Treatment of Infertility in Women; at Holiday Inn, Butler (77-1-384)	30	Immunology for the Practitioner; at Geisinger, Danville (77-1-209)
8	Oncology—Case Presentation; at Jameson Mem. Hosp., New Castle (77-1-422)	31	Pain Control: Medical, Psychological & Psychiatric Aspects; at EPPI (77-1-79)
9	Air Pollution - Respiratory Diseases; at Holy Redeemer Hosp., Meadowbrook (77-1-579)	31	Pulmonary Emboli, Recent Advances in Diagnosis and Treatment; at York Hosp. (77-1-416)
9	Drug Interactions; at St. Joseph's Hosp., Lancaster (77-1-589)	31	Total Joint Replacement (Emphasis on Indications and Results); at Hazleton St. Gen. Hosp. (77-1-37)
9	Productive Values and Efficiency of Medical Diagnosis; at Allentown-Sacred Heart Hosps. (77-1-39)	31-April 1	Advanced Electronystagmography Course; at Jefferson (77-1-564)
10	Diseases of the Vulva; Management of Vulvar Disorders; at York Hosp. (77-1-413)	31-April 2	Annual Glaucoma Course; at Wills Eye Hosp. (77-1-359)
10	New Management of Hypertension; at Nesbitt Mem. Hosp., Kingston (77-1-286)	<b>APRIL</b>	
10	Pneumoconiosis; at Hazleton St. Gen. Hosp. (77-1-37)	1	Bone; at Sharon Gen. Hosp. (77-1-441)
10-12	Phaco-Emulsification: Surgical Techniques; at Eye and Ear Hosp. (77-1-340)	1	Respiratory Failure in Pediatric Age Group; at Williamsport Hosp. (77-1-38)
11	Clinical Spectrum in Mitral Valve; at Williamsport Hosp. (77-1-38)	1-2	Acute Glomerulonephritis; Metabolic Acidosis/Alkalosis; One Day OPD Workup of Renal Problems; Approach to Patients with Disorders of the Inflammatory Response; at Williamsport Hosp. (77-1-500)
11-12	Cardiopulmonary Resuscitation Course (77-1-341)	1-2	The Glaucoma Patient; at Wills Eye Hosp. (77-1-74)
11-12	Management of Hypertension; at Williamsport Hosp. (77-1-496)	1-2	Sixth Sports Medicine Symposium; at Univ. Health Ctr. of Pittsburgh (77-1-546)
12	Hyperlipidemia; at Armstrong Co. Mem. Hosp., Kittanning (77-1-398)	2	Obesity; at Indiana Hosp., Indiana (77-1-614)
15	Community Psychiatry; at Woodville St. Hosp., Carnegie (77-1-35)		



5 Cerebrovascular Disease; Diagnosis and Treatment; at Nason Hosp., Roaring Spring (77-1-473)

5 Concepts of Normality; at Woodville St. Hosp., Carnegie (77-1-35)

5 Pancreatic and Small Bowel Disorders; at Canonsburg Gen. Hosp. (77-1-363)

5 Psychiatry in General and Rehabilitation Therapy; at Troggio's Restaurant; New Castle (77-1-368)

6 A Rational Approach to the Diagnosis and Treatment of Hypertension; at St. Joseph's Hosp., Lancaster (77-1-591)

6 Abdominal Diseases: The Internist and the Surgeon; at Geisinger, Danville (77-1-211)

6 Causes and Treatment of Hypopotassemia; at Holy Redeemer Hosp., Meadowbrook (77-1-582)

6 Practical Advances in Dermatology; at Geisinger, Danville (77-1-210)

6 Pulmonary Embolism - Bronchial Asthma; at Latrobe Area Hosp. (77-1-598)

7 Arthritis; at Brownsville Gen. Hosp. (77-1-381)

7 Clinical Disturbances in Regulation of Water and Electrolyte Metabolism; Selected Cases; at York Hosp. (77-1-417)

7 Drug Treatment of Arrhythmias; at Pottsville Hosp. (77-1-571)

7 Dx and Rx of Gout; at Hazleton St. Gen. Hosp. (77-1-37)

9 Recent Trends—Office Gynecology; at Armstrong Co. Mem. Hosp., Kittanning (77-1-400)

12 A Review of Basic Immunology; at St. Francis Hosp., New Castle (77-1-423)

12 Review and Summary; at Woodville St. Hosp., Carnegie (77-1-35)

12 Surgery and Peptic Ulcer Disease; at Holiday Inn, Butler (77-1-385)

13 Early Diagnosis of Malignancies; at Allentown-Sacred Heart Hosps. (77-1-39)

13 Emergency Dept. Radiology; by Temple (77-1-126)

13 Eye Problems in General Practice; at Hanover Gen. Hosp. (77-1-331)

14 Basics and Clinical Application of Arterial Blood Gases; at Nesbitt Mem. Hosp., Kingston (77-1-287)

14 Diabetes Symposium; at Univ. Health Ctr. of Pittsburgh (77-1-547)

14 Disorders of Fluid, Electrolyte and Acid Base Balance; at Hazleton St. Gen. Hosp. (77-1-37)

14 Occupational Hazards to Hearing; at Holy Redeemer Hosp., Meadowbrook (77-1-583)

14 Psychopharmacology Update; at Wernersville State Hosp. (77-1-426)

14 Psychophysiological Responses to Anesthesia and Operation; Informed Consent; at York Hosp. (77-1-418)

15 Obstetrical Anesthesia; at Williamsport Hosp. (77-1-38)

15-16 OB/GYN Program to be announced; at Williamsport Hosp. (77-1-501)

16 Hyperlipidemia; at Indiana Hosp., Indiana (77-1-615)

16 Symposium on the Management of Chronic Pain; at Pitt (77-1-550)

16-30 13th International Medical-Legal Seminar; in Egypt and Morocco (77-1-551)

18-May 6 Second Career Training Program for Emergency Physicians; at College of Phys./Phila. (77-1-428)

18 Medical and Psychiatry Continuing Education; at Allentown St. Hosp. (77-1-177)

18-20 Cancer Chemotherapy II; by Hahneemann, Phila. (77-1-183)

18-22 Diagnostic Ultrasound-Advanced Abdominal Scanning; at Episcopal Hosp., Phila. (77-1-106)

19 Diagnosis and Therapy of Common Dermatological Problems; at Monongahela Div., Monongahela Valley Hosp., New Eagle (77-1-458)

19 Pelvic Infections—Including Vaginitis; at Westmoreland Hosp., Greensburg (77-1-517)

19 Subject to be announced; at Penn Hills Country Club, Bradford (77-1-436)

20 A Day of Pediatric Nephrology; at St. Christopher's Hosp. for Children, Phila. (77-1-114)

20 Current Concepts in Immunology; at Penn State Beaver Campus, Library Conference Room (77-1-373)

20 Current Immunology; at Soldiers and Sailors Mem. Hosp., Wellsboro (77-1-605)

20 Management of the Severely Injured Patient; at St. Joseph's Hosp., Lancaster (77-1-592)

20 Nephrolithiasis; at St. John's Gen. Hosp., Pittsburgh (77-1-452)

20 Pulmonary Physiology Made Easy: A Guide to the Understanding of Pulmonary Function Testing; at Geisinger, Danville (77-1-212)

20 Surgery for Peripheral Vascular Disease; at Nazareth Hosp., Philadelphia (77-1-479)

21 Hemophilia Symposium; at Univ. Health Ctr. of Pittsburgh (77-1-552)

21 Physiology of Sexual Response; Treatment of Sexual Dysfunction; at York Hosp. (77-1-419)

21 Recent Progress in Diabetes Mellitus; at Hazleton St. Gen. Hosp. (77-1-37)

21 Seminars for the Family Physician; at St. Margaret Mem. Hosp., Pittsburgh (77-1-43)

21 Preoperative Evaluation; at Holy Redeemer Hosp., Meadowbrook (77-1-584)

22 Old and New Problems of the Hip; at Williamsport Hosp. (77-1-502)

22-24 Fourth Annual Symposium for Nurse Anesthetists; at Pittsburgh Hilton

Hotel (77-1-346)

23 Clinical Skills Day; at Sugarloaf Conference Center, Phila. (77-1-127)

23 Nuclear Medicine; at Armstrong Co. Mem. Hosp., Kittanning (77-1-401)

23 Office Orthopaedics; at Williamsport Hosp. (77-1-503)

25-29 Family Practice Review Course; at Landis Valley Motor Inn, Lancaster (77-1-128)

27 Diabetes and the Eye; at Allentown-Sacred Heart Hosps. (77-1-39)

27 Peripheral Neuropathies—Diagnosis and Treatment; at Uniontown Hosp. (77-1-463)

27 Stauffer Memorial Lecture; by Temple (77-1-129)

28 Cardiac Dysrhythmias and Utilization of Pacemakers; at North Hills Passavant Hosp., Pittsburgh (77-1-468)

28 Gynecologic Endocrinology; at Hazleton St. Gen. Hosp. (77-1-37)

28 Substance Abuse; at Wernersville State Hosp. (77-1-427)

28 Treatment of Bronchial Asthma; at Good Samaritan Hosp., Pottsville (77-1-40)

28-29 Current Concepts in Medicine for the Practicing Physician; at Valley Forge Hilton (77-1-392)

29 Primary Health Care; at Williamsport Hosp. (77-1-38)

29-30 Cardiopulmonary Resuscitation Course (77-1-347)

29-30 Oculo-Plastic Surgery; location to be announced (77-1-73)

29-30 Speaker to be announced; at Williamsport Hosp. (77-1-504)

30 Current Concepts in Medicine for the Practicing Physician; at Bryn Mawr Hosp. (77-1-392)

## MAY

1 Non-Invasive Techniques of Cardiac Diagnosis; at Latrobe Area Hosp. (77-1-600)

2 Menopause - What Not, if Estrogen; at Pottsville Hosp. (77-1-573)

2-3 Nuclear Medicine Update; at Univ. Health Center of Pittsburgh (77-1-553)

2-4 Phaco-Emulsification: Surgical Techniques; at Eye and Ear Hosp. (77-1-350)

2-6 Diagnostic Ultrasound-Echocardiography; at Episcopal Hosp., Phila. (77-1-107)

3 Diagnostic Uses of Radioisotopes; at Nason Hosp., Roaring Spring (77-1-474)

3 Leukemias and Lymphomas; at Canonsburg Gen. Hosp. (77-1-364)

3 Ultrasound as a Diagnostic Tool; at Troggio's Restaurant, New Castle (77-1-369)

4 Hearing Loss - T&A - Indications and Alternatives; at Latrobe Area Hosp. (77-1-599)

4 Hypothyroidism and Thyrotoxicosis; at Geisinger, Danville (77-1-213)

4 Pediatric Hypertension; at Holy Redeemer Hosp., Meadowbrook (77-1-585)

4 Practical Approach to the Management of the Patient with Hypo or Hyperadrenal Function; at St. Joseph's Hosp., Lancaster (77-1-593)

5 Hyperlipidemia; at Pottsville Hosp. (77-1-572)

5 Immune Mechanisms in Disease; at Hazleton St. Gen. Hosp. (77-1-37)

5 Substance Abuse; at Wernersville State Hosp. (77-1-427)

6 Anemia in Childhood; at Williamsport Hosp. (77-1-38)

6 Lung; at Sharon Gen. Hosp. (77-1-442)

6-7 Hematology; at Williamsport Hosp. (77-1-505)

7 Special Child Conference-9th Annual; at Geisinger, Danville (77-1-214)

7 Surgical Management of Peptic Ulcer Disease; at Indiana Hosp., Indiana (77-1-616)

8-12 Therapeutics; by Hahneemann, Phila. (77-1-185)

10 (Subject to be announced); at Jameson Mem. Hosp., New Castle (77-1-424)

11 The Collagen Diseases; at Hanover Gen. Hosp. (77-1-332)

11 Which Newly Discovered Hypertension Patient Should be Evaluated Extensively; at Allentown-Sacred Heart Hosps. (77-1-39)

11-13 Ophthalmic Microsurgery; at Eye and Ear Hosp., Pittsburgh (77-1-554)

12 Chemo and Cobalt Therapy in Oncology; at Nesbitt Mem. Hosp., Kingston (77-1-288)

12 Peripheral Vascular Disease—Medical and Surgical Management; at Hazleton St. Gen. Hosp. (77-1-37)

13 Evaluation of Gall Disease and Current Therapy; at Williamsport Hosp. (77-1-38)

13-14 Pathophysiology of Acid-Base Disorders; at Williamsport Hosp. (77-1-506)

14 Chronic Obstructive Pulmonary Disease; at Armstrong Co. Mem. Hosp., Kittanning (77-1-402)

15 Management of Cardiac Arrhythmias; at Soldiers and Sailors Mem. Hosp., Wellsboro (77-1-607)

15-17 Annual Conference on Pediatric Ophthalmology-Complications; at Hyatt House, Cherry Hill, N.J. (77-1-70)

16 Medical and Psychiatry Continuing Education; at Allentown St. Hosp. (77-1-177)

16-20 Selected Subjects in Internal Medicine; at William Penn Hotel (77-1-351)

17 Common Pediatric GI Problems; at Charleroi Div., Monongahela Valley Hosp., North Charleroi (77-1-459)



17	Subject to be announced; at Penn Hills Country Club, Bradford (77-1-437)
18	Chronic Obstructive Pulmonary Diseases; at St. Joseph's Hosp., Lancaster (77-1-594)
18	Difficult Diagnosis of Chest Pain; at Penn State Beaver Campus, Library Conference Room (77-1-374)
18	Endocrine Function; at Soldiers and Sailors Mem. Hosp., Wellsboro (77-1-606)
18	Thyroid Disease; at Nazareth Hosp., Philadelphia (77-1-480)
18	Tuberculosis Update; at St. John's Gen. Hosp., Pittsburgh (77-1-453)
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19-21	Annual Convention, PAO&O; at Bedford Springs Hotel (77-1-71)
20	Family Planning Update; at Williamsport Hosp. (77-1-38)
20	Peripheral Vascular Surgery; at Williamsport Hosp. (77-1-507)
21	Acute Care of Multiple Trauma; at Armstrong Co. Mem. Hosp., Kittanning (77-1-403)
21	Renal Transplantation; at Williamsport Hosp. (77-1-508)
25	Antibiotics—Mechanism of Action and How to Select; at Uniontown Hosp. (77-1-464)
25	Oculopneumoplethysmograph (Evaluation of Stroke Prone Patients); at Allentown-Sacred Heart Hosps. (77-1-39)
26	Blood Component Therapy Update; at North Hills Passavant Hosp., Pittsburgh (77-1-469)
26	Eye—Systemic Disease; at Good Samaritan Hosp., Pottsville (77-1-40)
26-27	11th Annual Symposium on Emergency and Critical Care Medicine; at Pittsburgh Hilton (77-1-555)

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1	The Worried Well: Practical Approaches to Problem Patients; at Geisinger, Danville (77-1-215)
2	Pathologists Meeting; at Jeanes Hosp. (77-1-82)
3	H. Influenza-Bacterial Infections-Viral Infections; at Williamsport Hosp. (77-1-38)
3-4	Pediatric program to be announced; at Williamsport Hosp. (77-1-509)
5	Rheumatic Fever 1977; at Williamsport Hosp. (77-1-495)
6-10	Diagnostic Ultrasound-Cross-Sectional Anatomy; at Episcopal Hosp., Phila. (77-1-108)
7	Non-Metastatic Manifestations of Neoplasms; at Nason Hosp., Roaring Spring (77-1-475)
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8	Coronary Bypass; at Allentown-Sacred Heart Hosps. (77-1-39)
8	The Significance of the Apical Systolic Murmur; at Geisinger, Danville (77-1-216)
10	Liver Disease and Pancreatic Disease; at Williamsport Hosp. (77-1-38)
10-11	Approach to Ischemic Heart Disease and Hyperlipidemia; at Williamsport Hosp. (77-1-510)
14	Medical Quarterly Conference; at Mercy, Pittsburgh (77-1-301)
15	Diagnosis and Treatment of Seizure Disorders Including Status Epilepticus; at St. John's Gen. Hosp., Pittsburgh (77-1-454)
15	New Concept in Cardiology; at Nazareth Hosp., Philadelphia (77-1-481)
16	Radiologic and Nuclear Medicine in Diagnosis and Therapy: Mammography, Xerography, Thermography and the EMI; at Hanover Gen. Hosp. (77-1-333)
16-18	Pediatric Otolaryngology; at Univ. Health Ctr. of Pittsburgh (77-1-556)
17	Colposcopy; at Williamsport Hosp. (77-1-38)
17-18	OB/GYN Program to be announced; at Williamsport Hosp. (77-1-511)
19-23	1st International Facial Nerve Symposium in the USA; at Pittsburgh Hilton Hotel (77-1-355)
20	Medical and Psychiatry Continuing Education; at Allentown St. Hosp. (77-1-177)
22	Renal Transplant; at Allentown-Sacred Heart Hosps. (77-1-39)
24	Portal Hypertension—Diagnosis and Treatment; at Williamsport Hosp. (77-1-38)
24	Reconstructive Plastic Surgery; at Williamsport Hosp. (77-1-512)
24-25	Thrombosis Course; at Marriott Motor Inn, Bala Cynwyd (77-1-130)
25	Malignant Melanoma; at Williamsport Hosp. (77-1-513)

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8	Drug Interactions; at Latrobe Area Hosp. (77-1-601)
18-20	Bedside Diagnosis of Heart Disease; by Hahnemann, Phila. (77-1-184)

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9-11	Practical Neuropathology (77-2-14)
14	Medical Quarterly Conference; at Mercy, Pittsburgh (77-1-301)
15-18	Family Medicine: A Refresher Course and Practice Examination for Family Physicians; at Pittsburgh Hilton (77-2-13)
23-24	Continuing Education Program; at Bedford Springs Hotel, Bedford (77-1-482)

#### OCTOBER

3-7	Medical Knowledge Self-Assessment Program IV; at William Penn Hotel, Pittsburgh (77-2-15)
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17-19	Clinical Neuro-otolaryngology; at Univ. Health Ctr. of Pittsburgh (77-2-16)
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#### DECEMBER

14	Medical Quarterly Conference; at Mercy, Pittsburgh (77-1-301)
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Pittsburgh; Allegheny (77-1-24 and 535)

Pittsburgh; Mercy (77-1-311 to 313 and 78-1-5)

Pittsburgh; Pitt (77-1-279, 281, 316 to 319, 350 to 356, 541 and 553)

Pittsburgh; Shadyside Hosp. (77-2-4)

Pittsburgh; St. Margaret (77-1-50)

Reading; Reading Hosp. (77-1-563)

Roaring Spring; Nason Hosp. (77-1-474)

York; York Hosp. (77-1-411)

#### **SURGERY**

Bedford; Bedford Springs Hotel (77-1-482)

Bryn Mawr; Bryn Mawr Hosp. (77-1-31)

Butler; Butler Co. Med. Soc. (77-1-385)

Drexel Hill; Delaware Co. (77-1-64)

Erie; Hamot Med. Cent. (77-1-526)

Hanover; Hanover Gen. Hosp. (77-1-330 to 333)

Indiana; Indiana Hosp. (77-1-616)

Lancaster; Lancaster Gen. Hosp. (77-1-96 and 101)

New Eagle; Monongahela Valley Hosp. (Monongahela Div.) (77-1-456)

Philadelphia; Hahnemann (78-1-15)

Philadelphia; Jeanes (77-1-92)

Philadelphia; MCP (77-1-256 and 257)

Philadelphia; Nazareth Hosp. (77-1-479)

Philadelphia; Temple (77-1-122, 135, 151, 155 and 165)

Pittsburgh; Allegheny (77-1-19)

Pittsburgh; Mercy (78-1-6 and 7)

Pittsburgh; Pitt (77-1-320 to 322, 334, 337, 340, 344, 350, 352, 356, 387 to 390, 538, 543, 544 and 557)

Pittsburgh; Shadyside Hosp. (77-2-3)

Rochester; Beaver Co. Med. Soc. (77-1-370)

Sayre; Packer (77-1-431 and 519)

Williamsport; Williamsport Hosp. (77-1-487, 488, 492, 507, 508, 512 and 513)

#### **UROLOGY**

Danville; Geisinger (77-1-279 to 81)

Drexel Hill; Delaware Co. (77-1-67)

Philadelphia; Temple (77-1-125 and 164)

Pittsburgh; Pitt (77-1-342 and 374)



# AMA Expands Continuing Medical Education Opportunities in 1977.



## Now you can choose from 15 regional CME meetings!

Recognizing the importance of continuing medical education to its members, the AMA has greatly expanded its CME programs. During 1977, the AMA will offer 15 regional CME meetings around the country in addition to its scientific programs at both the Annual Convention and Winter Meeting.

The purpose of the regional programs is to make it easier and more convenient for you to continue your medical education by bringing the meetings closer to your hometown and by scheduling them on the weekends to

avoid interference with your practice.

All courses are approved by the AMA Council on Continuing Physician Education for Category 1 credit toward an AMA Physician's Recognition Award. A syllabi written by medical school faculties is provided with every course.

Specific information on course location, fees, academic program, faculty, and hotel reservations will be available approximately months before each course date. Please write to address below at that time stating your selection(s). Print name, address, and office phone number.

### 1977 Regional Schedule

Tulsa, Oklahoma	January 22-23
Birmingham, Alabama	February 5-6
*Lake Tahoe, Nevada	February 11-13
Denver, Colorado	February 19-20
*Tarpon Springs, Florida	March 4-6
Detroit (Southfield), Michigan	March 26-27
New York (Westchester), New York	April 16-17
Houston, Texas	May 15
Hartford, Connecticut	September 10-11
*Lake of the Ozarks, Missouri	September 16-18
Chicago, Illinois	September 24-25
*Hot Springs (Homestead), Virginia	Sept. 30-Oct. 2
*Huron, Ohio	October 7-9

*Honolulu, Hawaii	Oct. 30-Nov. 4
Hershey, Pennsylvania	November 18-19

### AMA's 126th Annual Convention

San Francisco, California	June 18-22
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### AMA's Winter Scientific Meeting

Miami Beach, Florida	December 10-13
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### AMA Spokesmanship Seminars

Chicago, Illinois	August 13-14
(Marriott O'Hare Hotel)	November 12-13

\*Courses end at midday for recreation activities

AMA Department of Meeting Services  
535 North Dearborn Street  
Chicago, Illinois 60610



# THE ANXIETY-SPECIFIC.

- a predictable pattern of patient response
- seldom associated with serious side effects, in proper dosage
- rarely interferes with mental acuity
- used concomitantly with many primary medications
- three dosage strengths meet most patient needs

## LIBRIUM® chlordiazepoxide HCl/Roche 5mg, 10mg, 25mg capsules

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** Relief of anxiety and tension occurring alone or accompanying various disease states.

**Contraindications:** Patients with known hypersensitivity to the drug.

**Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported.

**Use in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**Precautions:** In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psycho-

Libritabs® (chlordiazepoxide) available in 5 mg, 10 mg and 25 mg tablets.



tropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relation-

ship has not been established clinically.

**Adverse Reactions:** Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

**Usual Daily Dosage:** Individualize for maximum beneficial effects. *Oral—Adults:* Mild and moderate anxiety and tension, 5 or 10 mg t.i.d. or q.i.d.; severe states, 20 or 25 mg t.i.d. or q.i.d. *Geriatric patients:* 5 mg b.i.d. to q.i.d. (See Precautions.)

**Supplied:** Librium® (chlordiazepoxide HCl) Capsules, 5 mg, 10 mg and 25 mg—bottles of 100 and 500; Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25, and in boxes containing 10 strips of 10; Prescription Paks of 50, available singly and in trays of 10.

Libritabs® (chlordiazepoxide) Tablets, 5 mg, 10 mg and 25 mg—bottles of 100 and 500. With respect to clinical activity, capsules and tablets are indistinguishable.



Roche Laboratories  
Division of Hoffmann-La Roche Inc.  
Nutley, New Jersey 07110

Please see following page.



# THE ANXIETY-SPECIFIC

Since its discovery in the research laboratories at Roche, Librium has been the object of ongoing pharmacologic and clinical investigation.

The published record on Librium is enormous. So large, in fact, we put it into a computer literature retrieval system to make it more accessible in answering your inquiries.\*

It's a record that reveals a consistent pattern of patient response. A highly favorable benefits-to-risk ratio. And minimal interference with many primary medications.

Doing one thing well. Basically, that's what Librium is all about.

**LIBRIUM<sup>®</sup>**   
**chlordiazepoxide HCl / Roche**



ROCHE

\*If you have a question about Librium or any other Roche product, write to Professional Services, Roche Laboratories, Nutley, New Jersey 07110.

Please see preceding page for a summary of product information.



RESK

# Pennsylvania Medicine

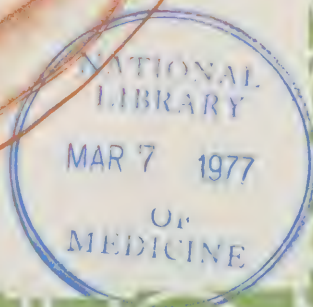
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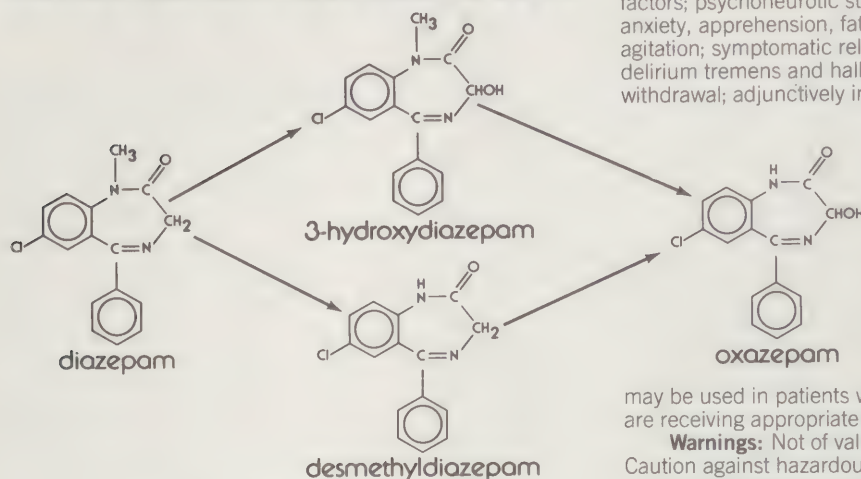
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BETHESDA MD

PENNSYLVANIA PRENATAL DIAGNOSTICS IN CENTRAL





# A pharmacokinetic character all its own



**Valium (diazepam) is a benzodiazepine with a distinctive pharmacokinetic profile**

The pharmacokinetic profile of Valium is one of the characteristics that sets it apart from other benzodiazepines. Consider, in particular, the metabolic pathway of Valium. The three major metabolites of Valium exhibit significant pharmacologic activity—and so, of course, does the parent substance—diazepam itself. All combine to produce the characteristic clinical response seen with Valium. The response you have come to know, to want and to trust.

Pharmacokinetic studies also demonstrate that Valium has a pattern of absorption, distribution, metabolism and elimination that is reliable and consistent. And, although the pharmacokinetics of a drug cannot, at present, be specifically related to its clinical effects, it is clearly a factor that distinguishes one product from another by providing important insights into how each moves through the patient's body.

## Valium® (diazepam) <sup>IV</sup>

2-mg, 5-mg, 10-mg scored tablets  
**a prudent choice in psychic  
tension and anxiety**

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

**Contraindicated:**

Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma;

may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** Not of value in psychotic patients.

Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

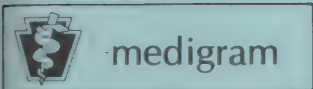
**Precautions:** If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

**Side Effects:** Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.



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**ARGONAUT FILES 70% RATE INCREASE** Argonaut Insurance Co. filed for a 70 percent increase in professional liability insurance rates January 28. It calls for changes in territories as follows: New Territory One--Philadelphia, Delaware, and Montgomery Counties; New Territory Three--Allegheny County; and New Territory Four--Bucks and Chester Counties. All other counties remain in Territory Two. The filing also alters the spread of premiums between those in Class I and those in Class V. Class V physicians now pay 14 times the rate of Class I physicians for malpractice coverage. In the new filing they will pay seven times as much. The filing allows a 7.5 percent credit for the beneficial effects of the new malpractice law, Act 111. The Society has asked the Insurance Department for the opportunity to participate in the hearing when scheduled. The Society through the Commission on Professional Liability Insurance has taken no position pending the final report of its actuary, expected late in February.

**BOARD APPROVES ACT 111 AMENDMENTS** Amendments to the state's malpractice law developed by the Society's Ad Hoc Committee on Malpractice Insurance were approved by the Board of Trustees January 12. At the same time the Board approved a public and membership communications campaign. Meeting January 26, the ad hoc committee established a timetable which calls for introduction of a single bill containing the amendments.

**GOVERNMENTAL COUNCIL EXECUTIVE COMMITTEE NAMED** The Board of Trustees approved the following as members of the Executive Committee of the Council on Governmental Relations: Michael P. Levis, M.D., chairman; Charles K. Zug, III, M.D.; R. William Alexander, M.D.; Bernard Zamostien, M.D.; and Mrs. John Polcyn, Auxiliary representative. The committee was appointed to make decisions as necessary between meetings of the council.

**CO-OP RECEIVES FUNDING** The Board of Trustees January 12 authorized a \$50,000 loan for the Pennsylvania Medical Cooperative. The loan implements the policy set by the House of Delegates to provide financial support to the Co-op. With the additional funds the Co-op will expand its product line, add a telephone ordering service, hire a sales and promotion expert, and develop a credit plan for members. The Co-op projection is for sales in excess of \$800,000 in 1977.

**ASA FIGHTS FOR RELATIVE VALUE SCALE** The American Society of Anesthesiologists (ASA) has refused to accept a consent decree in the suit brought by the Antitrust Division of the U.S. Department of Justice because of the society's use of its relative value guide. In similar actions brought by the Federal Trade Commission, three other specialty societies accepted consent decrees to cease using such guides. They are the American Academy of Orthopedic Surgeons, American College of Radiology and American College of Obstetricians and Gynecologists.



JUA ON ITS OWN      Medical Protective Co. no longer represents the Professional Liability Joint Underwriting Association. William H. Lennert, JUA general manager, said JUA matters should be directed to: Pennsylvania Professional Liability Joint Underwriting Association, 580 W. Germantown Pike, Suite 207, Plymouth Meeting, PA 19462, or telephone (215) 828-8890.

STATE BOARD TO PROBE DEATHS      The State Board of Medical Education and Licensure has appointed a special advisory committee to review 83 case records, in which the cause of death was questionable, which were received from the Philadelphia medical examiner's office. Serving on the committee will be two general practitioners, a medical school dean, a hospital administrator, a registered nurse, a hospital director, and two private citizens. All will be from outside the Philadelphia area. The committee will meet at least once a week and is expected to complete a report by April 1, Richard C. Lyons, M.D., state board chairman, said.

WELFARE LINE ITEM SOUGHT FOR PHYSICIANS' FEES      The State Society will ask the Legislature to add a line item allocating specific funds for physicians' fees in the budget of the Department of Public Welfare. The Board of Trustees authorized the action on the recommendation of the Council on Medical Service which met with DPW officials on the reimbursement problem in December.

SOCIETY TO CONDUCT SURVEY      The State Society will mail in February questionnaires to 6,000 physicians in an effort to determine the Society's priorities as perceived by the members. William J. Kelly, M.D., Society president, called for such a survey in his address to the House of Delegates at the time of his installation in September 1976. Dr. Kelly has urged physicians who receive the questionnaires to answer and return them as soon as possible.

SOCIETY CAUTIONS STATE ON GENERIC PRESCRIBING      The Commission on Therapeutics of the State Society met January 13 with a representative of the Drug, Device, and Cosmetic Board of the Department of Health on Act 259 of 1976, the new generic prescription law. The act requires a physician to authorize or prevent substitution of a generic equivalent of the prescribed medication depending on which line he signs the order. The law is not implemented until the Department of Health prepares a formulary, probably in late spring.

APPEAL FILED IN PHILADELPHIA HSA CASE      The City of Philadelphia has asked for reconsideration of the decision of U.S. District Court Judge Clifford Scott Green that Philadelphia and the four surrounding counties form a single Health Service Area for planning and development under P.L. 93-641. The Department of Health, Education, and Welfare established three HSAs for the area after local governments, citizens' groups, and professional associations objected to the original single area designation. The State Society is on record in support of three HSAs.



# The Pennsylvania Medical Society Announces Its Spring Schedule of Management Workshops

These programs give you and your office personnel an opportunity to hear experts discuss the business side of medical practice. Good business management today is essential to good medical practice. For your benefit, we offer programs by several management consultants in different locations throughout Pennsylvania.

## Medical Assistant Series

March 15, 1977	Wilkes-Barre	Holiday Inn
March 16, 1977	Allentown	Holiday Inn—West
March 17, 1977	Valley Forge	Sheraton-Penn Pike Motor Inn
March 18, 1977	Hershey	Hershey Hotel
March 23, 1977	Erie	Erie Hilton
March 24, 1977	Pittsburgh	Marriott Inn

All sessions 9 a.m.-5 p.m.

Tuition—\$60

Registration Limit—50-60

## Office Manager Workshop

April 19, 1977	Hershey	Hershey Hotel
April 20, 1977	Hershey	Hershey Hotel

Tuition—\$245

Two day workshop 9 a.m.-5 p.m.

Registration Limit—30

To register for this and above program CONTACT:  
Practice Productivity, Inc.  
2000 Clearview Avenue, Suite 101  
Atlanta, Georgia 30340  
(404) 455-7344

## Physician Half Day Workshops

(Morning "Personnel"—Afternoon "Time Management")

April 21, 1977	Hershey	Hershey Hotel
April 22, 1977	Valley Forge	Stouffer's Valley Forge Hotel
April 23, 1977	Pittsburgh	Pittsburgh Hilton

9 a.m. - 12:30 p.m.      1:30 p.m.-5 p.m.

Tuition—\$65 per half day  
\$125 full day

Registration Limit—35

To register CONTACT:  
Council on Education and Science  
Pennsylvania Medical Society  
20 Erford Road  
Lemoyne, Pennsylvania 17043  
(717) 238-1635

All sessions conducted by: Practice Productivity, Inc.



## Financial Control of Your Medical Practice

March 22, 1977  
March 23, 1977  
March 24, 1977  
March 25, 1977

Pittsburgh  
Harrisburg  
Wilkes-Barre  
Philadelphia

Allegheny County Medical Society  
Harrisburg Polyclinic Hospital  
Luzerne County Medical Society  
Philadelphia Marriott Motor Hotel

All sessions 1 p.m.-5:30 p.m.

Tuition—\$62.50

Registration Limit—

Conducted by: Conomikes Associates, Inc.

To register CONTACT:  
Council on Education and Science  
Pennsylvania Medical Society  
20 Erford Road  
Lemoyne, Pennsylvania 17043  
(717) 238-1635

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## Principles of Medical Practice Management

(One and a half day workshop)

April 29, 1977  
April 30, 1977

9 a.m.-6 p.m.  
8:30 a.m.-1 p.m.

Camp Hill  
Camp Hill

Penn Harris Motor Inn  
Penn Harris Motor Inn

Tuition—\$125

Registration Limit—

Conducted by: Management Consulting for Professionals, Inc.

To register CONTACT:  
Council on Education and Science  
Pennsylvania Medical Society  
20 Erford Road  
Lemoyne, Pennsylvania 17043  
(717) 238-1635

Watch for additional information brochures in your mail.

---

## Other Management Aids

**Workshops on Uses of the Computer in Private Practice** (to be scheduled in late spring).

**Booklet available**—"Principles of Medical Practice Management"—Price \$7.50.

**Tapes available**—Six cassette tapes in bookshelf binder on hows and whys of good management of medical office practice—Price \$.

For additional information on these items CONTACT:

Mr. LeRoy C. Erickson  
Director, Educational Activities  
Pennsylvania Medical Society  
20 Erford Road  
Lemoyne, Pennsylvania 17043  
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# Pennsylvania Medicine



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FEBRUARY 1977

Volume 80, Number 2

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**RECENT CHANGES**

**federal register**

**Providing  
Drug Information  
to Physicians**

**Informational  
Bulletin #433-76**

**National  
Health  
Insurance**

**special report**  
**Malpractice  
insurance:**

**Health care doesn't  
need more red tape**

**Drug firms challenge  
"MAC" rules**

**Drug  
Substitution**

**The Common Denominator  
of Health Progress**  
**RESEARCH**

**Mailgram**



# THERE ARE A LOT OF PEOPLE GETTING BETWEEN YOU AND YOUR PATIENT.

Medicine today is in the spotlight, subjected to all kinds of scrutiny. Your control over patient therapy is being monitored, judged and occasionally abrogated, sometimes by unknown third parties.

The worry is that in the wake of this focus, the relationship between you and your patient will be weakened, without offsetting benefits. Consider three examples:

**Drug substitution** In most states, pharmacy laws, regulations or professional custom stipulate that your non-generic prescriptions be filled with the precise products you prescribe. But in the last five years, a dozen or more State laws have been changed, permitting the pharmacist in most cases to select a product of the same generic drug to fill any prescription.

Ironically, this dilution of physician control has taken place against a background of growing evidence that purportedly equivalent drug products may be inequivalent, since neither present drug standards nor their enforcement are optimal. In fact, the FDA itself says it has not enforced the same standards for hundreds of "follow-on" products that it had applied to the original FDA approvals. Thus physician control over patient therapy is being eroded with a risk that patients may be exposed to drugs of uncertain quality.

The major advertised claim for substitution is reduced prescription prices for consumers. Yet no documentation of any significant savings has been produced.

**MAC** Maximum Allowable Cost, MAC for short, is Federal regulation designed to cut the Government's drug bill by setting price ceilings for drugs dispensed to Medicare and Medicaid patients. Unless the prescriber certifies on the prescription that a particular product is medically necessary, the Government intends to pay only for the cost of the lowest-priced, purportedly-equivalent,

generally-available product. The effect of the program may be that elderly and indigent patients will be restricted to products which someone in Washington believes are priced right. Practicing doctors will have little to say about administration of the program, since Government will have absolute authority to make its choices stick.

**The drug lag** The future of drug and device research depends upon a scientific and regulatory environment that encourages therapeutic innovations. The American pharmaceutical industry annually is spending more than \$1 billion of its own funds and evaluating more than 1,200 investigational compounds in clinical research. Disease targets include cancer, atherosclerosis, viruses and central nervous system disorders, among others. But there is a major barrier to the flow of new drugs to your patients: The cost of the research is more than ten times what it was, per product, in 1962; and whereas governmental clearance of new drug applications took six months then, it commonly consumes two years now.

The FDA needs adequate time, of course, to consider data. But it is equally clear that the present approval process contributes to needless delay of needed therapy. That's why the increased efficiency of the drug approval process is vital to all our futures.

If these issues concern you, we suggest that you make your voice heard—among your colleagues and your representatives in State legislatures and in Washington.

It could make a difference in your practice tomorrow.



Pharmaceutical Manufacturers Association  
1155 Fifteenth Street, N.W., Washington, D.C. 20005



# DYAZIDE<sup>®</sup>

Trademark

## MAKES SENSE FOR LONG-TERM CONTROL OF HYPERTENSION\*

Each capsule contains 50 mg. of Dyrenium<sup>®</sup> (triamterene, SK&F Co.) and 25 mg. of hydrochlorothiazide.



Before prescribing, see complete prescribing information in SK&F Co. literature or PDR. A brief summary follows:

### WARNING

This fixed combination drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual patient. If the fixed combination represents the dosage so determined, its use may be more convenient in patient management. The treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

\* **Indications:** When the fixed combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium-sparing action of its 'Dyrenium' component is warranted.

**Contraindications:** Further use in progressive renal or hepatic dysfunction; hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs. Routine use of diuretics in otherwise healthy pregnancy.

**Warnings:** Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with

cardiac irregularities. It is more likely in severely ill patients with urine volume less than one liter/day, the elderly or diabetics, with suspected or confirmed renal insufficiency. Periodic determinations of serum  $K^+$  should be made. If hyperkalemia develops, substitute a thiazide alone, restrict  $K^+$  intake. The presence of a widened QRS complex or arrhythmia in association with hyperkalemia requires prompt additional therapy. Thiazides are reported to cross the placental barrier and appear in breast milk; fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and other adverse reactions that have occurred in the adult may result. When used in pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus. Adequate information on use in children is not available.

**Precautions:** Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics, or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spiro-lactone is used concomitantly, determine serum  $K^+$  frequently; both can cause  $K^+$  retention and elevated serum  $K^+$ . Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium<sup>®</sup> (triamterene, SK&F Co.), and

leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Do periodic blood studies in cirrhotics to check for nondrug-related variations in blood pictures, and in patients with folic acid depletion, since 'Dyrenium' may contribute to appearance of megaloblastosis. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine.

**Adverse Reactions:** Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

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## Irvine Page to speak at Officers' Conference

Irvine Page, M.D., editor of *Modern Medicine* and director emeritus of the Research Division of the Cleveland Clinic Foundation, is scheduled to deliver the Walter Foster Donaldson, M.D., Memorial Lecture during the 1977 Officers' Conference, April 13-14 at the Hershey Motor Lodge, Hershey.

Dr. Page has been involved in medical research since 1928 when he took the position of director of the chemical division of the Kaiser Wilhelm Institute in Munich, Germany. In 1945, after working for the Rockefeller Institute for Medical Research and the Lilly Laboratory for Clinical Research in Indianapolis City Hospital, he joined the Cleveland Clinic Foundation as director of the research division.

From 1956 to the present he has received a total of nine honorary degrees from American and foreign universities, and 16 awards, one of which was the American Medical Association's Sheen Award of 1968. Dr. Page has held offices and/or honorary fellowships in about 25 medical and scientific organizations and is a member of at least a dozen others.

Dr. Page will deliver the Donaldson Lecture Thursday morning, the second day of the Officers' Conference.

R. William Alexander, M.D., chairman of the Officers' Conference Committee, will act as anchorman and open the conference at 1:00 p.m., Wednesday, April 13.

Interviews with government health officials are expected to highlight the first day's activities. Directly after Dr. Alexander's opening remarks, Society Presi-

dent William J. Kelly, M.D., will interview State Secretary of Health Leonard Bachman, M.D., at "The Hershey Summit." James A. Raub, M.D., chairman of the Council on Education and Science, will talk with Richard C. Lyons, M.D., chairman of the State Board of Medical Education and Licensure. Later in the pro-



DR. PAGE

gram, Henry Fetterman, M.D., chairman of the Council on Medical Service, and Thomas L. Hooker, deputy secretary, Department of Public Welfare, will investigate "The Red Tape Factory."

Also during the first day, John S. Zapp, D.D.S., director of the Department of Congressional Relations in the American Medical

Association's Washington office, will provide officers with a "Washington Perspective."

A dinner meeting, at which Dr. Kelly will preside, will take place Wednesday evening at 7 p.m. Dr. Murray Banks, adjunct professor of psychology at Northwood Institute in Midland, Michigan, an international speaker who mixes practical psychology with humor, will provide the dinner entertainment.

### Medical series on air

WCAU Radio (1210 AM) in Philadelphia and the Medical College of Pennsylvania have launched a series of reports on medicine which are heard at 10:40 a.m. and again at 2:40 p.m. daily.

The taped, two minute radio spots are presented by various members of the medical college's faculty. Each week a new topic of general interest is selected for discussion. The first week's talk on depression was presented by Barbara Schindler, M.D., assistant professor of psychiatry and head of the series' advisory committee. Faculty representatives have been appointed by Alton I. Sutnick, M.D., dean and executive vice president for health affairs.

### Dr. Blady to appoint

President Elect John V. Blady, M.D., is now considering appointments for the 1977-78 term. Members are invited to make suggestions for membership on the four administrative councils, and the following committees: Advisory to Auxiliary, Discipline, Objectives, Relations with Allied Professions, Interspecialty, and Medicine, Religion, and Bioethics.

As Society Bylaws require confirmation of all appointments by the Board of Trustees and Councilors, all suggestions must be made no later than March 1 to county society officers who may then forward suggestions to Dr. Blady at Society Headquarters.



# Dr. Shuman is president of Philadelphia CMS

In January, the Philadelphia County Medical Society installed new officers for 1977 during the organization's annual dinner dance. Charles R. Shuman, M.D.,



Jenkintown, became the society's 116th president.

Dr. Shuman graduated with a B.A. from Gettysburg College in 1940. He earned his medical degree from Temple University School of Medicine, served his internship and began his residency at Temple University Hospital. After two years in the U.S. Army, he finished his residency at Temple and received a master of science degree in internal medicine.

In 1949 Dr. Shuman joined the

## Six-year plan announced

Hahnemann Medical College and Hospital, Widener College in Chester, and the Crozer-Chester Medical Center in Upland have entered into a joint six-year M.D. program, to begin in the fall, for students interested in practicing primary care in the under-served areas of Pennsylvania.

Forty students will be chosen for the first phase of the program from Adams, Chester, Cumberland, Dauphin, Delaware, Franklin, Lancaster, Lebanon, Perry, and York counties and the lower half of Berks County.

Temple medical school faculty; he was named professor of medicine in 1966. Since 1952 he has been chief of the metabolic service at Temple. He has served as Eastern Pennsylvania coordinator for the American Diabetes Association since 1965.

Dr. Shuman is a fellow in the Philadelphia College of Physi-

cians and the American College of Physicians.

Other officers installed during the ceremony are: John Helwig, Jr., M.D., president elect; Robert S. Pressman, M.D., vice president; and Peter A. Theodos, M.D., treasurer. Incumbent secretary Edward J. Resnick, M.D., will serve another term.

## Montgomery County Society installs officers

The 1977 officers of the Montgomery County Medical Society were installed during a luncheon meeting early in January. They are as follows: John C. Maerz, M.D., Schwenksville, president; Harold J. Byron, M.D., Wyncote, president elect; John J. Maron, M.D., Royersford, vice president; and Joseph L. Hunsberger, M.D., Norristown, treasurer. Alan L. Dorian, M.D., received a ceremonial gavel as outgoing president and was at the same time installed as the society's new secretary.

Dr. Maerz is a family physician and director of clinical services for McNeil Laboratories, Inc., in Fort Washington. He graduated from Temple University, then received his medical degree from Jefferson Medical College in 1951. He served his internship at the Montgomery Hospital in Norristown and his residency at the Roxborough Memorial Hospital. He is a member of the American Academy of Family Physicians and the Industrial Medical Association.

In January the Montgomery County Medical Society celebrated its 130th anniversary. In January 1847, five physicians met to form the county society. The following year representatives from the society, including Dr. Hiram Corson, met in Lancaster with members of other young

county and regional organizations to form the Medical Society of the State of Pennsylvania. Presently, the Montgomery County Medical Society has the third largest membership in the state.

## Hershey announces family practice plan

St. Vincent Medical Center and the Hamot Medical Center, both in Erie, have joined the Pennsylvania Family Practice Residency Consortium, bringing to sixteen the number of member institutions.

Sponsored by the Milton S. Hershey Medical Center, Pennsylvania State University, the voluntary association of family practice residency programs was formed in 1975 with nine member hospitals.

Other member institutions are the Altoona Hospital; Conemaugh Valley Memorial Hospital, Johnstown; Geisinger Medical Center, Danville; Harrisburg Hospital; Hershey Medical Center; Monsour Medical Center, Jeannette; Polyclinic Hospital, Harrisburg; Reading Hospital; Sacred Heart Hospital, Allentown; St. Joseph's Hospital, Reading; St. Margaret Memorial Hospital, Pittsburgh; Shadyside Hospital, Pittsburgh; Washington Hospital; and York Hospital.



# Society passes 1976 membership goal

During 1976, the Society's membership reached 14,230, surpassing the 14,000 mark set as the goal for the year.

Figures from 1976 compare favorably with 1975 figures. The net gain in active membership was 431 in 1976 and only 52 in 1975; 1,058 new members were processed in 1976 while only 838 were processed in 1975—a 26 percent increase.

The ten counties whose membership increased most are: Allegheny, 99; Bucks, 16; Dauphin, 20; Lackawanna, 20; Lancaster, 31; Luzerne, 15; Montgomery, 39; Montour, 39; Philadelphia, 61; and York, 21. Counties with the

greatest percentage increases are: Adams, 20 percent; Bradford, 18 percent; Carbon, 12.5 percent; Indiana, 13.6 percent; Jefferson, 17.3 percent; Lancaster, 10.9 percent; Montour, 47 percent; Potter, 46 percent; Somerset, 30.8 percent; and Union, 14.1 percent.

Because of their gain in membership, the Allegheny, Lancaster, Luzerne, and Montour County Medical Societies each will gain one delegate to the State Society House of Delegates.

In contrast to the rise in State

Society membership, American Medical Association membership in Pennsylvania in 1976 dropped by 759, or 7.5 percent. Five or more members were lost in 27 counties. Because of the decrease, the State Society will lose its eleventh delegate to the AMA House of Delegates. Ten counties losing the greatest number of AMA members are: Allegheny, Berks, Bucks, Chester, Dauphin, Delaware, Lackawanna, Lancaster, Montgomery, and Philadelphia.

## Diet manual revision out

The Institution Food Research and Services Project of Pennsylvania State University has issued a revised version of the *Pennsylvania Diet Manual*, first published in 1974. The new version has been endorsed by the State Society and the State Department of Health's Medicare Certification Section.

All diets included in the manual are applicable to physicians' use. The planning committee of the book first developed a diet for the normal, healthy person and made modifications in accord with the best practices for diets to be used for therapeutic reasons. As a result, the manual develops sequentially and is indexed accordingly.

The Pennsylvania Diet Manual may be purchased for \$14 with a hard vinyl cover, or \$6.50 for all inserts. Checks should be made payable to Pennsylvania Diet Manual. The manual may be obtained from the Institution Food Research and Services, Pennsylvania State University, 202 Academic Projects Building, University Park, PA 16802.



*DURING ITS December meeting, the Society's Commission on Accreditation granted full accreditation for a period of four years to the Frankford Hospital, Philadelphia, and St. Francis General Hospital, Pittsburgh. Shown in attendance at the meeting are, left to right, Joseph E. Imbriglia, M.D., Wilkes-Barre; David W. Kistler, M.D., vice chairman, Kingston; Rex A. Pittenger, M.D., Pittsburgh; and Frederick D. Fister, M.D., chairman, Wescosville.*

## Medical College launches women's study

The Medical College of Pennsylvania has begun a two year oral history project on women in medicine, under grant from Roche Laboratories. The project is to be carried out by the Florence A. Moore Library of Medicine under the supervision of Carol Fenichel, associate librarian and assistant professor of information science.

The aim of the project is to do in-depth interviews with approximately fifty women physicians, covering both their professional

and personal lives and dealing with the special difficulties and rewards they have encountered as women in a traditionally male field.

Interviewees will range from women who played a pioneering role in medical developments early in the century to women just beginning their medical careers.

Material gathered will be housed in the Medical College of Pennsylvania's special collection on women in medicine.



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# AMA delegates work hard but reap rewards for efforts

**MALCOLM W. MILLER, M.D. CHAIRMAN**  
**Pennsylvania Delegation to the AMA**

Being a delegate to the AMA House of Delegates means taking two extra vacations a year—right? Wrong!

Being a member of the Pennsylvania Delegation to the AMA is work, and calls for dedication to study the issues, along with a commitment to be on hand when needed. We saw this demonstrated during the Philadelphia meeting of the AMA House in December 1976.

Delegates arrived a day early for their initial caucus, and met at 7 a.m. every morning for discussion before House sessions. Every delegate is assigned to a reference committee hearing and reports back to the other delegates at the next caucus. To prepare for the session, delegates study eight pounds of paper containing resolutions, reports, and proposals. That's work, true, but of tremendous interest and importance.

Pennsylvania was the host state for the December meeting of the AMA House, in Philadelphia, where the major issue was continued support in the Congress of national health insurance. The issue was discussed during the Pennsylvania caucuses, and all delegates generally agreed with

*(Continued on page 16)*



THE AMA HOUSE OF DELEGATES



DRS. ALEXANDER AND GLOECKNER



DRS. KECK AND MOYERS



JOHN F. RINEMAN, DR. MARSHALL, AND DR. LOVETTE



DR. RIAL SEATED AT SPEAKERS PLATFORM



# First Professional Standards Review Council meets

Representatives to the Pennsylvania statewide Professional Standards Review Council (PSRC) held their first meeting January 5 in Philadelphia. PSRC is a private, nonprofit corporation designed to coordinate activities of the twelve Professional Standards Review Organizations within the state. The council is to consist of a representative from each of the twelve PSROs, two from the Hospital Association of Pennsylvania, one each from the Pennsylvania Medical Society and the Pennsylvania Osteopathic Medical Association, and four public members.

At this writing the council has only eight of the twelve PSRO representatives. When the four unfunded PSROs are designated as conditional PSROs, four additional representatives will be appointed. There is also one vacancy for a public representative to be appointed by the Secretary of Health, Education, and Welfare.

The PSRO representatives are: James Z. Appel, M.D., Lancaster, for the Southcentral Pennsylvania PSRO; Donald C. Brown, M.D., Irwin, for the Southwestern Pennsylvania PSRO; Edward C. Leonard, Jr., M.D., Philadelphia, for the Philadelphia PSRO; Matthew Marshall, Jr., M.D., Pittsburgh, for the Allegheny PSRO; John L. Steigerwalt, M.D., Rosemont, for the Montgomery/Bucks PSRO; David A. Tilly, M.D., Allentown, for the Eastern Pennsylvania Health Care Foundation; Paul C. Royce, M.D., Ph.D., Sayre, for the Central Pennsylvania Area II PSRO; and James M. O'Leary, M.D., Altoona, for the Highlands PSRO Corporation.

Physician representatives are: Earl A. Gabriel, D.O., Allentown, for the Pennsylvania Osteopathic

Medical Association; Sidney O. Krasnoff, M.D., Philadelphia, for the Pennsylvania Medical Society; Robert L. Lambert, M.D., Wayne, and David A. Smith, M.D., Harrisburg, for the Hospital Asso-

ciation of Pennsylvania.

The public representatives are: Nancy M. Goldberg, Wilkes-Barre; Patricia M. Nicastro, Scranton; and Sally A. Wollins, Ph.D., Harrisburg.

## House staff union appeals

The Physicians National Housestaff Association, a professional union which claims to represent 10,000 residents and interns in the United States, is fighting a decision made last March by the National Labor Relations Board that housestaff physicians are not covered by the National Labor Relations Act.

The NLRB ruling said that interns and residents are students and not hospital employees. In a series of cases, one of which involved St. Christopher's Hospital for Children in Philadelphia, the board dismissed petitions for election to be represented by unions for collective

bargaining under the National Labor Relations Act. The board held that participants in internship and residency programs did so "not for the purpose of earning a living; instead they are there to pursue the graduate medical education that is a requirement for the practice of medicine."

The board's decision applies to clinical fellows as well, as such fellowship programs are "... designed not for the purpose of meeting the hospital's staffing requirements, but rather to allow the student to develop... the clinical judgment and proficiency in clinical skills necessary," the board stated.

## Hershey produces TV sleep workshop

A television workshop to be shown in hospitals throughout the nation has been produced by the Sleep Research and Treatment Center at the Milton S. Hershey Medical Center, Pennsylvania State University. Entitled "The National Sleep Disorders Update: A Television Workshop," the program was expected to debut in 500 hospitals nationwide during the month of January.

The program and coordinated printed material were written by Anthony Kales, M.D., chairman of psychiatry and director of the sleep center, and Joyce Kales, M.D., associate professor of psychiatry and co-director of the sleep center, along with a number

of medical advisors, including chief of neurology Robert Brennan, M.D.

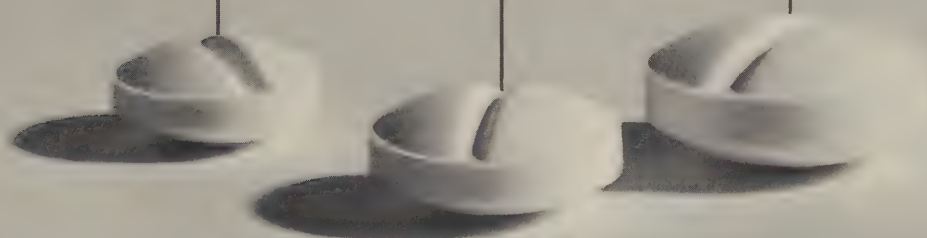
Acceptable for credit from the American Medical Association, the American Academy of Family Physicians, and the American Osteopathic Medical Association, the 50 minute program covers such topics as symptomatology and clinical manifestations of insomnia, hypersomnia, narcolepsy, sleep apnea, enuresis, night terrors, nightmares and sleepwalking, etiologic and precipitating factors, evaluation and differential diagnosis, prognosis and longitudinal course, and steps in management and treatment.



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## New Double-Blind Study ANDROID-25 vs. Placebo\*

\* **WRITE FOR REPRINT:** R. B. Greenblatt, M.D.; R. Witherington, M.D.; I. B. Sipahioglu, M.D.; Hormones for Improved Sexuality in the Male and Female Climacteric. *Drug Therapy*, Sept. 1976.

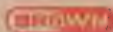
Is there a true aphrodisiac? How effective are androgens in the management of the male climacteric and male impotence? Article discusses the psychophysiological and hormonal changes in the elderly male and female and therapeutic considerations. The effectiveness of methyltestosterone in the management of male impotence was confirmed by a cross-over, double-blind study using a placebo and Android-25

(methyltestosterone 25 mg.), on 20 males, 50 years of age or older who complained of secondary impotence. Patients received a series of placebo then Android-25, or Android-25 then placebo as follows: 1 tablet/30 days; 2 tablets/30 days; 3 tablets/30 days. Sexual response was evaluated: 0 = no change; + = 25% improvement; ++ = 50% improvement; +++ = 75% improvement. Placebo effectiveness was + or ++ in 12.7% of trials. Android-25 elicited a +, ++ or +++ response in 47.2% of trials. There was often a dose related response not observed with the placebo. This effect was not observed in younger patients (age 28-45 years).

**DESCRIPTION:** Methyltestosterone is 17<sup>B</sup>-Hydroxy-17-Methylandrosta-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunuchism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Post-pubertal cryptorchidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric,

avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE**

**REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. **In the male:** Eunuchoidism and eunuchism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpubertal cryptorchidism, 30 mg. **REFERENCE:** Robert B. Greenblatt, M.D., and D. H. Perez, M.D.: "The Menopausal Syndrome," *Problems of Libido in the Elderly*, pp. 95-101. Medcom Press, N.Y., 1974. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250. Rx only.



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# AMA delegates work hard, reap rewards,

(Continued from page 11)

Russell B. Roth, M.D., of Erie, past president of the AMA, who said, "The practicalities of the legislative process in Washington make it important for the AMA to state in bill form the principles which it endorses, instead of simply being in opposition." Matthew Marshall, Jr., M.D., of Pittsburgh, recommended delegation support for this concept, and formal action followed.

After lengthy debate in reference committee and on the floor of the House, delegates reaffirmed AMA sponsorship of a national health insurance bill. Most of those who spoke in support of this position from the floor voiced opinions similar to those expressed by Dr. Roth in the Pennsylvania caucuses, and in an editorial on page 24 of this issue.

In other major actions the House:

Directed the AMA Board of Trustees to review the federal health planning law and develop amendments to make the law more acceptable to physicians;

Voted to establish a new section of our organization on medical schools in a move to bridge the gap between medical educators and practicing physicians;

Reaffirmed the AMA's formal definition of primary care, turning down a bid to refuse to designate



DRS. MARSHALL, LOVETTE, AND ROWLAND AT SESSION

## Leads drive to lower hemodialysis costs

*Does organized medicine respond to the wishes of its members? Yes. At the recent AMA clinical meeting in Philadelphia the Pennsylvania Delegation succeeded in introducing and having passed a resolution supporting home hemodialysis.*

*It is now the official policy of the AMA to "... urge the Secretary of HEW and the Commissioner of the Social Security Administration to consider the revision of existing reimbursement policies for hemodialysis as an alternative to a maintenance dialysis in hospitals or free standing facilities."*

*The origin of this new policy goes back to the fall of 1976 when a Philadelphia delegate to the PMS House introduced Resolution 76-9, entitled "Better Support for Hemodialysis Done in the Home." That resolution was written and introduced by Richard A. Kern, M.D., from Philadelphia.*

*Not only did the resolution pass the State Society's House of Delegates, but it also stipulated that the Pennsylvania Delegation introduce it into the AMA House of Delegates to become national policy.*

*In making its plea to the AMA, Pennsylvania delegates noted that maintenance hemodialysis yields its best results when carried out in the patient's home. For example, in the Philadelphia metropolitan area, the annual death rate of patients on home dialysis is 15 percent, compared to 20 percent for those treated in hospitals and centers.*

*Despite the good record of home dialysis, physicians are seeing a decline in its use because of a lack of federal and state incentives in the reimbursement program.*

*From the taxpayers' point of view, home dialysis is attractive. Home dialysis cost per patient is about \$14,900 in the first year including initial purchase of equipment, supplies, and maintenance, and \$7,000 yearly thereafter, as compared to an average of \$23,400 yearly per patient in dialysis centers or hospitals.*

*In his resolution Dr. Kern pointed out that removing the three month waiting period, increasing present 80 percent coverage to 100 percent, including drugs and supplies, and reimbursing the home dialysis partner would enhance home dialysis and save the government millions of dollars.*

*In his resolution, Dr. Kern combined concern for his patients with fiscal responsibility. The winning combination that the Pennsylvania Delegation presented to the AMA has now become national organized medical policy.*



DR. MILLER AT SESSION



## aim to represent members in deliberations



**DRS. ERHARD AND HELWIG, SANDRA AHLUM, MEDICAL STUDENT, AND JAMES F. DONALDSON, M.D., WHO BECOMES A DELEGATION MEMBER IN 1977.**

any field as "primary" (general practice, family practice, internal medicine, pediatrics, and obstetrics-gynecology remain the formal primary care specialties); and

Called for a study of ways to improve the role of the expert witness in malpractice litigation, including changes in tort rules to permit expert medical witnesses to testify as friends of the court rather than on behalf of the adversaries.

One of the four resolutions introduced by the Pennsylvania delegation played a role in the latter. Although withdrawn, the Pennsylvania resolution defining an expert witness will be the subject of a meeting between representatives of the State Society and the AMA Judicial Council to arrive at a joint resolution.

The AMA House acted on Pennsylvania's other resolutions as follows:

Adopted a resolution seeking



**DRS. HELWIG AND TYSON AT CAUCUS**



**DR. HUBER AND MICHAEL P. LEVIS, M.D., AMPAC BOARD MEMBER AND INCOMING DELEGATION MEMBER**



**DELEGATES CAUCUS**



**DRS. CARROLL AND KELLY**



**DRS. GRANDON AND MOYERS**



**DR. HELMICK**



**DR. ROTH**









## new members

### DAUPHIN COUNTY:

Juraj Osterman, M.D., Internal Medicine, Hershey Med. Ctr., Hershey 17033  
 Robert J. Petrokubi, M.D., Internal Medicine, Hershey Med. Ctr., Hershey 17033  
 Randal R. Raeuchle, D.O., General Surgery, 914 N. 2nd St., Harrisburg 17102  
 Joanne T. Ray, M.D., Pediatrics, 2514 N. 4th St., Harrisburg 17110  
 John C. Schantz, M.D., General Surgery, 13 Polaris Bldg., Hershey 17033  
 Robert A. Shiroll, M.D., Internal Medicine, 431 W. Caracas Ave., Hershey 17033  
 William H. Shoff, M.D., Internal Medicine, Apt. B56, 4581 Larch Dr., Harrisburg 17109  
 John G. Short, M.D., Radiology, Rad. Dept., Hershey Med. Ctr., Hershey 17033  
 Richard M. Somma, M.D., Neurology, 246 S. College St., Carlisle 17013  
 Samir J. Srouji, M.D., Internal Medicine, 797 Poplar Church Rd., Camp Hill 17011  
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(Continued on page 34)

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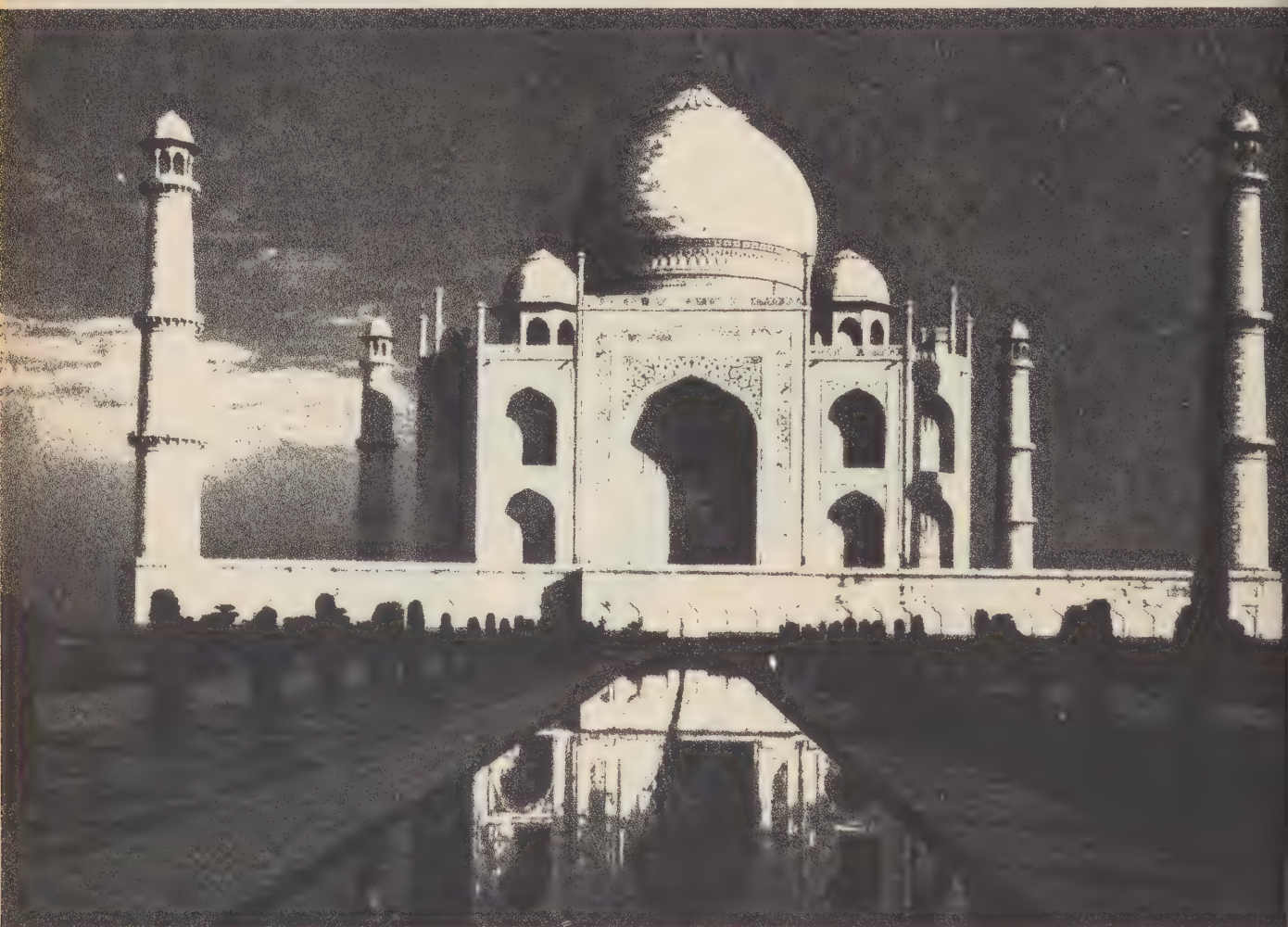
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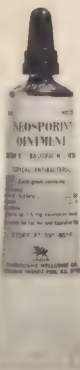
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## Logic, science mark investigation

Lassa fever. Swine flu. Guillain-Barre syndrome. Legionnaire's disease. Nineteen seventy-six produced a series of epidemic scares but none so mysterious or frightening as "Legionnaire's disease." Defined by health officials as fever of 102° or more, cough, and radiographic evidence of pneumonia in a person having attended the American Legion Convention in Philadelphia, July 23-27, 1976, (or having been at the Bellvue-Stratford after July 1) and having exhibited these symptoms after July 1 and before August 18, the elusive pathogen caused 29 deaths in its 179 victims and then vanished leaving frustration and economic disaster in its wake.

As data continue to be compiled and no credible cause cited, frustration is evidenced by increasing criticism of the management of the investigation. Charges of poor coordination, lack of communication between state and federal officials and inadequate, haphazard investigation have been made. Some physicians stated that no Pennsylvania Health Department directives concerning the disease were sent while others complained that there should have been more emphasis on allergic etiology, on toxicologic etiology, on criminal aspects . . .

The "epidemic" was almost over by the time it was discovered but physicians feared that the new disease might spread through secondary infection. The first task was to isolate or rule out communicable disease factors and within a week, working under strictly controlled conditions, bacteria, fungi, and flu viruses were discarded as causes. No secondary infection was reported. Attention then turned to toxic substances. Hotels, the Bellvue-Stratford and the Ben Franklin, were investigated. Questionnaires were distributed to convention attendees in an attempt to find a common denominator. None of these studies produced a positive result. On December 8, the Pennsylvania Department of Health announced

the circulation of a new questionnaire on drinking habits. One-hundred twelve persons who attended the convention, 56 who became ill and 56 who did not, will be asked to provide more detailed information in this regard. No evidence of sabotage or criminal activities, which have been given media notice, has been discovered.

The Epidemiological Investigation Service of the Center for Disease Control dispatched twenty officers to Pennsylvania in addition to the two resident officers. Normally, two or three are sent. The study was conducted logically and scientifically, the most important infectious factors being eliminated first. Three thousand ninety-eight questionnaires were distributed. Air conditioners, water, ice, industrial cleaners, food, drinks, and elevators are a few of the numerous areas under investigation. By late August, seventeen metals had been ruled out as causes. Nickel carbonyl, an industrial toxin that produces symptoms similar to the disease, was given brief notoriety.

While time elapses and the study reaches no conclusion, more censure will undoubtedly be leveled at those involved in the investigation. As physicians, we should be the first to admit that not all disease mechanisms are explainable; causes, apparent; or treatments, universal. Representative John M. Murphy (Philadelphia Congressional hearing on Legionnaire's Disease) indicated that his committee intended to reorganize federal agencies so that the next mystery disease will be solved. If it is felt that reorganization is necessary, then it ought to be accomplished. But personnel shifting is not now and never will be an insurance policy that guarantees the resolution of disease causes.

David A. Smith, M.D.  
Medical Editor

### Guest editorial

## The changing doctor-patient relationship

*Reprinted from the ACMS Bulletin.*

For some years now it has seemed to me that there has been a change in the way doctors and patients perceive each other. I can remember walking down the street with my father, a physician, on Saturday

mornings in my little hometown in Welch, West Virginia. I recall the respect that the local people had for him as they would stop and talk. I remember, on one occasion, a young girl, her mother and rather young grandmother stopping him and chatting for



about five minutes. After this conversation father told me, with pride in his voice, that he had delivered all three.

At the time of his death, my father was superintendent of a state mental hospital in West Virginia. Because he had expressed a desire to be buried in our family plot, next to Uncle Roscoe, a surgeon who was his best friend, we brought him back to Welch for the funeral. Due to the immense crowd of people, the balcony at the church broke down. Loud speakers had to be placed outside the church so that many who could not get in could hear the service. Those in attendance included college presidents and supreme court justices as well as prostitutes, numbers runners, thieves and thugs. Eulogies were delivered by a supreme court judge, a college president from Pennsylvania and a prostitute who insisted on talking. My thought at the time was, "What a tribute to a guy!"

My best friend, an OB/GYN surgeon, who trained with me as a resident in a large university system, was murdered a few years ago in Detroit. At his funeral in one of the largest churches there, the balcony was packed and he had delivered every person in that balcony.

In contrast, a few weeks ago I was called in consultation by a primary physician to see one of his patients. When I walked into the room, the patient's middle-aged sister was visiting there. She immediately began to show me bruises on her sister's arm which she said had resulted from taking blood. She used the words "malpractice" and "negligence"

twenty-five times—I counted them. Not once did she mention her sister's basic illness, which had been handled beautifully by her physician. In fact, for an 82-year-old patient, she had been progressing exceptionally well.

Upon leaving the patient's room, I went downstairs to my mailbox. There I found a letter from our medical director, lecturing me about another physician's patient whom I had seen as a consultant. He informed me that the family complained about being unable to get in touch with the attending physician or me. His point was that although no claim had been made against anyone, the patient, an alcoholic with the biggest liver I had ever seen, had not been cared for properly. The director did not ask the attending physician or me what happened. Can you imagine, reproving a psychiatrist on "communication with people"—for the wrong reasons?

If there were more communication between us, many malpractice suits would be eliminated.

Many times since my father's funeral I have thought that the relationship between my father and his patients truly represented the ideal kind of doctor-patient relationship. Sometimes I think my middle aged depression has simply caught up with me and things really are not this bad. I do know, however, that I am very glad that I am not going into the tunnel but after thirty years am coming out of the other end.

Eugene L. Youngue, M.D.  
Pittsburgh

## The AMA debates national health insurance

The Clinical Convention of the American Medical Association, held in Philadelphia in December, may have given to the casual observer the impression that there is a deep split in the membership of the association. There was indeed a spirited contest between those who want the AMA to reintroduce what is still widely referred to as its Medcredit Bill for a kind of national health insurance, and those

who would prefer no bill at all. It is noteworthy, however, that in terms of basic objectives there was virtually complete unanimity. Everyone seemed to agree that the need is to prevent our Congress from passing ill-advised, unnecessary legislation. The arguments were over strategy.

The spectrum of political philosophy within the AMA is not full in the sense that in the Democratic Party, for example, there is a range from the very liberal to the very conservative. The AMA is essentially a moderate to conservative organization, with almost no radicals within it, and relatively few true liberals. Some of the house staff and student members sound quite liberal on occasion, but as time passes one observes these young physicians shifting into the moderate group. There is, however, a significant representation of very conservative physicians who sincerely mistrust and work against almost any intrusion of government into medicine. Their numbers are rather small nationally and even

*Dr. Roth has served the State Society and the AMA for many years, and currently is chairman of the Society's Judicial Council. He was speaker of the State Society's House of Delegates, vice speaker and speaker of the AMA House of Delegates, and AMA president. In 1974 Dr. Roth received the State Society's Distinguished Service Award for outstanding leadership in the medical community.*



within the AMA. Their candidates for office in the AMA have routinely been badly defeated, and their efforts to champion the cause of repealing PSRO or withdrawing AMA support for its Medigredit Bill have not flourished. In the Philadelphia meeting the conservative forces, rallying behind the Louisiana Delegation, spent a great deal of time, effort, and no small amount of money, in an effort to discourage re-introduction into Congress of any AMA bill which could be labelled "national health insurance." The final vote, after much discussion in reference committee and again on the floor of the House, was 3 to 1 in favor of reintroduction of a bill essentially like that of the recent past.

The vote was supportive of the view that the practicalities of the legislative process in Washington make it desirable for the medical profession to state, in bill form, the principals which it endorses instead of simply being in opposition to a wide variety of alternative proposals. It seems certain that in our next Congress there will be the usual diversity of proposals plus a new Administration bill, the character of which is not yet clear.

Since the Congress has not changed greatly in respect to the leadership of key committees and subcommittees in the health field, there is a distinct possibility that there will be no great change of pace in considering national health insurance.

One may accept it as reasonably certain that the principal deterrent to the passage of a broad and

comprehensive national health insurance bill is the cost. Any major bill to provide more care for more people in more expensive facilities by more and better trained health professionals is bound to cost more money.

Congress may try to contain cost by dealing only with "catastrophic" insurance which leaves the massive "front end" of the risk uncovered. It could try to postpone major economic impacts by devising some sort of gradual phasing in of coverage for children or low income groups. It could elect to federalize medicaid. It is belatedly and reluctantly beginning to recognize that, whatever virtues may reside in PSRO legislation and HMO support, they are not features which will reduce costs. There is some palpable reason to suspect that this Congress will not move any NHI bills out of subcommittee since campaign oratory is readily discounted and there is really very little clamor from the constituencies which would tempt the legislators to take the economic risk involved.

As for the AMA, it is neither lacerated nor torn. It is gaining in strength as it exercises the freedom it holds forth for the expression of differences of opinions by its members. It is the strongest defense mechanism which our profession has devised.

Russell B. Roth, M.D.  
Erie

## The four horsemen

This essay is suggested by something I read in *Medical Tribune* in December of 1975. You remember reading in the Bible, the Book of Revelations, in Chapter 6, the story of the four horsemen. Verse 2 reads: "And I saw and behold, a white horse and he that sat on him had a bow; and a crown was given unto him; and he went forth conquering and to conquer." The white horse, suggest some theologians, refers to a conquering king. For this horseman we are suggesting the analogy of the automobile, for this mechanical monster has, indeed, become king. We need think only of the money Americans spend on their automobiles and what is spent on roads. The amount is staggering! In addition to this, there is the internal combustion engine pollution factor. But we are primarily concerned with the automobile here as a *lethal* weapon. Many people fail to understand that an automobile is literally a 2,000 pound missile capable of massive destruction. Add to this the fact that the best and most skillful and careful driver on the road is still at the

complete mercy of the least skillful, most drunk, drugged, or worst driver who is on the road behind the wheel at that same moment. The concept is frightening. Many excellent drivers are killed or maimed each year through no fault of their own. This year, 46,200 is the estimated number of (almost completely preventable) deaths caused by this white horse and his rider. This does not include the surviving injured, the army of living maimed—which far outnumber those who die.

Returning to "Revelations," Verse 4 reads: "And there went out another horse that was red: and power was given to him that sat thereon to take peace from the earth that they should kill one another; and there was given unto him a great sword." This second, red horse is generally interpreted to represent war! We seem to be temporarily out of wars at this time in our country's history, and that's nice for the Bicentennial, but we are not out of the prime cause of war's principle death instrument—the gun. How long the National Rifle Association can



continue to intimidate the entire population of this country by implying that guns are not a vital part of this problem, will, indeed, be interesting to see. Hand guns are my hangup. I do not even insist they be banned, only *strictly* controlled. If they were monitored with about half the intensity Class IV drugs are controlled, we would all be much safer. By the way, about 28,000 Americans die from firearms yearly. About half of these are homicides and generally the trigger is pulled by someone known to the deceased, someone with a criminal record. In over 11,000 homicides in 1974, the weapon used was a handgun. About 12,000 suicides each year involve firearms and even accidental gun deaths estimated to amount to some 2,500 yearly are really preventable—are they not? I realize the criminals will get guns, regardless of controls, for guns are the tools of their trade. I also know that even though certain drugs are strictly controlled by the Federal Government I could go to my local high school tomorrow and purchase as much amphetamine as I can afford. My real gripe is that we are making it so easy to get guns, particularly hand guns, that they cannot help but be part of the “era of violence” in which we now live.

Returning to “Revelations,” Verse 5 reads: “And when he had opened the third seal, I heard the third beast say, Come and see. And I beheld, and lo, a black horse; and he that sat on him had a pair of balances in his hand. And I heard a voice in the midst of the beasts say, A measure of wheat for a penny, and three measures of barley for a penny; and see thou hurt not the oil and the wine.” This third, black horse and rider, we’re told, suggests famine and starvation. Although we live in a land of plenty, the world is moving very close to the edge of starvation. But let us consider the use of alcohol to represent this black rider, for this is another large scale killer of Americans, both by its implication in nearly 50 percent of all highway deaths and by literally starving the body to death. This year, 1976, will again produce thousands of deaths directly attributed to the drug, alcohol (and alcohol is truly the American drug problem), but this is only the tip of the iceberg. One authoritative estimate places the economic loss from alcoholic liver disease alone at over \$2 billion yearly. The monetary loss and family and personal suffering are unmeasurable. There appears to be little chance of any meaningful advances in the control of this problem until rather extensive sociobehavioral modifications can be introduced into our society. No nation on earth has yet been able to effect such change and there is little evidence that this nation will be any more successful. But the resultant deaths are largely preventable, are they not?

Verse 8 of “Revelations” says: “And I looked, and behold, a pale horse: and his name that sat on him was Death, and hell followed with him. And power was given unto them over the fourth part of the earth, to kill with sword and with hunger and with death and with the beasts of the earth.” When I read this I always think of Dr. Osler’s comment on pneumonia, as it was known by him. He called it the “Captain of the Legions of Death,” and no question that this pale horse represents death, itself. And to this pale horse and rider one might well assign the lethal cigarette smoking habit. What a habit this is! Millions of Americans are enslaved by it. It is unequaled as a purveyor of mortal disease. Nineteen seventy-six is expected to bring 93,000 new cases of lung cancer alone, and during this important year in our nation’s history, 84,000 Americans are expected to die from this one particular kind of cancer, related to the smokicidal habit. The death of this number of citizens in one year represents more Americans than were killed in the entire Viet Nam conflict. We must add to that smoking-caused cancers of the mouth, throat, and bladder and the fatal damaging effect to both heart and lungs.

The Third World Conference on Smoking and Health held recently in New York concluded that the scientific evidence available at this time indicates that smoking is a “single, most preventable cause of these diseases and the deaths resulting therefrom!” Here, too, we have another form of death which is largely preventable but, as with the others, there does not appear to be any significant evidence that we, as a nation, have become alarmed enough to do anything about it. One of the things that causes me the greatest amount of concern is the alarmingly rapid rate at which teenage females are taking up the smoking habit. They now at least equal the number of young males who are smoking and, in addition to having all of the same problems of men who smoke, may cause damage to a pregnant state and potential harm to the newborn.

“Revelations” describes the appearance of the four horsemen as an event predicted for the future, without recourse to interference by a person or nation. But our four horsemen can all be influenced, both by individuals and by nations—if they care! The answer to the question of whether anything will be done or not lies in the future. Will we be able to do it? Only history will provide that answer, but certainly everyone in this nation should know where physicians stand with regard to all of these problems. To remain silent in the face of these challenges is to fail to live up to our creed.

J. Mostyn Davis, M.D.  
Shamokin



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# Theory, practice contradictory in government direction of community MH centers, 6.

ABRAHAM J. TWERSKI, M.D.  
Pittsburgh

**Go to hell, Washington,  
and take Harrisburg  
with you**

The community mental health center movement was cited as an example of a solution to a problem in one particular area of medical practice, wherein the treatment system was turned over to government management. I will state at the outset that some benefits have indeed accrued from the community mental health center system, but it is highly questionable whether the good has outweighed the evil.

To begin with, a medical specialty has been placed under lay direction. Note that I did not say lay administration, but rather lay *direction*. It is perfectly legitimate for a medical program to have the administrative aspects run by a non-medical person, with expertise in administration; but the *direction* of the program must be medical. No non-medical person can dictate what is treatable and what is not; what is an illness, and what is not; and what types of treatments should be employed. Yet, in many community mental health centers this is precisely what has happened.

Division of a community into multiple catchment areas has deprived patients of their freedom of choice of a therapist. In *theory*, a patient may request service from any mental health center in his community. In *practice*, this has not worked. The community mental health center may claim that it is overloaded with demands for service from residents of its own catchment area, who have priority on available services. Furthermore, in order for the requested mental health center to be reimbursed for its services, it must have a "sign off" from the mental health center within the patient's catchment area. Mental health centers guard their budgets very jealously, and are extremely hesitant to authorize services rendered by another mental health center.

I want to make an introductory

remark before making my next point. I feel that the community mental health centers have provided some valuable services. There are centers that have very competent personnel providing prompt and effective help for many people. Having said that, my next point is that the system is open to gross deficiencies in practice, and that in some centers these deficiencies are being both covertly and overtly encouraged by the lay bureau *directing* the community mental health centers.

The proportionately small psychiatrist to patient ratio, which was perhaps the major factor in initiating the community mental health center movement, was not corrected by legislation, contrary to what the "paper people" might like to believe. Rather, the system devised was for non-medical and paramedical people to provide psychological treatment *under supervision of a physician*. There are indeed many therapists from non-medical disciplines who can provide excellent psychological services, and my comments are no reflection on their expertise. The central issue is essentially one of deception and subterfuge.

There would have been nothing wrong with a frank statement, "Look, public. There are not and never will be enough psychiatrists to go around. We feel that many mental health problems can be dealt with by therapists who are not physicians. Mental health is not exclusively a medical problem. Treatment will be provided in clinics by therapists who are not physicians."

*This article is part six of Dr. Twerski's series on the paper world' of government. Dr. Twerski is medical director of the Gateway Rehabilitation Center and clinical director of psychiatry at St. Francis General Hospital, Pittsburgh.*



One may agree or disagree with this position, but the facts of life would have been spelled out truthfully. Instead, the legislature and bureaucracy saw fit to insist that these clinics be under medical supervision, and yet permitted and abetted their development and function in such a fashion that "medical supervision" is an impossibility in fact, and sometimes exists only on paper.

Community mental health centers currently exist and function wherein someone presenting with a problem is *never* interviewed nor examined by a physician from the intake interview to the time of discharge. Since there is a possibility that emotional symptoms may in some cases be manifestations of a physical disease, this practice may allow serious physical conditions to progress undetected and untreated. Furthermore, medication such as antidepressants and potent tranquilizers are sometimes prescribed or refilled without the physician's having evaluated or re-evaluated the patient, and at times even without the physician's knowledge. Total physician time available to a busy mental health center, which treats say 150 patients per week, may be no more than eight hours, and after time for administrative meetings and lectures is deducted, the amount of supervision time available may be two minutes or less per patient. These practices are being condoned and even encouraged by the lay direction of the mental health center officials, who feel that their "mandate" to provide services justifies anything and everything. Granted, these practices are not likely to occur in better staffed mental health centers, but they do occur in others, with the blessing of the responsible governmental agency, while patients are assuming that they are receiving adequately supervised care. The govern-

mental system thus perpetuates a cruel hoax on an unsuspecting public.

Under lay direction, treatment modalities may be altered according to social needs rather than patients' needs. For example, a mental health center was operating an effective day-hospital program, where qualified therapists, able to operate with a small patient/therapist ratio, were providing an intensive psychotherapeutic experience for some very sick patients, who were thus able to benefit from therapy without being confined as inpatients. The governmentally-operated mental health system decided to return many chronically-hospitalized patients to the community, and since these required a great deal of supervision, the day-hospital was ordered to accommodate

what's what about whom. Reports of symptoms and diagnoses are submitted and stored in a central data bank. Every bit of data regarding a person's mental condition that has been recorded can be retrieved, and assurances to the contrary are deceptive. No authorization of the patient is necessary; in order to obtain service, he must comply with the required information gathering, which is then transferred to a computer. Now it might be argued that there is implied consent (although in non-governmental medical practice there is no such thing as implied consent; in fact, consent must be "informed" and explicit in the minutest detail) when one applies for service, although I believe this argument to be invalid. But by no stretch of the imagination is there *any* type of consent

---

***'... some benefits have indeed accrued from the community mental health center system, but it is highly questionable whether the good has outweighed the evil.'***

---

them. Since there was no way for the staff to provide both intensive psychotherapeutic services to a small number of patients, and a supervised activity program for a large group of chronically-ill patients, the treatment program was diluted to the point where it was sacrificed. This decision was not a medical one, not a psychiatric one. Rather, it was a lay administrative decision which dismantled an effective therapeutic program.

In an era in which we are so concerned with incursions on our right to personal privacy it is important to note that the governmentally operated mental health center system completely destroys confidentiality. Although patients are registered by an identifying number rather than by name, it is really not a difficult task to find out who's who and

when a person applying for services gives information (which may be indeed important to treatment) concerning the private affairs of his or her spouse, children, or other family members. This too is recorded and is retrievable. A woman may apply to a clinic for counseling because of her husband's alleged alcohol or drug problem or homosexuality, and without his consent, *he* is now recorded somewhere in the data bank as being an addict or homosexual. This is a bad enough situation if this is a true allegation, but infinitely worse if the whole thing exists only in the spouse's fantasy. The computer, however, cannot tell fact from fantasy. All this is going on right at this moment, under the auspices of your friendly government agency. □





## MDs in the news

**J. W. J. Carpender, M.D.**, Sayre, was installed recently as the president of the Radiological Society of North America. He is cochairman of the radiation department and chief of radiation therapy and nuclear medicine at the Robert Packer Hospital and Guthrie Clinic in Sayre.

**Janet Parker, M.D.**, was recently appointed professor of radiology and director of the section of radiation oncology and nuclear medicine at the Medical College of Pennsylvania. She is a consultant in radiation oncology and nuclear medicine at Frankford Hospital, Philadelphia.



DR. PARKER

DR. TOBOROWSKI

**Robert M. Toborowski, M.D.**, was appointed recently as clinical director of the Hall-Mercer Community Mental Health and Mental Retardation Center of Pennsylvania Hospital. Dr. Toborowski is an assistant professor of psychiatry at the University of Pennsylvania School of Medicine. He is former director of psychiatric clinical services at Philadelphia General Hospital for the University of Pennsylvania and the West Philadelphia Community Mental Health Consortium.

The Southeastern Pennsylvania Kidney Association awarded a one year research grant to **John Carson, M.D.**, a fellow at Jefferson Medical College, Thomas Jefferson University. Dr. Carson is currently conducting research into the prevention of immune complex glomerulonephritis.

**Norman S. Sarachak, M.D.**, Allentown, was elected recently to serve on the board of directors of the Ameri-

can Heart Association, Pennsylvania Affiliate. He is the director of the coronary care unit at Allentown and Sacred Heart Hospital Center.

**John F. Ditunno, Jr., M.D.**, was elected recently to the Board of Governors of the American Academy of Physical Medicine and Rehabilitation. He is professor and chairman of the department of rehabilitation medicine at Jefferson Medical College, Thomas Jefferson University.

**Monica D. Blumenthal, M.D.**, was recently appointed professor of psychiatry at the University Health Center of Pittsburgh. She is on the faculty of the University of Pittsburgh School of Medicine's department of psychiatry.

**Arvind K. Singh, M.D.**, was recently certified by the American Board of Anesthesiology. He is an anesthesiologist on the staff of Mercy Hospital, Scranton.

*Two Pittsburgh physicians were elected recently as officers of the American College of Surgeons. Mark M. Ravitch, M.D., was elected first vice president and William F. Donaldson, M.D., was chosen as regent. Dr. Ravitch, an internationally known authority in the use of staples in surgery, is professor of surgery at the University Health Center of Pittsburgh and surgeon in chief at Montefiore Hospital. He is currently vice president of the Southwestern Pennsylvania Chapter of the American College of Surgeons. Dr. Donaldson is clinical professor of orthopedic surgery at the University of Pittsburgh School of Medicine. He was the 1976 recipient of the Frederick M. Jacob Physician Merit Award of the Allegheny County Medical Society, which he has served as president and member of the board of directors. He is a past president of the American Academy of Orthopedic Surgery.*

**William S. Robbins, M.D.**, was elected recently as treasurer of the American Psychoanalytic Association. Dr. Robbins is director of the Philadelphia Psychoanalytic Institute and clinical associate professor of the department of psychiatry at Temple University's School of Medicine.

**Jean Dace Golden, M.D.**, was recently named chief of surgery at Pocono Hospital, East Stroudsburg. She has been on the hospital staff since 1967.

The following M.D.s were recently inducted as fellows of the American College of Chest Physicians: **Robert E. Albertini**, Danville; **William M. Anderson**, Harrisburg; **Paul B. Bricknell**, Hershey; **Frank P. Castrina**, Carlisle; **Neil S. Cherniack**, Philadelphia; **Manoucher Fallah-Nejad**, Philadelphia; **Ray F. Garman**, Sayre; **Michael L. Gerber**, Pittsburgh; **Suresh C. Ghosh**, Philadelphia; **Sukhdev S. Grover**, Pittsburgh; **Richard H. Helfant**, Philadelphia; **Richard L. Heppner**, Pittsburgh; **Marc J. Horman**, Arlington; **Robert F. Johnston**, Philadelphia; **Leon A. Kauffman**, Philadelphia; **John K. Kelly, Jr.**, Philadelphia; **David M. Leaman**, Hershey; **Sanford Levine**, Philadelphia; **William O. Rexrode**, York; **John F. Shuman**, West Reading; **Bhagwan J. Wadhwani**, Fredericktown; and **John S. Willens**, Paoli.

The American Board of Obstetrics and Gynecology recently named the following physicians as diplomates: **Robert H. Tomhave, M.D.**, and **Neil I. H. Park, M.D.**, both of Johnstown; **Alberto Manetta, M.D.**, Altoona; and **Rifaat R. Bassaly, M.D.**, New Castle.

The following physicians were named recently as fellows in the American College of Physicians: **Martin E. Wenger, M.D.**, Lancaster; **James G. Kitchen, III, M.D.**, Bryn Mawr; **Allan Lipton, M.D.**, Hershey; **William F. Hallahan, M.D.**, Lebanon; **Carl R. Sherk, M.D.**, Lebanon; and **Benjamin B. Platt, M.D.**, Pottsville.





## new officers

### **Lackawanna County Medical Society**

**Stanley W. Boland, M.D.**, Clarks Summit, president

**Charles J. Bannon, M.D.**, Clarks Green, president elect

**Peter J. Favini, M.D.**, Scranton, first vice president

**Eugene J. Roe, M.D.**, Scranton, second vice president

**William A. Black, Jr., M.D.**, Scranton, secretary treasurer

### **Somerset County Medical Society**

**Leonard Tensuan, M.D.**, Somerset, president

**Ross S. Rumbaugh, M.D.**, Meyersdale, president elect

**Alfred Rice, M.D.**, Somerset, vice president

**Edwin M. Price, M.D.**, Confluence, secretary treasurer

### **Luzerne County Medical Society**

**Joseph W. Ehrhart, M.D.**, Forty Fort, president

**James G. Galante, M.D.**, Forty Fort, president elect

**Herbert Fellerman, M.D.**, Wilkes-Barre, vice president

**George E. Hudock, Jr., M.D.**, Courtale, secretary

**Stanley C. Ushinski, M.D.**, Kingston, treasurer

### **Lancaster City and**

#### **County Medical Society**

**John L. Farmer, M.D.**, Lancaster, president

**Joseph Eckenrode, M.D.**, Lancaster, president

**Joseph Knepper, M.D.**, Leola, vice president

**Roland A. Loeb, M.D.**, Lancaster, secretary treasurer

### **Centre County Medical Society**

**Richard J. McQuire, M.D.**, State College, president

**Stanley Mayers, M.D.**, State College, president elect

**Jonathan Dranov, M.D.**, State College, vice president

**Jane M. Strickler, M.D.**, State College, secretary

**Ling G. Wong, M.D.**, State College, treasurer

# OFFICERS' CONFERENCE HIGHLIGHTS

**April 13-14**

**Hershey Motor Lodge**

- **The Hershey Summit - Society President William J. Kelly, M.D., Interviews State Secretary of Health Leonard Bachman, M.D.**
- **The Red Tape Factory - Henry Fetterman, M.D., Chairman, Council on Medical Service, Interviews Thomas L. Hooker, Deputy Secretary, Department of Public Welfare**
- **Donaldson Memorial Lecture - Irvine Page, M.D., Editor, *Modern Medicine***
- **Dinner Speaker - Murray Banks, Ph.D.**
- **Washington Perspective - John S. Zapp, D.D.S., Director, Department of Congressional Relations, AMA Washington Office**

**For more information:  
Officers' Conference Committee  
Pennsylvania Medical Society  
20 Erford Road  
Lemoyne, PA 17043**





## MDs in the news

**A. Frederick Hartman, M.D.**, formerly of Camp Hill, was honored recently by the World Health Organization for his work in helping to eradicate small pox in India and Bangladesh during 1973. Currently Dr. Hartman is working in Brazil helping to inoculate villagers along the Amazon River.

**Alagiri K. Swami, M.D.**, was inducted recently as a fellow in the American Academy of Pediatrics during the organization's annual meeting in Chicago. Dr. Swami is chief of pediatrics at the Berwick Hospital.

**Allen S. Weed, M.D.**, and **Gordon S. Clement, M.D.**, were recently appointed to serve on the board of trustees of Norristown's Sacred Heart Hospital. Dr. Weed is chief of pediatrics at Sacred Heart and Dr. Clement is on the staffs of Sacred Heart and Montgomery Hospitals.

Recently granted fellowship in the American College of Cardiology were: **Bernard N. Bathon, M.D.**, Hanover; **Monty M. Bodenheimer, M.D.**, Philadelphia; **Kenneth M. Kesler, M.D.**, Philadelphia; and **William J. Kimber, M.D.**, Danville.

**Dennis G. Youshaw, M.D.**, Altoona, was elected recently as president of the Southern Allegheny Unit of the American Trauma Society. **Richard B. Magee, M.D.**, also of Altoona, became secretary of the organization.

**Richard J. Santen, M.D.**, recently participated in a White House conference on breast cancer, entitled "Breast Cancer: A Report to the Profession 1976," sponsored by the National Cancer Institute and the American Cancer Society. Dr. Santen presented a paper entitled, "Medical Adrenalectomy." He is an associate professor of medicine at the Milton S. Hershey Medical Center, Pennsylvania State University, Hershey.

**Anita K. Bahn, M.D.**, professor in the department of research medicine, has become the chairman of the University of Pennsylvania's new interdisciplinary group in epidemiology. The program draws upon the faculty of the university's school of medicine, dental medicine, veterinary medicine, and certain departments in the arts and sciences, and offers a graduate degree in epidemiology. The program's goals are: to train students in epidemiologic research and teaching, and to train professionals in other fields in methods of epidemiology research.

**Thomas K. Oliver, Jr., M.D.**, was named recently to the executive council of the Association of American Medical Colleges as a representative of the Council of Academic Societies. Dr. Oliver is medical director of the Children's Hospital of Pittsburgh and chairman of the department of pediatrics at the University of Pittsburgh School of Medicine.

**Harry E. Bacon, M.D.**, Haverford, was recently accorded an honorary membership in the *Societa Italiana di Chirurgia*. He is emeritus professor of rectal surgery at Temple University School of Medicine and director general of the International Society of Colon and Rectal Surgeons.

**Ramon N. Tan, Jr., M.D.**, Johnstown, and **Toeruna S. Widge, M.D.**, Allentown, were certified recently by the American Board of Anesthesiologists.

**Gonzalo Mesa, M.D.**, Meadville, was recently certified in psychiatry. Dr. Mesa is associate medical director of the Meadville City Hospital Community Mental Health Center.

**Dom C. Calderon, M.D.**, Johnstown, and **John B. Martin, Jr., M.D.**, Fredricktown, were recently named diplomates of the American Board of Internal Medicine.

**William H. Diehl, M.D.**, was honored recently by the Lebanon County Medical Society for 50 years in the practice of medicine. Retired from private practice in otolaryngology in 1972, Dr. Diehl currently serves as consultant to the Lebanon Veterans Administration Hospital.

**Christian J. Lambertsen, M.D.**, was chosen recently to receive the U.S. Coast Guard's Distinguished Public Service Award, the highest recognition it can bestow for civilian service. He was cited for singly "... instituting self-contained diving operations in the U.S. Coast Guard for air-sea and related rescue functions," from which evolved extensive diving-related activities which include safety supervision for offshore operations. Dr. Lambertsen is director of the University of Pennsylvania's Institute for Environmental Medicine and professor of medicine and professor of pharmacology and experimental therapeutics in the university's school of medicine.

**Frank J. Altomare, Jr., M.D.**, was certified recently in nuclear medicine by the Conjoint American Board of Nuclear Medicine. Dr. Altomare has been associated with St. Francis Hospital, New Castle, and has served as chief of cobalt therapy and nuclear medicine.

**Gordon F. Schwartz, M.D.**, was appointed recently to serve on the Breast Cancer Task Force of the Philadelphia Division of the American Cancer Society. He is an associate professor of surgery at Jefferson Medical College and clinical director of Jefferson's Breast Diagnostic Center.

**M. Veerappan, M.D.**, was recently certified in general surgery by the American Board of Surgery. He is on the medical staffs of Altoona, Mercy and Tyrone Hospitals.



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Possibly Effective:

1. For the relief of symptoms associated with cerebral vascular insufficiency.
2. In peripheral vascular disease of arteriosclerosis obliterans, thromboangiitis obliterans (Buerger's Disease) and Raynaud's disease.

Final classification of the less-than-effective indications requires further investigation.

**Composition:** Vasodilan tablets, isoxsuprine HCl, 10 mg. and 20 mg.  
Vasodilan injection, isoxsuprine HCl, 5 mg., per ml.

**Dosage and Administration:** Oral: 10 to 20 mg., three or four times daily.

Intramuscular: 5 to 10 mg. (1 or 2 ml.) two or three times daily. Intramuscular administration may be used initially in severe or acute conditions.

**Contraindications and Cautions:** There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding.

Parenteral administration is not recommended in the presence of hypotension or tachycardia.

Intravenous administration should not be given because of increased likelihood of side effects.

**Adverse Reactions:** On rare occasions oral administration of the drug has been associated in time with the occurrence of hypotension, tachycardia, nausea, vomiting, dizziness, abdominal distress, and severe rash. If rash appears the drug should be discontinued.

Although available evidence suggests a temporal association of these reactions with isoxsuprine, a causal relationship can be neither confirmed nor refuted.

Administration of single dose of 10 mg. intramuscularly may result in hypotension and tachycardia. These symptoms are more pronounced in higher doses. For these reasons single intramuscular doses exceeding 10 mg. are not recommended. Repeated administration of 5 to 10 mg. intramuscularly at suitable intervals may be employed.

**Supplied:** Tablets, 10 mg., bottles of 100, 1000, 5000 and Unit Dose; Tablets, 20 mg., bottles of 100, 500, 1000, 5000 and Unit Dose; Injection, 10 mg. per 2 ml. ampul, box of six 2 ml. ampuls.

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## new members

(Continued from page 19)

Hasan H. Burumcecki, M.D., General Surgery, 4124 Genesse Ave., Erie 16510  
Floyd M. Csir, M.D., Urology, 4 E. 2nd St., Erie 16507  
Frederick J. Dudenhoeffer, M.D., Internal Medicine, 2048 Enfield Ln., Erie 16509  
Ching W. Hou, M.D., Obstetrics and Gynecology, 540 Wayne St., Apt. C., Corry 16407  
John C. Jageman, M.D., Internal Medicine, 2104 Zimmerly Rd., Erie 16509  
Stephen F. Lupo, D.O., Anesthesiology, 2001 Berkshire Ln., Erie 16509  
Saed F. Saedi, M.D., Thoracic Surgery, 104 E. 2nd St., Erie 16507  
Ming C. Tsai, M.D., Internal Medicine, 540 B Bldg., Wayne St., Corry 16407

### FAYETTE COUNTY:

Myoung S. Kim, M.D., Obstetrics and Gynecology, 227 Professional Plaza, Uniontown 15401

### JEFFERSON COUNTY:

Sun H. Huh, M.D., Radiology, 501 Oaklynn Ct., 1A, Pittsburgh 15220  
Sukyoun Paik, M.D., Pathology, DuBois Hosp., 100 Hosp. Ave., DuBois 15801  
Wei C. Tsai, M.D., Orthopedic Surgery, Adrian Hosp., Punxsutawney 15767

### LACKAWANNA COUNTY:

Wayne E. Chiavicci, M.D., Pediatrics, 440 N. Main Ave., Scranton 18504  
Kon S. Han, M.D., Ophthalmology, 141 Salem Ave., Carbondale 18407  
Manuel G. Masankay, M.D., General Surgery, 141 Salem Ave., Carbondale 18407  
Snag M. Kim, M.D., Orthopedic Surgery, 301 S. Main St., Punxsutawney 15767  
Henry C. Yeager, M.D., Internal Medicine, 748 Quincy Ave., Scranton 18510

### LANCASTER COUNTY:

Hugh Brallier, M.D., Family Practice, R.D.2, Willow Street 17584  
Patrick N. Connaughton, M.D., Radiology, 555 N. Duke St., Lancaster 17604  
John H. Garofola, M.D., Radiology, 515 Wilson Dr., Lancaster 17603  
William E. Junius, D.O., Anesthesiology, 1175 Clark St., Lancaster 17602  
Truman E. Mast, M.D., Psychiatry, 630 N. Duke St., Lancaster 17602  
Robert A. Matlin, M.D., Internal Medicine, 1171 Country Club Dr., Lancaster 17601  
Maxine Montgomery, M.D., Neurology, 986 N. Valley Rd., Paoli 19301  
Stephen T. Olin, M.D., Family Practice, 1029 Woods Ave., Lancaster 17603  
Harshadkumar B. Patel, M.D., Internal Medicine, 555 N. Duke St., Lancaster 17604  
Rudolph Rigano, D.O., Anesthesiology, 1175 Clark St., Lancaster 17602  
J. Donald Siegrist, M.D., Family Practice, 86 Greenfield Rd., Lancaster 17602  
Stephen R. Smith, M.D., Internal Medicine, 743 Barrcrest Ln., Lancaster 17602

### MERCER COUNTY:

John P. Scullin, III, M.D., Orthopedic Surgery, 428 S. Main St., Greenville 16125

(Continued on page 62)





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(equivalent to paregoric 6 ml.)	
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Sodium benzoate	60.0 mg.
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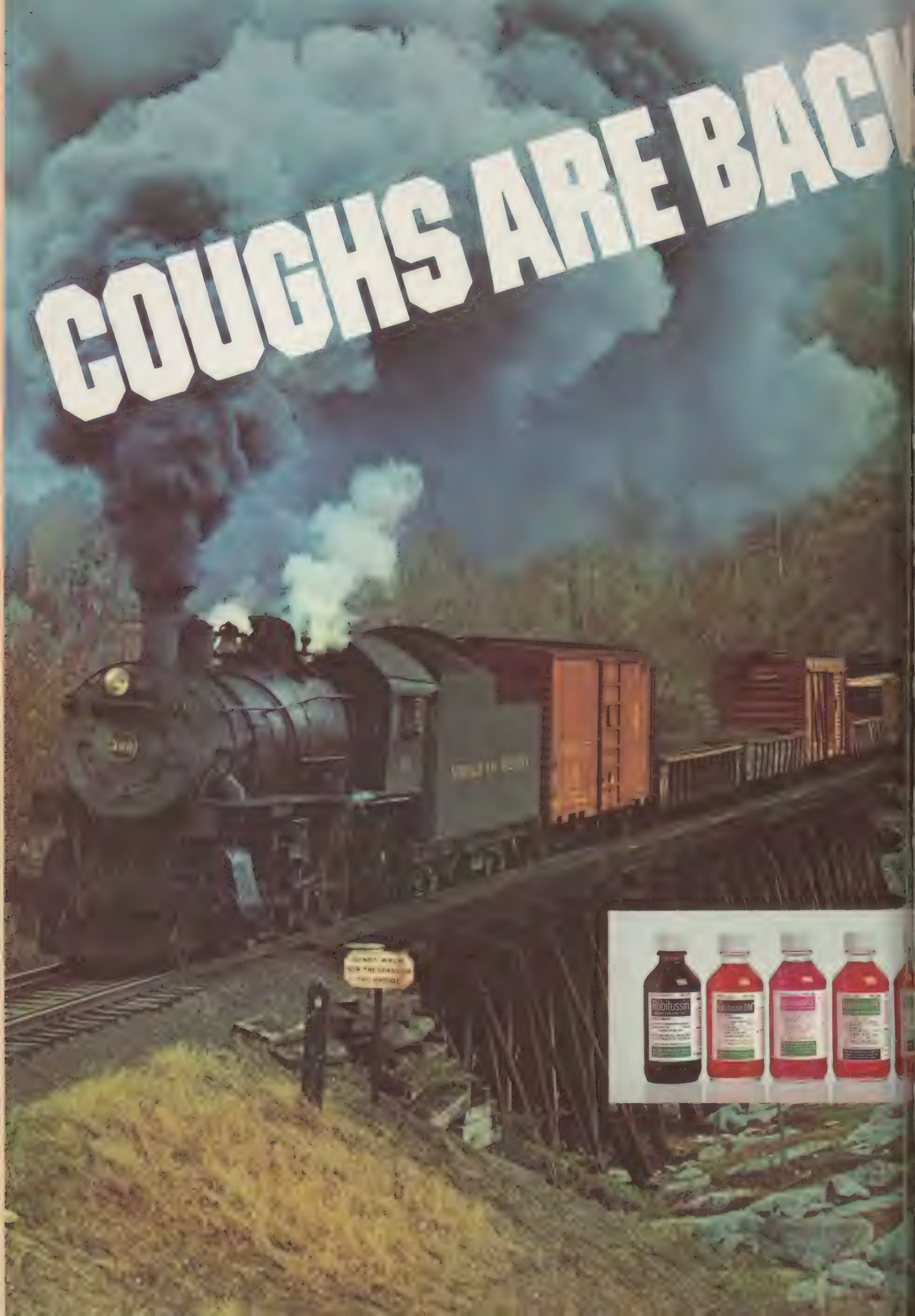
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the expectorant, guaifenesin,  
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works systemically to help  
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spissated mucus less viscid  
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Each 5 ml teaspoonful contains:  
Guaifenesin, NF ..... 100 mg  
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Non narcotic for 6-8-hour cough control

## Robitussin-DM®

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Hydrobromide, NF ..... 15 mg  
Alcohol, 1.4%

Decongests nasal passages and sinus  
openings as it helps relieve coughs

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Pseudoephedrine  
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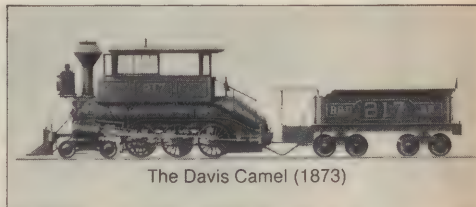
Decongestant action helps control cough and  
clear stuffy noses and sinuses. Non narcotic.

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locomotives . . . accurate to the  
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The line reaches the highest point of any railroad  
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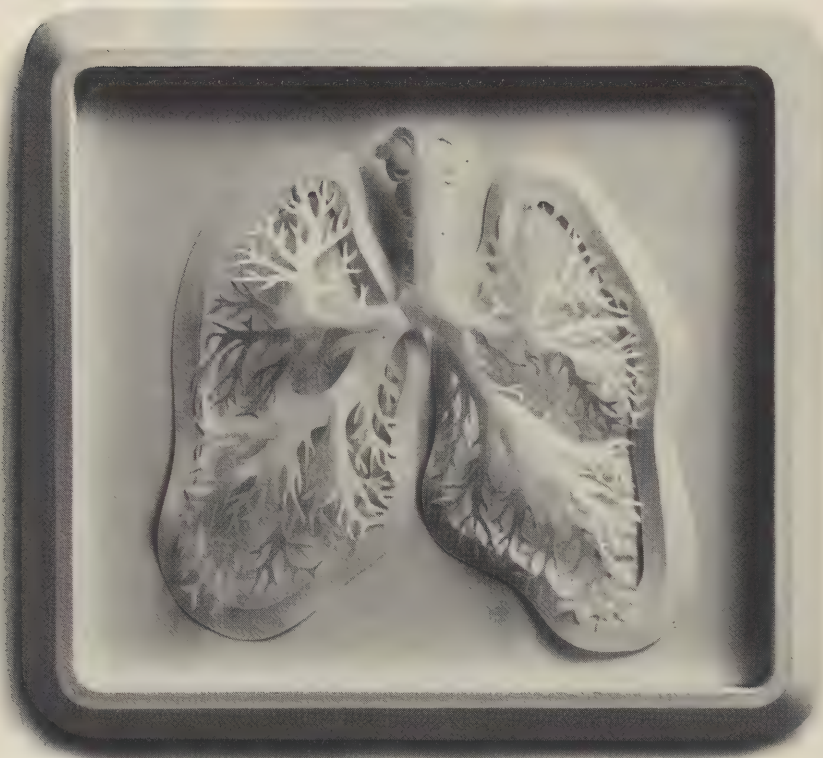
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*Helpful addition to an aggressive management program*

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**RECOMMENDED DOSAGE:** One tablet every 3 or 4 hours, not to exceed five times daily. Children over 6: one half adult dose.

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Caution should be observed in administering the drug to patients with a history of recent cerebral hemorrhage, because of the vasodilatation which occurs in the area. Although therapy permits more normal activity, the patient should not be allowed to misinterpret freedom from anginal attacks as a signal to drop all restrictions.

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Mild gastrointestinal disturbances occur occasionally with larger doses and may be controlled by reducing the dose temporarily.

**SUPPLIED:** 10 mg chewable tablets, bottle of 100. Also 5, 10 and 15 mg scored tablets in bottles of 100. 10 mg scored tablets also supplied in bottle of 1,000.

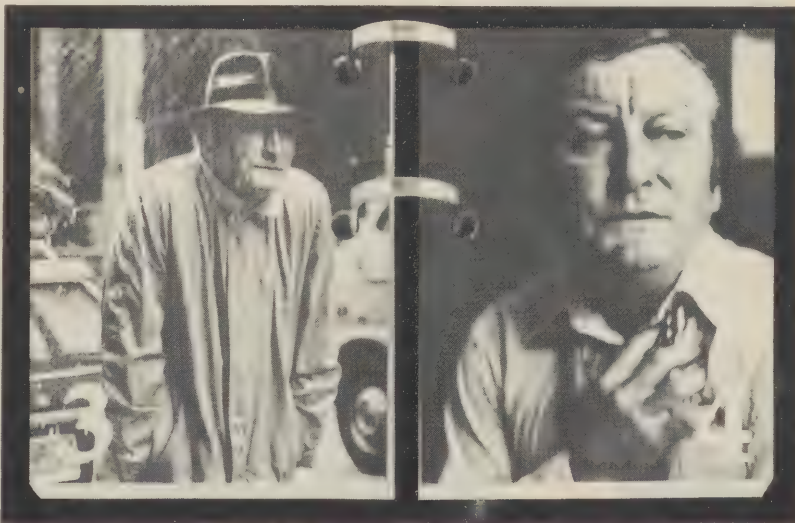
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## Prenatal diagnosis in central Pennsylvania

ROGER L. LADDA, M.D.

RICHARD HILDEBRANDT, M.D.

YVONNE DOBELLE, B.A.

Hershey

*In July 1974, the establishment of a prenatal diagnosis program at The Milton S. Hershey Medical Center brought genetic counseling and antenatal diagnostic services within easy reach of central Pennsylvania's large population. Previously, women desiring testing had to be referred to medical centers 100 to 200 miles from their homes. Approximately 3,000 pregnancies in the referral region of the Hershey Medical Center have a significant risk for defective offspring, but less than 4 percent of the high-risk pregnancies currently are being referred for risk assessment. The value of prenatal diagnosis should not be measured only by the number of abnormal fetuses detected and aborted, since a significant number of normal pregnancies can be saved from indiscriminate termination by timely and accurate assessment of each pregnancy at risk.*

Prenatal diagnosis in certain high-risk pregnancies offers the means to prevent the birth of children with malformations or metabolic diseases associated with serious or fatal illness and/or profound mental retardation.<sup>1-8</sup> Although the methods for antenatal testing have been available for nearly two decades, their general application to the appropriate groups of pregnant women has only occurred within the past four years, in part because of the previous limited accessibility of patients to centers providing the service. Even with expanding services and greater

*Dr. Ladda and Ms. Dobelle are in the division of genetics, department of pediatrics, The Milton S. Hershey Medical Center, The Pennsylvania State University. Dr. Hildebrandt is director of obstetrics and gynecology at the Polyclinic Hospital, Harrisburg, and is in the department of obstetrics and gynecology at Hershey. The study on prenatal diagnosis was supported in part by a grant from the National Foundation-March of Dimes.*

public awareness, it is estimated that less than 4 percent of high-risk pregnancies in this country are currently studied.<sup>4</sup> Poor utilization of this newly developing form of preventive medicine is probably due less to public apprehension about abortion than to the lack of awareness of the indications for prenatal testing among physicians providing primary obstetrical care. Our purpose is to review the current methods available for prenatal diagnosis, discuss the indications for selecting pregnancies at risk, and report on the experience of the medical center with the first 114

consecutive amniocenteses performed for prenatal testing.

### Methods

Methods available for prenatal diagnosis are listed in Table I. The selection of the appropriate technique depends on the specific abnormality for which the pregnancy is at risk. (See indications below.) Non-invasive studies such as standard x-rays of the pregnant uterine contents between 16 and 22 weeks of gestation are probably harmless to the fetus and may detect major skeletal defects of the head (anencephaly) and limb reduction malformations (radial aplasia; various amelias and hemimelias).<sup>9</sup>

Ultrasonography is also non-invasive and is routinely employed at Hershey for placental localization, determining number of fetuses, measuring fetal biparietal diameter, and evaluating other fetal parts to assess gestational age.<sup>2, 4, 9-11</sup> Once again, major structural defects of the head, spine, and limbs may be detected. In skilled hands internal anomalies such as congenital heart defects, renal anomalies (multicystic and polycystic kidneys), and duodenal atresia have been diagnosed prenatally. Improved

resolution of instruments may, in the foreseeable future, allow relatively complete non-invasive "perusal" of the fetus for structural defects. Early concern about the induction of chromosome breakage by diagnostic ultrasound studies has not been substantiated.<sup>12-15</sup>

The most common conditions associated with severe malformations and mental retardation are those caused by chromosomal and metabolic defects. These require fetal tissues for diagnosis and the primary technique for obtaining them is amniocentesis. Amniocentesis is performed by the transabdominal route between 15 and 17 weeks of gestation, at which time approximately 125-200 ml of fluid surround the fetus.<sup>5-6</sup> Before amniocentesis is carried out ultrasound scanning is routinely performed for the reasons mentioned above and to localize the area of largest fluid accumulation. Ultrasound monitoring during the insertion of the needle allows the obstetrician to avoid the placenta and fetus and to obtain clear, blood-free fluid. Localization of the placenta reduces the possibility of feto-maternal transfusion. Bloody taps are to be avoided because fetal blood will increase the  $\alpha$ -fetoprotein ( $\alpha$ -FP) of the amniotic fluid<sup>14, 16</sup> and may affect the growth of fibroblastic cells (see below).

Amniocentesis is performed as an outpatient procedure and requires little more than an hour to complete. Following withdrawal of 15 to 30 ml of amniotic liquor, the fluid is immediately taken to the tissue culture facility where fluid and cells are separated under sterile conditions. Amniotic cells are routinely divided into three closed culture flasks and the supernatant is used for  $\alpha$ -fetoprotein studies.

Most of the cells in the amniotic fluid are dead, desquamated cells derived from the fetal skin, respiratory, urinary, and gastrointestinal tracts.<sup>4, 6</sup> Over the next few days in culture viable cells attach to the surface of the culture dish and, in 10 to 12 days, form finite colonies. Cultures remain untouched for at least 6 to 8 days and are then screened carefully for cell growth. Each colony (group of cells

derived from a single cell) is circled on the culture flask for future reference. Thereafter, the cells are refed every three days and carefully scored for rate of growth. At approximately 14 to 18 days the colonies are ready for transferring to cover slips for chromosome analysis. If metabolic studies are necessary, 10 additional days may be required to grow sufficient number of cells to produce assayable quantities of metabolic products. The average time for completion of the study ranges from 18 to 28 days (mean 24 days) after amniocentesis. A successful study is marked by the appearance of rapidly growing spindle-shaped fibroblast cells in the culture. Approximately five types of cells may attach to the culture dish surfaces, but some of these are large, epithelioid-type cells which grow very slowly; they often do not divide and gradually die.<sup>17</sup> If brisk fibroblastic growth is not apparent by 10-12 days, a second amniocentesis is advised.

Since the amniocentesis is performed on or about the sixteenth week, results should be available to the physician and expectant mother between the nineteenth and twenty-first week of gestation. If an abnormality is detected, adequate time then remains for additional counseling and possible therapeutic abortion. In case of culture failure, a repeat amniocentesis may be performed by the eighteenth to nineteenth week and may yet be completed by 21 to 23 weeks.

Amniography may be performed along with amniocentesis to search for large surface defects and anomalies of the gastrointestinal tract.<sup>18-20</sup> Contrast medium is introduced into the amniotic fluid and may absorb to the surface of the fetus or be swallowed by the fetus. Standard x-ray studies will show the fetus and fetal structures in outline.

Ideally, direct visualization and inspection of the fetus would allow its complete physical evaluation and increase the potential for metabolic screening.<sup>11, 20-22</sup> Although fetoscopy remains an experimental technique because of problems in instrumental design, it has been used to diagnose neural tube defects and other severe malformations in man and has been

**TABLE I**  
**Methods in Prenatal Diagnosis**

#### X-ray Evaluation

1. Skeletal, cranial defects
2. Major limb malformations

#### Ultrasound

1. Placental localization
2. Fetal size-(biparietal diameter)
3. Major structural defects-(neural tube defects, congenital heart defects, kidney malformations)

#### Amniocentesis

1. Chromosome aberrations
2. Neural tube defect ( $\alpha$ -fetoprotein)
3. Metabolic disorders
4. Structural defects-amniography

#### Fetoscopy

1. Potentially all external structural defects
2. Skin biopsy (enzymes and chromosomes)
3. Fetal blood sample (hemoglobinopathies, enzymes, chromosomes)



used to obtain fetal tissue specimens in experimental animals. Current instruments are not sufficiently flexible or maneuverable to permit safe and adequate inspection of the fetus. In addition, the procedure is dangerously invasive. In the few studies conducted in the human pregnant female, a high complication rate, mainly the precipitation of abortion, has occurred.<sup>11</sup>

Indications

The most common indication for antenatal diagnosis is advanced maternal age with its potential risk for chromosomal anomalies of the fetus. The specific concern of the older woman is the increased risk of having a child with Down syndrome (Trisomy 21), the single most common identifiable cause of mental retardation. Approximately one in every 600 to 800 live births are affected with this condition. At age 25, a woman has a risk of about one in 1500. Between ages 35 to 39 the risk increases and may range from one in 250 to about one in 160; over age 40 the risk ranges from one in 80 to as great as one in 40. All women age 35 and older should be made aware of these risks and informed of the availability of prenatal diagnosis.<sup>2, 4, 7, 8, 23</sup>

TABLE II Indications for Amniocentesis	
<b>Specific (High recurrence risk)</b>	
1. Advanced maternal age (>40 years)	
2. Previous child with Down syndrome	
3. Familial translocation	
4. Known biochemical defect (carrier parents of affected proband: homocystinuria; Hurler's syndrome; Lesch-Nyhan; various storage disease)	
5. X-linked disease (Duchenne's muscular dystrophy; hemophilia)	
6. Previous neural tube defect	
<b>General</b>	
1. Advanced maternal age (35-39 years)	
2. Previous chromosomal anomaly in a child of normal parents (?gonadal mosaicism)	
3. Repeated spontaneous abortion (?chromosome anomaly)	
4. Maternal anxiety	

Down syndrome (Trisomy 21) increases the risk of recurrence in future pregnancies to about one in 50 to 80. The recurrence risk is independent of maternal age and thus, is especially significant for women less than 35 years because, as indicated above, the general population incidences below this age are low by comparison. All subsequent pregnancies

should be monitored specifically for Trisomy 21.<sup>4</sup>

An important specific indication for amniocentesis is the parent who is a carrier of a balanced chromosome translocation. A carrier parent appears normal because all the genetic material is present, albeit arranged abnormally. During gametogenesis a large proportion of gametes may be produced with either too much or too little genetic material. A couple at risk may be first identified because of multiple spontaneous abortions or following the birth of a defective child. Karyotype of the child would reveal the unbalanced condition and additional study of the parents could identify the carrier. Although the data base is limited almost entirely to D/D translocations, the recurrence risk is considered to be significantly greater when the mother is the carrier of the translocation (Table III) and may be as great as one in 5 to 6.

Hereditary biochemical disorders are primarily autosomal recessive traits (Gaucher disease; Tay-Sachs disease; Maple-syrup-urine disease; galactosemia).<sup>24</sup> Couples at risk are usually only identified after the birth of an affected child. Risk of any future offspring to be affected is one in four. If parental screening, such as that of the Tay-Sachs program, is available

TABLE III  
Recurrence Risks for Various Categories of Abnormalities Detectable by Amniocentesis

Category	Specific Diagnosis	Risk to Unborn Child
Chromosome abnormality	Maternal age greater than 35 years (risk for Down syndrome)	1-1.5% (35 yrs) - 2-10% (45 yrs)
	Previous child with Down syndrome	~1-2%
	Parents known translocations carriers	~9-16% for carrier mother ~4-8% for carrier father
Autosomal recessive disorders	Previously affected child identified, or parents known carriers	25% for each pregnancy
Sex-linked disorders		
Specific enzyme assay available	Hunter's syndrome, Fabry's disease, Lesch-Nyhan	50% for each male
For sex only	Duchenne muscular dystrophy, hemophilia	50% for each male
Congenital malformations	Previous child with chromosome abnormality (parental karyotype normal)	Less than 1% or Indeterminate
	Neural tube defect (after one affected)	~3-5%

to identify carrier parents, then high-risk pregnancies may be anticipated and prenatal testing performed when indicated.<sup>25</sup> Unfortunately, broad metabolic screening systems for carrier detection have not yet been devised. *Antenatal diagnosis of a metabolic disorder can only be performed when the specific defect has been identified.*<sup>5, 24</sup>

Disorders linked to X-chromosomes represent a great risk to male offspring. Male offspring of a carrier female have a one in two chance of being affected. If the condition is characterized by a specific assayable enzyme or gene product, then intra-uterine diagnosis may be possible. Unfortunately, in hemophilia and Duchenne muscular dystrophy, two of the most severe X-linked disorders, no such markers exist. In couples at risk, fetal sex may be accurately determined and the male fetus at risk could be aborted to ensure only normal children (females). Obviously, such a decision would result in a one in two chance of aborting a normal male. Furthermore, female offspring would have a one in two chance of being a carrier.<sup>26</sup>

Congenital malformations of the neural tube (anencephaly, myelomeningocele, and hydrocephalus with spina bifida) occur in the general population approximately one in every 500 to 1,000 live births.<sup>27-29</sup> In the case of anencephaly, death occurs soon after birth, but for the other defects life may be complicated by mental retardation, paralysis, and recurrent infections. These malformations have a complex mode of inheritance (multifactorial) and a significant recurrence risk. Following the birth of a child with any one of these defects, the risk to the next child is about one in 20 (3 to 5 percent). Should two children be born with the defect, the risk to a third or subsequent child would be in the range of 10 to 12 percent.<sup>28</sup> Neural tube defects (NTD) may be detected antenatally by ultrasonography and determination of  $\alpha$ -fetoprotein ( $\alpha$ -FP) in the amniotic fluid and maternal serum;<sup>30-37</sup>  $\alpha$ -FP is an embryonal protein, an alpha-1-globulin, produced by the fetal liver, yolk sac and gastrointestinal tract. It reaches maximal

concentration in the fetal circulation and cerebrospinal fluid (CSF) at about 14 to 16 weeks' gestation.<sup>16, 30</sup> Thereafter, the level falls until term at which time it disappears. If the neural tube fails to close appropriately during the third or fourth week of gestation, fetal CSF may escape into the amniotic fluid. Since the ratio of  $\alpha$ -FP in the fetal serum to amniotic fluid is normally about 200 to 1, elevation of

$\alpha$ -FP in the amniotic fluid suggests a communication.<sup>16, 30</sup> Maternal serum  $\alpha$ -FP level is about 500 times less than that in amniotic fluid and in recent studies  $\alpha$ -FP in maternal serum has been shown to increase with NTD.<sup>33</sup> Unfortunately,  $\alpha$ -FP levels may be influenced by a variety of abnormalities (Table IV).<sup>30</sup> Furthermore, maternal serum  $\alpha$ -FP studies are burdened by a significant rate of false positives and negatives;<sup>36</sup>  $\alpha$ -FP determination in amniotic fluid provides an accurate diagnosis in 85 to 90 percent of the cases of *open* neural tube defects. The combination of ultrasound scanning, amniocentesis for  $\alpha$ -FP, and amniography offers a very high probability (>90 percent) of detecting major neural tube defects.

#### Results of diagnostic studies

The experience of the Hershey medical center with 114 consecutive amniocenteses is summarized in Tables V and VI. In 102 amniotic fluid fibroblast cultures providing cytogenetic results, four cases had abnormal karyotypes. One case was

**TABLE IV**  
**Pathological Conditions with**  
**Increased Amniotic Fluid  $\alpha$ -FP**

Spina bifida  
Anencephaly  
Missed abortion  
Congenital nephrosis  
Sacrococcygeal teratoma  
Exomphalos  
Turner syndrome  
Meckel syndrome  
Esophageal atresia  
Hydrocephaly

**TABLE V**  
**Diagnostic Amniocenteses (July 1974-October 1976)**

Number of Amniocenteses .....	114
Normal Karyotypes .....	97
Normal Births .....	72*
Abnormalities** .....	5
Growth Failures .....	12

\* Twenty-five pregnancies are yet to terminate.

\*\* Reflects test results and not the outcome of the pregnancy.

**TABLE VI**  
**Reasons for Study (July 1974-October 1976)**

Advanced maternal age (over 35 years) .....	61
Previous child with Down syndrome .....	20
Affected relatives with Down syndrome .....	4
Previous child with neural tube defect .....	13
Previous child with malformations or chromosomal defect (other than Trisomy 21) .....	9
Irradiation .....	2
Repeated spontaneous abortion .....	2
Parent carrier of abnormal chromosome (not translocation) .....	1
Rubella .....	1
Metabolic disease .....	1



found to have sex chromosomal mosaicism which was undetected before birth. One case involved the problem of evaluating a fetus at risk for an ill-defined metabolic defect and another raised the issue of an apparently false positive  $\alpha$ -FP assay.

**Case 1**—A 42 year old primigravida woman married for 24 years requested amniocentesis because of her advanced maternal age and concern about Trisomy 21. Amniocentesis was performed at 16 weeks' gestation. Karyotype indicated a male with Trisomy D and a therapeutic abortion was elected at 20 weeks. A male fetus was delivered and weighed 410 grams (Figure 1). Multiple anomalies included microcephaly, cyclopia with elongated proboscis above the eye, mid-facial hypoplasia, prominent occiput, post-axial polydactyly and foot deformities. Autopsy revealed tetralogy of Fallot and lissencephaly. G-banding of amniotic fluid and fetal skin fibroblast metaphase spreads confirmed the diagnosis of Trisomy 13 (Figure 2).

**Case 2**—A 25 year old primigravida woman experienced a measles-like exanthem during the second to third weeks of gestation. Amniocentesis was requested at 16 weeks for chromosome analysis. Multiple chromatid breaks were found in about half of the 20 cells screened. All cells analyzed revealed a 46, XX karyotype;  $\alpha$ -FP level in the amniotic fluid was normal. Rubella titer was elevated at 13 weeks and remained high at 16 weeks' gestation. Apparently she had already decided to abort the pregnancy before the amniocentesis was performed. No obvious defects of the fetus were apparent.

**Case 3**—A 38 year old mother of two children ages 6 and 18 years was advised by her physician to have amniocentesis for advanced maternal age. Amniocentesis was performed at 15 weeks' gestation. Karyotype of 28 cells was 46, XY. At birth the newborn exhibited ambiguous genitalia. Chromosome analysis of peripheral blood and skin revealed 45, X/46, XY mosaicism (~16 percent 45, X, in blood; ~63 percent 45, X, in skin). Restudy of the original amniotic fluid



Figure 1. Fetus from Case 1 at 20 weeks' gestation; note cyclopia with proboscis above eye, midfacial hypoplasia and polydactyly. (Photo courtesy of Drs. Favino, Garbes, and Beecham, Geisinger Medical Center.)

cultures failed to show the 45, X cell type. Presumably the 46, XY cell strain preferentially grew in culture whereas the monosomic X cell type failed to attach to the culture dish and grow. The female phenotype was selected and the child is developing normally.

**Case 4**—Because of a previous child with Down syndrome, a 32 year old woman was advised to have prenatal diagnosis. Amniocentesis was performed at 15 weeks' gestation. Chromosome analysis revealed a 47, XY, +G karyotype. Therapeutic abortion was performed at 19 weeks and the fetus showed many stigmata of Trisomy 21.

**Case 5**—A 21 year old mother of a normal 3 year old son requested amniocentesis because her sister-in-law had aborted a fetus with multiple anomalies. Her considerable anxiety seemed sufficient reason to her obstetrician to have the test performed. Four cells of 65 studied in detail revealed rearrangements. Three cells showed an unbalanced

karyotype with an abnormal C group chromosome with a large amount of material added to its long arms (46, XY, Cq+). One cell contained what appeared to be a balanced translocation, 46, XY t(Cq-; Dq+). The dilemma revolved around whether the abnormalities reflected the fetal karyotype or represented a rearrangement which occurred in tissue culture. Amniography was attempted, but was technically poor and failed to outline the fetus. Based on the experiences reported from other centers with similar problems, the parents elected to continue the pregnancy.<sup>1, 38-40</sup> At about 28 weeks' gestation a male child was prematurely delivered. He experienced transient respiratory distress, but showed no apparent malformations and is developing normally.

**Case 6**—The prenatal diagnosis of a suspected type of sphingolipidosis was attempted in a 22 year old woman who had previously given birth to an affected child. Enzyme assays of skin fibroblasts derived from the affected child indicated a block at some point in the degradation pathway of the sphingolipids, but the specific defect could not be identified. The parents desperately wanted some attempt to prevent its recurrence. The plan was to determine the lysosomal enzyme activity of the fetal cells and if a pattern similar to the proband was



Figure 2. "G"-band preparation of chromosomes from amniotic fluid fibroblast culture; note extra chromosome 13 (arrow).



found, then the fetus would presumably be affected and a therapeutic abortion could be justified. In the subsequent pregnancy lysosomal enzyme studies of the amniotic fluid fibroblasts were comparable to controls. The pregnancy was continued and resulted in a normal child.

**Case 7**—Amniocentesis was performed at 18 weeks on a 28 year old woman because her previous child had hydrocephalus, Arnold-Chiari malformation, but no evidence of spina bifida. Chromosome study indicated a 46, XX karyotype, but amniotic fluid  $\alpha$ -FP was elevated ten times above normal. Amniography at 22 weeks showed no structural abnormalities, but serial views at 24 hours indicated no apparent fetal swallowing. A therapeutic saline abortion was elected and performed at 23 weeks. The fetus showed no apparent malformations and an autopsy failed to suggest a reason for the high  $\alpha$ -FP. About six months later she again was pregnant. Amniocentesis was performed at 16 weeks. Karyotype was normal (46, XY). Once again maternal serum and amniotic fluid  $\alpha$ -FP levels were elevated, 278 ng/ml and 360  $\mu$ g/ml respectively. Ultrasonography showed normal fetal head and trunk. Amniography was carried out to attempt to visualize the suspected anomaly. No apparent defect of the head, back, or vertebral column could be ascertained. Serial views at 24 and 48 hours showed contrast material in the fetal intestine suggesting that the fetus was swallowing as would be expected. Parents decided to continue the pregnancy and we await its completion.

### Comments

Cases 1 and 4 illustrate the optimal combination of appropriate selection of women at risk and definitive cytogenetic diagnosis confirmed by therapeutic abortion. In case 3, the sex chromosome monosomy was not "missed" in the original culture; the abnormal cell strain simply did not grow in culture. Routinely 30 or more cells are analyzed in detail specifically to search for such mosaicism. Considering the high percentage of 45, X cells in the child's skin it is difficult to understand why the cell type

did not establish itself in culture.<sup>39, 40</sup> Detection of chromosomal mosaicism in amniotic fluid cell cultures is difficult and can never be absolutely excluded. For this reason it is essential that every woman, preferably every couple, be carefully counseled so that both parents-to-be are completely aware of the limitations of the study.

Cases 5 and 6 represent the problem situations in which the results of the tests may not have reflected the fetal condition. The unusual chromosomal mosaicism in case 5 seems suspicious. The parents were counseled at great length and given all available information so that they could make the appropriate decision for themselves. They chose to continue the pregnancy. In case 6,  $\alpha$ -FP elevation seemed entirely acceptable because the tap was not bloody and the elevation was great.

In at least 20 of the 102 successful studies, older women had seriously considered abortion before amniocentesis, but chose to continue their pregnancies after the studies proved to be normal. Thus, the value of antenatal diagnosis cannot be judged solely by the number of abnormal fetuses aborted, but rather, must also include those pregnancies salvaged from indiscriminate termination through misunderstanding of actual risks.

### Culture failures

Of the 114 tests, 12 failed to provide cytogenetic information because of culture growth failure (Table V); eight failures occurred among the first 18 cases. In retrospect, six of them were caused by poor culture conditions. In two others, the women had received high doses of therapeutic radiation to the pelvis for malignancies during the first 3 to 4 weeks of pregnancy and specimens were obtained at the time of elective therapeutic abortion; no cells attached to the culture dishes in either case. In the subsequent 106 cases, 4 culture failures occurred and 3 of these were amniotic fluids obtained at another hospital or office and sent to us by mail or messenger. In two cases, women decided against repeating the test and the other two were too far along in the pregnancy

for any action to be taken on the results. Of the 102 complete studies, nine amniocenteses had to be repeated because of slow fibroblast growth. However, in five of the nine, both cultures eventually yielded results. In one case, three amniocenteses were performed over a period of six weeks and all cultures failed to grow. A normal male child was delivered at term.

Amniotic fluid cells fail to grow for many reasons. Gross contamination of the fluid with blood seems to hinder fibroblast attachment to the culture surface. Of special concern is the transportation of fluids from referral hospitals and offices and the potential exposure to severe climatic conditions. Although transported specimens have been successfully cultured, half of those we have received have required repeat taps. We advise physicians to refer their patients to the medical center for amniocentesis so that cultures may be established immediately after the procedure is performed.

In the past 20 months, only 3.8 percent of cultures have failed to provide cytogenetic results (96.2 percent success rate). No culture failures have occurred or repeat "taps" been required in the last 31 consecutive studies. Our experience is similar to other medical centers providing prenatal diagnostic studies.<sup>8</sup>

### Pre-amniocentesis counseling

Although many women are referred for amniocentesis following careful counseling by their physicians, most do not fully appreciate the limitations of the procedure. Before samples are taken, women and their husbands are interviewed and the indication for the investigation determined. Risks are discussed and related to the "background" risk of defective offspring in the general population. Pretest counseling includes a discussion of the technical problems associated with cell growth in culture and the potential risk of error in the results. About 25 percent of the couples decide not to have the test after the risk factors are understood.

### Complications with Amniocentesis

The National Institute of Child



Health and Human Development collaborative study of 1,040 subjects noted immediate complications (amniotic fluid leakage, vaginal bleeding) in less than 2 percent of the women as a result of the amniocentesis procedure, and no significant difference in fetal loss when compared to the control group.<sup>8</sup> Complication rates have varied from 0.1 to 3 percent in different centers; rarely has spontaneous abortion occurred soon after the tap. Before the use of ultrasound several fetuses were actually struck and penetrated by the needle. In our experience with 114 amniocenteses, no complications were observed. In addition to those pregnancies which were terminated, 72 women have given birth and none of the children has had any type of congenital anomaly.

Pregnancies at risk

The number of diagnostic amniocenteses performed per year since the service was first offered is indicated in Table VII. The projected number of tests for 1976 is a 78 percent increase over 1975 and reflects the realization that antenatal testing is available in our region and increased awareness of the indications. Despite the expanding interest, vital statistics data for central Pennsylvania point to approximately 3,000 women over 35 years of age who conceive each year and, as noted above, face a significant risk for offspring with a chromosomal anomaly. This group alone gives birth to approximately 30 to 35 children with Down syndrome. Our amniocentesis program accounts for only 2 to 3 percent of these high-risk pregnancies. We estimate that only another 2 to 4 percent are referred to other centers and thus, 93 to 96 percent of women at risk for defective offspring may be unaware that methods of prevention are readily accessible.

Summary

Antenatal diagnosis of fetal abnormalities is limited to chromosomal anomalies, certain enzyme deficiency states, and a limited number of specific malformation conditions. Methodology continues to be refined and newer devel-

opments may eventually extend its application to potentially every pregnancy at risk for heritable disease and malformations. Until these methods are clinically applicable, indications for prenatal diagnosis must remain selective (Table II). Even with these restrictions over 90 percent of high-risk pregnancies currently do not receive the prenatal diagnostic services that are available for evaluation of risk. □

TABLE VII  
Number of Amniocenteses by Year

1974	13
1975	45
1976 (first 9 months)	56*

\*Expect 1976 total to be ~80 cases.

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## Method to evaluate joint synovium-capsule integrity

ALEXANDER KALENAK, M.D.

Hershey

A direct blow to the knee incurred in a variety of high speed accidents may be the cause of lacerations over the anterior aspect of the knee. Knees striking the dashboard of an automobile, or striking the ground in motorcycle accidents, or striking the seat in front in airplane accidents are a few examples of the types of trauma that may produce lacerations over the anterior aspect of the knee.

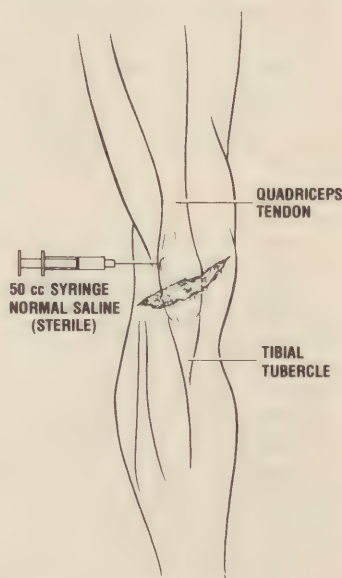
Frequently the laceration is superficial involving skin and subcutaneous tissue and an adequate evaluation can be performed under local anesthesia in the emergency care unit. However, when the quadriceps retinaculum, patellar tendon, or quadriceps tendon is involved in the laceration it may be impossible to determine the integrity of the joint capsule and synovium by merely performing a cursory examination in the emergency care unit. Knee lacerations should not be closed without first determining whether or not the joint capsule and synovium have been violated. The traumatic injection of foreign material and pathogenic organisms into the knee joint could result in a pyogenic arthritis leading to loss of articular cartilage and a painful, disabled joint.

Conversely, one should be judicious in deciding to perform an arthrotomy in the presence of a contaminated wound, even though the wound can be made surgically "clean." How then can the integrity of the joint synovium and capsule be determined without performing an arthrotomy?

Patients with severe lacerations that require extensive debridement for evaluation should be taken to the operating room and evaluated under spinal or general anesthesia. Small lacerations up to four or five cm can usually be evaluated in the emergency care unit. The wound is anesthetized with a local anesthetic following which a surgical scrub and

*Dr. Kalenak is in the division of orthopaedic surgery, The Milton S. Hershey Medical Center, The Pennsylvania State University, Hershey. The Pennsylvania Division of the American Trauma Society and the State Society's Commission on Emergency Medical Services assist in the dissemination of information on trauma.*

prep and debridement is performed. A sterile sponge is placed in the wound and the remainder of the skin over the entire knee joint is again surgically prepared with soap and an antiseptic solution. An 18 gauge needle, to which is attached a 50 cc syringe, is



LACERATION OVER ANTERIOR ASPECT OF KNEE

*Figure 1. Injection of sterile saline into the suprapatellar pouch of the knee joint following surgical preparation of the wound and skin and injection of local anesthetic.*

placed into the suprapatellar pouch, either medially or laterally. Fluid is aspirated if an effusion is present. Sterile saline is injected into the suprapatellar pouch until the knee is maximally distended (Figure 1). This may require 75-100 cc or more. An alternate method of injecting the fluid is to attach the needle to a bottle of intravenous saline.

The sterile sponge is removed from the wound and the edges retracted. The depths of the wound are observed while continuous pressure is placed on the plunger of the syringe. Flexion and extension may be performed in order to facilitate penetration of the fluid through the wound. Fluid that exudes from the depths of the wound indicates that the joint synovium and capsule have been lacerated, permitting the injected saline to escape. Radiopaque contrast media may be injected to further augment the study with x-rays if desired. Immediate arthrotomy, irrigation of the joint, and a debridement are recommended if a wound penetrating into the joint is confirmed. Intravenous antibiotic therapy should be instituted without delay.

If fluid is not seen to escape from the depths of the wound it can be assumed that no violation of the joint has occurred and one can proceed with a formal debridement and closure of the wound.

This method can be especially helpful in the management of casualties due to a catastrophic accident such as a train collision, airplane crash, or multiple vehicle automobile accident. A multitude of patients may be brought to an emergency care unit with myriad of injuries, one of which is a knee laceration. This method enables one to quickly and accurately determine whether or not the joint synovium and capsule are intact and expedites the emergency management of the patient. □



# Pharmacologic management of psychiatric emergencies

P. EVANS ADAMS, M.D.

Bryn Mawr

The mental health professional who works with psychiatric patients should have in his stock of knowledge information concerning the kinds and treatment of psychiatric emergencies that will occur. A review of emergencies, including their etiologies, will be pursued.

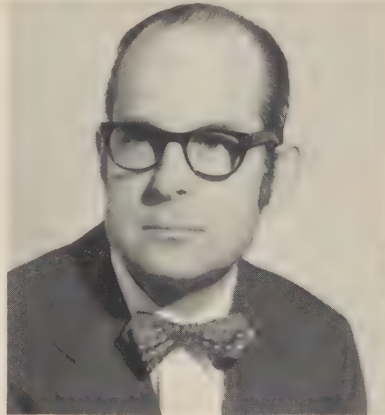
## Drugs causing emergencies

A familiarity with the *agents* that induce many of the acute syndromes, which cause the patient to present as an emergency, is essential. Toxic chemicals, foreign to the usual metabolism of the human body, are legion and humans tend to ingest them for various purposes.

**Alcohol**—One of the most common syndromes presenting at the emergency service or to a mental health facility is associated with the ingestion of alcohol. The treatment of the acute *delirium tremens*, which in its definition includes delirium, is a complicated medical and psychiatric disorder with an associated mortality; hence, the combined resources of medicine and psychiatry for its inpatient treatment will not be dealt with here. The reader should note, however, that the patient with delirium, alcohol on his breath, and a history of alcoholism may not necessarily be a case of *delirium tremens*. For example, one must keep in mind that individuals who have imbibed unknown amounts of alcohol may well have taken barbiturates or other substances and therefore present a complicated diagnostic and management problem. One, of course, is aware of the alcohol induced alcoholic hallucinosis in which suicide is a danger if the patient is relentlessly pursued by "the voices." After such a diagnosis has been established the con-

sultant should be wary about *interim* medication, sending the patient "out" without a most careful evaluation of his potential for self harm.

**LSD**—D-lysergic acid diethylamide-25, well known to our culture, has a mind altering property which peaks in several hours with a duration of six to twelve hours. The phenothiazines are quite helpful in ameliorating the effects; but street drugs are so contaminated that the patient rarely, if ever, knows exactly what he has ingested. The danger in using phenothiazines is that the pa-



*Dr. Adams is clinical associate professor in the department of psychiatry at Temple University Health Sciences Center, chairman of the department of adult psychiatry at the Albert Einstein Medical Center, Northern Division, and visiting associate professor at Hahnemann Medical College and Hospital. He has served as clinical director of adult services at the Hahnemann Community Mental Health Center, director of adult inpatient and partial hospitalization services of the center, and director of Hahnemann Hospital's psychiatric inpatient services.*

tient may have ingested, for example, such a substance as 2,5 dimethoxy 4 methyl amphetamine (DOM or STP), one of some 50 or more amphetamine derivatives now available to the psychedelic inclined. In such cases the administration of phenothiazines may produce a severe cardiovascular shock syndrome often ascribed to the accentuation of atropine effects. (Some workers have indicated that there is no such increase of atropine effects with "pure" DOM by thorazine *per se*, and conclude that perhaps the street STP contains atropine-like "contaminant" substances.)

DOM itself may cause convulsions. Thorazine would potentiate the metrazol-like quality of the substance because of its own tendency to lower the seizure threshold. Diazepam (Valium) in 5 or 10 mg parenteral doses may be used if a drug is considered necessary to control or calm the patient. It is least likely to have an untoward reaction with whatever the patient has ingested *except* when it is combined unwittingly with a CNS depressant. Hence, the patient must always be closely observed coincident with the judicious use of diazepam, and auxiliary breathing devices must be available on the spot.

**Marijuana**—Cannabis Sativa (hemp) in large potent doses also has a psychedelic effect. Even *higher* doses (and concentration) have a psychotomimetic reaction and/or a toxic psychosis with confusion and disorientation. The active ingredient is considered to be  $\Delta$  9-tetra hydro cannabinol (THC). (The idea that THC is sold in the pure form is probably inaccurate inasmuch as it is difficult to manufacture and oxidizes over time into cannabinol, inactive, although by smoking it the substance may revert to  $\Delta$  9-THC.) The po-



tency of these substances vary with the geography and climate in which the plants are grown and in the way they are harvested; for example, the resin from the leaves of the flowering parts compose the true hashish which can distinctly cause an hallucinogenic episode. The stronger the preparation, the more tendency for florid psychotic episodes in *prone* individuals. In addition to the psychological effects, there is the usual injected conjunctiva and increased pulse rate.

**Mescaline**—Mescaline, from the cactus peyote, is a phenyl-ethylamine with sympathomimetic qualities and a duration similar to LSD. Interestingly, when the substance is ingested in the pure form (again the ingestor *rarely* knows whether he has the actual drug or not) the subject will see rather typical visual aberrations such as conical shapes and numerals. Amphetamines can cause increased blood pressure and a serious rise in temperature. They may also induce convulsions. Most seriously, they may induce cardiac arrhythmias such as ventricular tachycardia.

One must be alert to the fact that in such a case barbiturates may also be in the patient's system, and for such patients needle tracks may be an associated sign. The same remarks apply with amphetamines in regard to phenothiazines as for LSD; they are specific antidotes for the paranoid psychosis associated with amphetamines, but similarly the patient may have ingested a spectrum of unknown substances. Again, diazepam is the drug of choice when there are indications for medicating serious agitation, uncontrolled behavior, or seizures (with the required associated monitoring of the respiratory function of the patient). Diazepam is in parenteral form, can be given intravenously or intramuscularly, and can be titrated *vis-a-vis* the agitation and distress of the patient.

**Darvon**—Darvon is another abused drug; 15 or 20 65 mg tablets may be fatal. The patient may experience severe respiratory depression as well as the pulmonary edema found in heroin overdose. Dialysis is not useful because of low blood and high tissue levels. Naloxone (Narcan) can help reverse the overdose syndrome as it

does with heroin and methadone.

Heroin and methadone themselves, of course, may result in the patient's presenting in a comatose condition with pulmonary edema. Such patients in pulmonary edema may paradoxically have a reduced respiratory rate. The pupils are pinpoint albeit reactive; however, with sufficient anoxia they may be dilated.

Again, a large percentage of the narcotics users also use barbiturates which must be taken into account in the management of the acute condition. (Keep in mind that quinine used to cut the hard drugs may cause cardiac arrhythmias.)

The use of slow intravenous naloxone at the rate of 0.4 mg every five minutes should be given until the patient is conscious or until it is decided that, in view of a lack of response, the diagnosis must be changed. Naloxone is not a CNS depressant and will not add to the already depressed condition of the central nervous system.

One must be careful to avoid precipitating an acute withdrawal reaction in a patient who is addicted. The duration of the antidote is several hours. This must be especially taken into account with methadone which has a long duration of action. The patient can therefore slip back into coma after having once been revived.

An unfortunate street drug is phenacyclidine (Sernyl), a veterinary anesthetic, which produces intoxication with delirium, and may result in a major psychotic episode.<sup>13</sup> The drug is *frequently* substituted for all the above by street entrepreneurs. Following the intoxication there is an actual plane of anesthesia and finally seizures. Phencyclidine, also known as angel dust, may produce a hypertensive crisis as long as one or more days after ingestion.<sup>3,17</sup>

### Comas and seizures

Patients in coma are medical emergencies and immediate assistance must be sought from the proper experts. However, the immediate care includes the insurance of an adequate airway, *also* the insurance of adequate *breathing*. Naturally the blood pressure should be ascertained and an appropriate intrave-

nous route established. The patient's temperature must be measured. When considering the airway, one must keep in mind the possibility of food in the trachea. The patient in coma should have 50 cc of 50 percent glucose given intravenously after the blood chemistries and gases are drawn, in case of a hypoglycemic reaction; it will save cerebral cells while awaiting the blood chemistries. Similarly, thiamine can be given safely; this is thought to be helpful to abort the disastrous consequences of Wernicke's encephalopathy. It is necessary to keep in mind the possible psychogenic etiology of "coma," the altered states of consciousness in severe dissociative reactions or catatonia, and the various metabolic comas in which the pupils are usually *small* and reactive. With atropine and schopalamine overdoses, they are dilated and fixed. With glutethimide they are in the mid-position and fixed.

Coma from overdose of lithium salts can be complicated by seizures and may result in a chronic organic brain syndrome. One hopes to retrieve a history of lithium administration, or at least data concerning the progression of signs which are nausea, vomiting, diarrhea, and abdominal pain; excessive thirst (and polyuria); coarse tremor (following fine tremor), muscular weakness and slurred speech; dizziness, sleepiness; and the coma.

For the patient with seizures, blood studies should also be drawn if possible to evaluate the possibility of a metabolic origin. The drug of choice with a relatively short duration of action is diazepam which may be given slowly intravenously in dosages of 10 mg. Phenobarbital is also an excellent drug; from 100 to 200 mg may be given intravenously at no greater speed than 60 mg per minute. Later, parenteral, preventive phenobarbital measures may be administered by giving 100 to 200 mg intermuscularly for prophylaxis. Phenobarbital does have the advantage of being long acting. Again, it is mandatory to have apparatus on hand to aid in respiration in case the patient suffers from respiratory depression or arrest with the infusion of these medications to control the seizures.

Mental health professionals are



familiar with the unfortunate anticholinergic results of drug combinations, particularly when an antipsychotic drug is combined with a tricyclic antidepressant and perhaps also with an antiparkinson agent. The most serious complication is adynamic ileus. However, the patient may present with a psychosis with delirium; this may occur with only one of the above medications, particularly in the elderly. Such a condition may be diagnostically evaluated by the administration of a test dose of 1-2 mg of physostigmine intramuscularly, and may be repeated hourly.

Severe atropine psychoses with overdose of over the counter medications, or the aforementioned prescribed drugs, may result in delirium, hyperactivity, visual hallucinations, and seizures. Peripheral signs are tachycardia, mydriasis, facial flushing, dry skin, and perhaps hyperpyrexia. Many of the over the counter drugs have other compounds in the mix which cause serious medical complications (renal damage, etc.). Although the use of physostigmine has been criticized in the treatment of tricyclic antidepressant overdose<sup>12</sup> its use is substantiated in the acute anticholinergic syndromes associated with the antidepressant, antiparkinsonian, and antipsychotic drugs.<sup>4,10,15</sup>

Note that patients are often kept on antiparkinson agents long after they need be. Such drugs are known to reduce the plasma level of antipsychotic agents. They should *not* be used "prophylactically," but rather when indicated for drug side effects. The procedure can be practically followed when the patient is indoctrinated in the knowledge of possible side effects of major tranquilizers.

### Tranquilizers and antidepressants

The mental health worker should be well versed in certain emergencies arising from the use of major tranquilizers (antipsychotic drugs), and tricyclic antidepressants. Such emergencies are sudden; there is all the more reason to be aware of what the possibilities of the patient's emergency state may be related to.

The tricyclic antidepressants, occasionally in therapeutic doses, pro-

duce arrhythmias; they exhibit a quindine-like effect in that they prolong atrioventricular conduction time.<sup>2</sup>

In an article by J. Kantors, *et al*,<sup>8</sup> the authors indicate that "extreme caution should be exercised in using tricyclic antidepressant drugs in patients with bundle-branch disease."

Leo E. Hollister<sup>6</sup> reports, "Cardiac toxicity of these drugs may be a hazard in patients with frequent premature ventricular contractions or prolonged cardiac conduction." Dr. Hollister has pointed out that with some of the antipsychotic drugs there is a similar hazard, particularly in patients with premature ventricular contractions. Drugs which prolong cardiac repolarization induce a risk of the ventricular beat occurring in the "vulnerable" period of such repolari-

thoridazine *all* received well over the recommended 800 mg per day with one exception in which the 800 mg were combined with another phenothiazine given simultaneously.

### Functional psychoses

The psychiatric emergency we most commonly come in contact with which requires all of our skill and human concern is the agitated patient, suffering from a functional psychosis, who is out of his own control and perhaps is aggressive or dangerous. The patient is suffering from fearfulness or anger which is overwhelming his own resources, and he needs the resources of the mental health staff.

It is frequently difficult not to re-

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*'The issue for the mental health professional is: be thoroughly informed and careful in the evaluation of the condition of the patient in order to safely and effectively reduce painful or dangerous symptomatology. One must constantly question the possibility of physical factors contributing to or creating the presumed psychological picture which presents.'*

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zation with a possible resultant ventricular tachycardia or fibrillation. As early as 1964 Dr. Hollister warned of the problem,<sup>7</sup> discussing patients with sudden demise in whom the post-mortem finding usually revealed no specific cause of death: "asphyxia during a seizure or a ventricular arrhythmia are the most likely causes of this most serious of all complications." Hence, a patient who is on a drug such as chlorpromazine or thioridazine and is suddenly stricken should be considered a candidate for such a cardiac complication with resultant requirements for immediate resuscitation.

M. T. Moore and N. M. Book report on "Sudden Death in Phenothiazine Therapy (A Clinical Pathological Study of Twelve Cases)."<sup>11</sup> They indicate that of four cases receiving

spond with emotions, similar to those which overwhelm the patient, when one is confronted by this often alarming situation. Over and over again it is observed that the personality of the individual dealing with such a disturbed subject has a tremendous impact on how rapidly the patient's ability to re-attain ego control takes place. This does *not* imply that a *single* person, without adequate support, should routinely attempt to deal with an aggressive patient thoroughly out of contact with reality. If the patient, who may well be in panic over the impending total loss of control of impulses, is aware that his surging impulses can be controlled, he may be greatly reassured.

Humane concern is the cornerstone of any such management. Mental health personnel approach



such a patient exactly as they do a patient with a fresh open wound and needs empathic, albeit firm, understanding management.

The use of the major antipsychotic drugs are often crucial and have over the years shown to be a boon in allaying the anguish of the patient as well as assisting in the protection of himself and others. W. T. Hamill, *et al.*,<sup>5</sup> report that chlorpromazine has no more calming or antipsychotic effect than placebo during the first five days of treatment. These data have little to do with the observed and documented effect of the major tranquilizers on patients in the emergency room and elsewhere; antipsychotic drugs are obviously effective with proper management in the short term as well as in subsequent hours and days.

Haloperidol and fluphenazine are probably the safest drugs to give in substantial doses in an emergency situation. Chlorpromazine has an excellent sedating effect but has the disadvantage that one cannot observe whatever antipsychotic benefits are occurring during such sedation. In addition, there is the occasional patient for whom such a drug would be unwise because of cardiac status (see above). In such cases haloperidol would be the ideal drug inasmuch as it does not produce electrocardiographic changes and has minimal effect on the blood pressure.<sup>1</sup> Chlorpromazine may have an occasional serious hypotensive effect when given parenterally. Such an event may be mitigated by a test dose, but test doses may not be feasible in an acutely disturbed patient. Most of the hypotensive reactions to chlorpromazine can be dealt with by such means as shock blocks and careful monitoring of the patient (of course an intravenous root should be established). Epinephrine or adrenalin should never be used for such hypotensive episodes as they may cause paradoxical lowering of the pressure.

Levophed bitartrate (levarterenol bitartrate USP) is useful for the short term treatment of such a condition but causes severe vasoconstriction and reduction in renal function; this drug is utilized by adding 4 ml of a 0.2 percent solution to 1000 cc of 5 per-

cent dextrose solution as an intravenous drip. Neo-synephrin hydrochloride (phenylephrine hydrochloride USP) can also be used by adding 10 mg to 500 cc of dextrose or saline solution (USP), also as an intravenous drip, but this drug may exacerbate existing cardiac arrhythmias. Aramine (metaraminol bitartrate MSD [USP]), if given too rapidly, may also induce cardiac arrhythmias, but does not have the aforementioned drawbacks of Levophed; 25 mg (2.5 cc) in 500 cc of sodium chloride injection (or 5 percent dextrose solution injection) may be given slowly relative to the condition of the blood pressure and is probably the drug of choice in chlorpromazine induced hypotension of dangerous proportions.

For the elderly patient in an agitated psychotic condition, low doses of thioridazine in liquid form given orally have excellent sedating and antipsychotic effects. This drug can be titrated as 10 to 25 mg portions with the expectation that absorption will be good and the safety range substantial at such dosage levels.

For the acute psychiatric emergency other sedating drugs have been used with great frequency; in the barbiturate group many workers rely on sodium amytal. The difficulties with the barbiturates are several: (1) there is evidence that they may release aggressive impulses; (2) they have no antipsychotic effect of their own; (3) one is unable to follow the activity of the psychotic process while the patient is well sedated; (4) they lower the plasma levels of the major tranquilizers; and (5) one may run into respiratory difficulty when one is attempting to titrate the barbiturate, *particularly if the patient has his condition exacerbated by street drugs ingested prior to his presenting.*

Whereas the mental health professional should be administering major tranquilizers with which he is most familiar, there is evidence that use of fluphenazine or haloperidol is safe in the acute situation, especially when one is not familiar with the patient and his physical condition. The side effects encountered with the use of these antipsychotic preparations will primarily be dystonic reactions. For

such reactions one may use benztropine mesylate (Congentin) at a dosage of 1 or 2 mg intramuscularly or intravenously as indicated, or biperiden (Akineton), also 1 to 2 mg intramuscularly or intravenously. Benadryl also may be used at a dosage level of 10 to 50 mg intramuscularly or intravenously. Haloperidol may be given intramuscularly with an initial dosage of 2 to 30 mg.<sup>9,14,16</sup> Intravenous haloperidol has been used up to a dose of 25 mg given very cautiously; however, this should be done by only the most expert hands.

The issue for the mental health professional is: be thoroughly informed and careful in the evaluation of the condition of the patient in order to safely and effectively reduce painful or dangerous symptomatology. One must constantly question the possibility of physical factors contributing to or creating the presumed psychological picture which presents. □

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## Insurance form system critical for non-participants

LEIF C. BECK, LL.B.

VASILIOS J. KALOGREDIS, J.D.

Bala Cynwyd

***'Many physicians are dropping out of Blue Shield participation. Some are frustrated by the often lengthy delays in payment. Some dislike the required acceptance of the insurer's payment as the full fee without recourse to the patient for the difference. Others feel unfairly restricted by the slow development of their own fee profiles by the third party insurers. . . .'***

The considerations involved in deciding whether or not to participate in Blue Shield are many. It is beyond the scope of this article to go into great detail on that issue (since we are dealing with business systems of a non-participating office), but we believe it important to describe some of the key questions each physician must ponder in making this most subjective decision.

Many physicians are dropping out of Blue Shield participation. Some are frustrated by the often lengthy delays in payment. Some dislike the required acceptance of the insurer's payment as the full fee (e.g. in prevailing fee plans) without recourse to the patient for the difference. Others feel unfairly restricted by the slow development of their own fee profiles by the third party insurers, which generally lag one year or more behind the physicians' actual fees charged.

A philosophical factor determining the question of whether to participate or to instead look to the patient for payment and responsibility, turns upon

the strong feeling of many physicians that the contract for services is a direct one between the doctor and the patient, and that this direct relationship should not be infringed upon by third parties. This factor has been determinative as to the question of participation by physicians who disliked this outside interference in the doctor-patient relationship.

The obvious factor causing many to participate in Blue Shield is the direct receipt of the fee by the physician, thereby assuring collection. However, this factor must be closely scrutinized in each practice's circumstances. For example, most physicians find that the money they receive from Blue Shield or Medicare is substantially less than their fair fee for the service. By dropping from participation, many have been able to improve collections. For example, it is not unusual for a physician to receive only 80 percent of his fee from the third party, being forced to "write off" the difference. In those circumstances, it has often proved advisable to drop from participation and work toward upgrading one's own in-office systems to the point where a 92 percent to 95 percent collection ratio can be attained (as will be described below).

We are by no means totally against participation in Blue Shield. It has served many well. However, we

*The authors are the principal consultants of Management Consulting for Professionals, Inc., Bala Cynwyd.*



believe it is important for each physician to clearly consider the pros and cons of participating! Our experience has been that too many participate without giving nonparticipation a hard look.

### **Systems for non-participating office**

It is most essential that a non-participating office establish a good system for insurance form handling and for collection followup to assure that fees are actually collected and to maintain a good level of collections.

**Educating the patient in advance**—An important initial step in establishing efficient systems for a practice not participating with Blue Shield and/or generally not accepting medicare assignment is to inform your patients of the facts and the steps to be followed by you and them.

An excellent method of so educating one's pa-

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***'An important initial step in establishing efficient systems for a practice not participating with Blue Shield and/or generally not accepting medicare assignment is to inform your patients of the facts and the steps to be followed by you and them.'***

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tients is a Patient Information Booklet. A portion of it would deal specifically with insurance and collection matters. It would make clear to the patient that the office is no longer participating in Blue Shield and/or generally does not accept medicare assignment (the latter can be done on a case by case basis) in advance of the service. It is important that this be made known to the patient prior to the service so there can be no question of misunderstanding as to such policies after the fact. Much aggravation can be eliminated by warding off potential areas of confusion before they occur.

Also, in dealing with larger cases (e.g. surgical procedures) a policy may be arranged for payment plans on some sort of installment basis. Ideally, such financial arrangements could be set during a meeting between the patient and the office's key financial assistant (however, in making any such arrangements, one should check with his legal advisors to assure that they comply with Regulation Z of the Federal Truth and Lending Act).

**AMA standard claim form**—A "standard claim form"

has been developed through the joint cooperation of the American Medical Association, a council of private insurance carriers and certain governmental agencies. It can be obtained in bulk at reasonable cost from the AMA or from a medical business forms supplier.

An office should virtually insist on preparing all claims on the standard form. It enables an office's assistants to work most efficiently by cutting down on the variety of forms with which they must work.

Until recently, Pennsylvania Blue Shield and medicare would not accept the AMA master claim forms (other commercial insurers were). However, several offices in our experience are presently using that form exclusively and having it recognized by Blue Shield.

It is premature to say that Blue Shield is accepting the AMA form from all physicians. There is still some uncertainty. Our recommendation, particularly to non-participating physicians, is to start off by sending in a few small Blue Shield claims on that form. If they are reimbursed to the patient within a reasonable time, then increasingly larger numbers of such forms can be sent in without need to use the Blue Shield form, the ultimate goal being to be able to use the AMA standard claim form for all claims.

**Use of the superbill**—A recent and possibly dramatic improvement in handling insurance work may do away with the preparation of insurance forms altogether. It is called a "superbill." Under such a system, the fee slip used for a patient's visit would have space for all the information essential to the insurance form. The fee slip would easily be completed by the doctor, nurse or receptionist and be ready for nearly immediate attachment to a pre-printed insurance form. In the alternative, the fee slip could be handed to the patient with instructions to send it to his insurer along with the usual form.

The superbill is tied into the pegboard or other financial system keyed to a fee slip. It can save a great deal of time.

The superbill concept is new enough that not all insurers will yet cooperate. It is widely accepted in many parts of the nation, but is limited in acceptance in Pennsylvania. However, we do see it as the way of the future here also. Therefore, any newly designed billing system should be adaptable to this approach to insurance forms.

Through our experiences in Pennsylvania, we know of no case where Pennsylvania Blue Shield has accepted and paid superbill claims filed by a Pennsylvania participating physician, on a regular basis.

However, within the last year, we have worked with several non-participating offices where the



superbill approach has worked with Blue Shield. This differentiation between participating and non-participating physicians is understandable since the participating physician has obligated himself, by signing the Participation Agreement, to complete the paperwork for the third party.

Even with the successes of those few non-participating offices, we hesitate to categorically state that all non-participating physicians in Pennsylvania can now use the superbill for Blue Shield claims. In talks with various Blue Shield people, many expressed surprise that the superbill was being accepted at all by Blue Shield.

We believe that non-participating offices should give strong consideration to adopting a superbill system. It can now be used for most other insurance claims and we believe will ultimately be usable with Blue Shield. In the meantime, we recommend that a couple of small Blue Shield claims be sent in by using the superbill to test out its success.

1490 clearly stipulate that an itemized bill from the doctor may be attached to the claim form after the personal information (part I) has been put on the form. Those instructions further state:

Bills should show who furnished the services, the patient's name and number, dates of services, where the services were furnished, a description of the services, and charges for each separate service. It is helpful if diagnosis is also shown.

The superbill satisfies these requirements and should be used in those circumstances.

**Prompt billing**—It is important that it be made clear to patients that they are personally responsible for the total bill. The amount and timing of payment from the insurer should not affect the patient's obligation (with all of the above to be made clear to the patient in a Patient Information Booklet, or other written form, and verbally by the office's chief billing

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***'A recent . . . improvement in handling insurance work . . . is called a "superbill." Under such a system, the fee slip used for a patient's visit would have space for all the information essential to the insurance form. The fee slip would easily be completed by the doctor, nurse or receptionist and be ready for nearly immediate attachment to a preprinted insurance form. In the alternative, the fee slip could be handed to the patient with instructions to send it to his insurer along with the usual form. . . . Within the last year, we have worked with several non-participating offices where the superbill approach has worked with Blue Shield.'***

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The superbill, which includes all the information needed to complete the insurance form (including diagnosis and procedure code) can be used to assist in the preparation of the insurance form (if the superbill alone will not suffice). The information needed to complete the insurance form can be transcribed directly from the superbill to the form. It avoids the necessity of the assistant to:

1. have to search for the patient's medical record and financial chart;
2. research the records to determine the proper codes, descriptions and fees; and
3. interpret how to phrase the service and/or whether the service is even to be placed on the claim form.

The superbill can be an excellent help in dealing with medicare claims where assignment is not being accepted.

The instructions on the back of medicare form

person).

We recognize that for larger bills the doctor will agree to wait for the bulk of the fee until the patient receives the insurance check; however, this should be the exception rather than the rule. Also, even where the doctor does wait until the insurance payment for the bulk of the fee, the patient should be encouraged to make at least a partial payment before then.

We believe it is most important that insured patients be billed promptly (in the normal monthly billing cycle at the very least). This puts the total liability before the patient immediately and requests prompt payment.

To hold back on the first billing until the patient has received insurance presents difficult collection situations. Some patients will argue that the doctor's fees are too high since they exceed the "usual and customary" and therefore are unreasonable.



Also, the longer the time lapse between the service and the bill the less remembered and appreciated it is, causing a lesser likelihood of total collection.

If the bill is sent promptly and someone speaks to the patient he will know exactly what the doctor's fee is and can be informed that based upon the type of insurance plan he has, the total fee will not be reimbursed to him, and that he can expect to owe a balance over and above it. It is far better to present those things to the patient that way early than have an angry and dissatisfied patient raise it to an office later when less can be done to soothe things.

**Followup on "notice of repayment"**—Blue Shield will notify non-participating physicians' offices of a claim's disposition at about the same time as payments are mailed to the patients. When that notice is received by an office, programmed actions should automatically occur.

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***'An excellent collection system is important in any medical practice, but it is a necessity in a non-participating office. Non-participation affords a practice the opportunity to collect all that it charges. . . . However, that only is advantageous if the office has excellent collection procedures so the extra non-participation allows an office to collect can be collected.'***

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The best approach provides for an office assistant to call that patient the same day to let him know that the office is aware of his receipt of the check (which impresses upon the patient the office's awareness of such matters) and to call attention to the unpaid bill. During that call, immediate payment or even endorsement over of the check should be suggested in light of the payment by Blue Shield.

Another approach calls for an immediate mailing of a pre-printed notice to the patient calling attention to the unpaid bill and suggesting immediate payment.

**Excellent collection system needed**—An excellent collection system is important in any medical practice, but it is a necessity in a non-participating office. Non-participation affords a practice the opportunity to collect all that it charges (without the constraints of third party insurers). However, that only is advantageous if the office has excellent collection procedures so the "extra" non-participation allows an

office to collect can be collected.

**Collection at the source**—Collection at the time of service should be stressed in any practice. It helps cut down on costs and, very importantly, employe time involved in the billing and collection processes. It frees the office staff so they can concentrate on the large hospital and insurance cases. This is even more important in a non-participating office where closer tabs must be kept on insurance cases since the patient receives the Blue Shield check.

**Collection Followup**—Non-participation can cut down the insurance form preparation time in some offices (as discussed above). However, collection followup becomes more important since money that was previously coming in directly to the office from the insurer is now going to the patient.

A specific aide should be made primarily responsible for collection followup. A deliberate and effective means of following up on those patients who have been billed but have not yet paid is extremely important. The problem with many collection systems is that no set procedure has been established and followed.

Each office should seriously discuss and consider what procedure best suits its needs. There are a few ideas that might help.

The earlier in the system that someone communicates with the patient, the more likely payment will actually be received. A series of preprinted letters and phone calls are the best means.

Specific procedures should be established on a scheduled basis. It keeps the assistant from becoming overwhelmed by the followup duty.

A chronological recall box should be used to keep track of the accounts needing action. The simplest is a 3" x 5" file card box with dividers for the days of the present and succeeding month.

When a patient is first contacted regarding an overdue account, his name and information can be placed on a card and filed for followup on the appropriate day. Each patient reply can be pencilled on the file card, thereby keeping a record of responses. This system allows the followups to arise fairly evenly throughout the month. The recall box will clearly indicate which patients should be called. The existence of other accounts not requiring the assistant's attention on that day will not discourage her from tackling the job at all.

### **Summation**

Non-participation in Blue Shield offers the physician an opportunity to further remove himself from the third parties and allows him to bill and collect his fees for services from patients without profile limitations. However, good office systems are very important to the success of such an approach. □



## **1976 amendments alter foreign meeting deductions**

**EDWARD H. ACHORN, M.A., C.P.A.**  
Lemoyne

*Planning work related foreign travel? This article, the first in a series, will answer some questions about what is permitted under the 1976 Tax Reform Act.*

**W**hen Congress passed the Tax Reform Act of 1976, it went further in the area of detailing the requirements for and degree of deductibility of foreign travel than in any other preceding legislation. A brief look at some general questions about the new law will help in understanding its scope.

**When does it become effective?** Any travel after 1976, regardless of when booked, is covered.

**What does the law do?** In general, it makes non-deductible any expenses incurred (or reimbursements of expenses by an employer) in attending in any tax year more than two conventions, educational seminars, board meetings, or committee meetings outside the United States, its possessions, or the Trust Territory of the Pacific. Further, meal, hotel, and other living expenses will not be deductible in full if the conferee does not attend at least two-thirds of the convention activities. These expenses will be limited to the per diem allowed U.S. Government employees in the location where the convention is held. Transportation expenses are not deductible in full if a majority of the time abroad is not devoted to business-related activities. The

transportation expense is limited to the lowest airfare based on coach or economy class charge.

Finally, the taxpayer must attach to his return a signed statement from the sponsoring organization certifying that attendance standards were met, plus a statement signed by the taxpayer furnishing specific information about the convention.

**What types of meetings are covered?** Conventions, seminars, board meetings, and committee meetings are covered, as is post-convention travel scheduled in conjunction with an association sponsored meeting. *Not included under the law are association board and committee meetings where expenses are paid by the association. Also not covered are*

*convention site inspection, business travel, incentive travel, and trade shows not connected with the convention.*

**What are the tax reporting requirements?** If an employer or corporation pays convention expenses or reimburses the individual, the employee reports nothing. Conversely, if an individual pays his own expenses and deducts them on his individual return, he must include:

1. the total number of days of the trip;
2. the number of hours of each day devoted to business related activities;
3. a program or agenda of the business activities; and
4. a statement signed by an officer of the sponsoring association attesting to his attendance at the business sessions.

The corporation paying the expenses must report the same information as an individual who claims a tax deduction above.

The sponsoring association need report nothing to IRS. It must furnish an attendance statement to the individual or corporation who intends to take the deduction.

**What are the per-diem limits?** Per-diem limits apply to meals, lodging, taxis, other ground

*Mr. Achorn is president of Electronic Data Associates, Inc., a computer service and sales center. He is assistant professor of accounting and management, The Capitol Campus, The Pennsylvania State University, Middletown, Pennsylvania. He is a member of the Pennsylvania Institute of Certified Public Accountants, and the American Institute of Certified Public Accountants.*



transportation, tips, and other subsistence expenses.

The basic trip limitation is two per individual. If the individual takes the deduction, he is limited to two trips per tax year. If the employer pays expenses, he is limited to two trips per tax year per employee.

Per-diem rates are limited to those allowed U.S. employees. Revised annually, these are published in "Per-Diem Supplement to the Standardized Regulations Concerning Government Civilians in Foreign Areas." Copies may be secured from the Director, Allowances Staff, Department of State, Room 501, State Annex No. 6, Washington, D.C., 20520. (Tel: 202-235-9466)

If a convention site is not listed, or if a rate seems to require change, contact the Per-Diem Allowance Committee of the State Department (Tel: 202-235-9516).

**What are the travel limits?** The limits of the new law apply between the last stopping point in the United States and the foreign convention destination. Thus, a non-stop flight from Dallas, Texas to Paris would be subject to the

limitations in full, whereas a stop-off at New York City would cause the limits to apply only to the portion from New York City.

The overall limiting factor is coach or economy airfare to and from the location of the foreign convention. By car, an allowance of 15.5 cents per mile is allowed, subject to the airfare limits. By bus or train, actual expenses are allowed, subject to the airfare limits. For cruise ship, that portion attributable to transportation is subject to the airfare limits. (Cruise ship travel within U.S. territorial waters is not covered under the new law.)

**What are some of the other technicalities?** If the association/organization includes a part of the travel or per-diem costs in the registration fee, those charges must be stated separately and treated separately by the taxpayer.

A delegate may take time off from meeting activities for personal travel as long as he devotes at least one half of the days of the trip (excluding travel days) to convention business activities. (Remember, the law considers a

day business related only if the delegate attends two-thirds of the day's scheduled activities, or four hours, whichever is greater.)

A non-profit organization may elect to pay some of the expenses—such as meal expenses—for its members attending a foreign meeting while transportation expenses are paid by the delegates. Thus, transportation expenses only would be subject to the new law.

Per-diem allowances are allowed for travel days, subject to the previously mentioned limits.

Meal functions and/or banquets may be considered business sessions to qualify under the six hour business activity requirement *IF* there is a business related speaker or significant business discussion.

Convention exhibitors and sales travel are not subject to the new law. These expenses are deductible as ordinary business expenses.

**What are the attendance record-keeping requirements?** An officer of the organization will probably not need to be present to verify an individual taxpayer's attendance. However, there should be a reliable procedure to verify for the officer to sign an attendance statement.

The staff of the sponsoring organization should arrange a procedure to collect and verify attendance. Evidence of attendance should be given individual delegates. Copies of everything should be retained for at least 6 years following the date of the meeting.

Averaging of attendance is permitted to meet the requirements of two-thirds of total activities scheduled and half of the convention days.

Sound complex? Planning some foreign travel? A brief discussion with your tax counsellor is certainly in order. Happy traveling. □



I can't remember if I took up skiing first and then orthopedics, or vice versa!



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• Indicates membership in the Pennsylvania Society at time of death.

• **Carl E. Anderson**, Pittsburgh; University of Pittsburgh School of Medicine, 1949; age 55; died November 15, 1976. He was on the medical staff of Presbyterian-University Hospital. He is survived by his wife, two daughters, and his mother.

• **William H. Annesley, Sr.**, Rydal; Jefferson Medical College, 1911; age 88; died December 6, 1976. He was chief of ophthalmology at Northeastern Hospital and an associate at the Lankenau Hospital. A son, William H. Annesley, Jr., M.D., and a daughter survive him.

• **Catherine M. Clarke**, Sewickley; University of Pittsburgh School of Medicine, 1924; age 80; died November 22, 1976. Two sisters survive her.

• **William E. B. Hall**, Chambersburg; University of Toronto School of Medicine, 1929; age 72; died November 18, 1976. He was deputy coroner of Franklin County, director of the pathology laboratory in the Fulton County Medical Center in McConnellsburg, and director-owner of the Physicians Clinical Laboratory in Chambersburg. He had served as vice president, president elect, and president of the Franklin County Medical Society in 1973, 1974, and 1975 respectively, and served as chairman of the board of directors of the organization. He was a charter member of the American Society of Forensic Sciences and from 1951-53 served as chairman of the group's section on pathology. He was a founding fellow of the American Academy of Clinical Scientists. His wife, a son, two daughters, and a sister survive him.

• **Robert C. Hibbs**, Pittsburgh; University of Pittsburgh School of Medicine, 1914; age 84; died November 22, 1976. He had practiced urology for over sixty years. His wife and two daughters survive him.

• **Jeremiah F. Mahoney**, Darby; University of Pennsylvania School of Medicine, 1939; age 62; died November 12, 1976. He was chairman of the department of diagnostic radiology at the Mercy Catholic Medical Center, Fitzgerald Mercy division, and an associate professor of radiology in the University of Pennsylvania School of Medicine and Graduate School of Medicine. He was a past president of the Philadelphia Roentgen Ray Society, a member of the board of the Delaware County Chapter, American Cancer Society and Delaware County Tuberculosis and Health Association. His wife, a daughter, four sons, and two sisters survive him.

• **A. Ralph Marmins**, Stamford, Connecticut; George Washington University School of Medicine, Washington, D.C., 1927; age 75; died November 8, 1976. His wife survives him.

• **Sylvia A. Mazer**, Narberth; Woman's Medical College,

1938; age 64; died November 29, 1976. She was on the staffs of the Medical College of Pennsylvania and Methodist Hospital, Philadelphia, and on the faculty of Jefferson Medical College. She was a diplomate of the American Board of Obstetrics and Gynecology, a fellow of the American College of Surgeons, and a member of the American Academy of Obstetrics and Gynecology. A sister survives her.

• **Elmer H. Miller**, Harrisburg; Jefferson Medical College, 1938; age 65; died November 13, 1976. He was on the medical staff of Polyclinic Hospital. He is survived by his wife, two sons, a daughter, his mother, and a sister.

• **James J. Monahan**, Shenandoah; Jefferson Medical College, 1916; age 86; died November 14, 1976. He was a past president of the Schuylkill County Medical Society. From 1946-50 he was chief of staff at Locust Mountain Hospital in Shenandoah. At his retirement in 1972 he had practiced medicine 52 years. His wife and a daughter survive him.

• **A. Harvey Neidorff**, Altoona; University of Vienna Medical School, 1937; age 67; died November 14, 1976. He had served as president of the Middle Atlantic States of the American Association of Clinical Immunology and Allergy, and as chairman of the dermatology section of the American College of Allergists. He was a diplomate of the American Academy of Allergy, and a fellow of the American College of Allergists, American Academy of Geriatrics, and American Association of Clinical Immunology and Allergy. In 1963 he received the sixth Von Pirquet Gold Medal for outstanding achievement in allergy. His wife, two sons, a daughter, a brother, and two sisters survive him.

• **George Y. Smith**, Butler; State University of New York Downstate Medical Center, 1933; age 69; died November 22, 1976. He had been chief of the department of radiology at Butler County Memorial Hospital for 25 years until his retirement in July 1976. He was a diplomate in radiology and a member of the Radiological Society of North America. He is survived by his wife and three brothers.

• **Lloyd A. Stahl**, Allentown; Jefferson Medical College, 1932; age 72; died November 21, 1976. He was chief of medicine at the Allentown Hospital. He was on the board of trustees of the Lehigh County Medical Society and in 1957 served as president. He was a past president of the Allentown Board of Health and the Lehigh Valley Diabetic Association. His wife and two daughters survive him.

**Thomas Canon**, Mt. Lebanon; University of Pittsburgh School of Medicine, 1929; age 71; died November 7, 1976. He had practiced medicine for 44 years. A brother and a sister survive him.





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Yogin P. Mehta, M.D., Urology, 122 W. 3rd St., Lewistown 17044

### MONTGOMERY COUNTY:

William L. Adams, M.D., Family Practice, 922 2nd St., Southampton 18966

Stevan Adler, M.D., Internal Medicine, 1546 St. James Pl., Roslyn 19001

Raul Chiriffe, M.D., Internal Medicine, 1401 DeKalb and Fornance Sts., Norristown 19401

Tohskik Choi, M.D., Internal Medicine, 2926 Hannah Ave., E242, Norristown 19403

Regio S. Colomeda, M.D., Family Practice, 738 Wright Dr., Maple Glen 19002

David R. Cooper, M.D., Orthopedic Surgery, S. Broad St. and Allentown Rd., Lansdale 19446

Chalmers E. Cornelius, III, M.D., Dermatology, Bryn Mawr Med. Bldg., Bryn Mawr 19010

Mauricio A. Escobar, M.D., General Surgery, Sacred Heart Hosp., Norristown 19401

Robert S. Goodwin, M.D., Internal Medicine, 3505 Moreland Rd., A124, Willow Grove 19090

Samuel Guyer, M.D., General Surgery, 934 Blue Rock Ln., Blue Bell 19422

Richard Hostelley, M.D., Ophthalmology, 1648 Huntingdon Pike, Meadowbrook 19006

Naresh Kumar, M.D., General Surgery, 11A, 859 Old Lancaster Rd., Bryn Mawr 19010

James J. Madden, M.D., Internal Medicine, S. Broad St. and Allentown Rd., Lansdale 19446

Joseph F. Mambu, M.D., Family Practice, 11 Beryl Rd., Cheltenham 19012

Larry S. Mapow, M.D., 25 Heritage Rd., Marlton, NJ 08053

Thomas E. Marshall, M.D., Internal Medicine, 1648 Huntingdon Pike, Meadowbrook 19046

Bijan Mashouf, M.D., Radiology, 930 Indian Creek Way, Horsham 19044

Robert D. Mazzola, M.D., Internal Medicine, S. Broad St. and Allentown Rd., Lansdale 19446

John F. Motley, M.D., Pediatrics, 1606 Boone Way, Lansdale 19446

Harris Newman, D.O., Family Practice, 1811 Rhawn St., 404, Philadelphia 19111

James F. Noone, M.D., Anesthesiology, 1375 Panther Rd., Rydal 19046

Rafael D. Ortega, M.D., Family Practice, 78 E. Juliana Dr., Churchville 18966

Kalpana U. Patankar, M.D., Pediatrics, 584 Gen. Muhlenberg Rd., King of Prussia 19006

Pasquale M. Procacci, M.D., Internal Medicine, S. Broad St. and Allentown Rd., Lansdale 19446

Peter E. Rubin, M.D., Internal Medicine, 100 Church Rd., Ardmore 19003

Hyung R. Shin, M.D., Anesthesiology, 1 Ryan Path, Berkshire Manor, Lansdale 19446

Sawaraj Singh, M.D., Family Practice, Holy Redeemer Hosp., 1648 Huntingdon Pike, Meadowbrook 19046

Brendan P. Teehan, M.D., Internal Medicine, 130 Lankenau Med. Bldg., Philadelphia 19151

Yu J. Tsai, M.D., Family Practice, 903 Wick Ln., Woodwick Apts., Norristown 19403

Kanchana V. Tuchinda, M.D., Pediatrics, 900 W. Spencer St., 203, Philadelphia 19141

Walter D. Willihnganz, M.D., General Surgery, S. Broad St. and Allentown Rd., Lansdale 19446

### NORTHAMPTON COUNTY:

Sam S. Weng, M.D., Internal Medicine, 35 E. Elizabeth Ave., Bethlehem 18018

### PHILADELPHIA COUNTY:

J. Edgar Alarcon, M.D., Internal Medicine, Summit House, 134, West Chester 19380

Vidya S. Banka, M.D., Internal Medicine, 51 N. 39th St., Philadelphia 19104

Robert S. Baxter, M.D., Ophthalmology, 1601 Spring Garden St., Philadelphia 19130

William E. Benson, M.D., Ophthalmology, 51 N. 39th St., Philadelphia 19104

Marvin J. Berman, D.O., Anesthesiology, 127 Kingsclere Rd., Southampton 18966

George A. Blewitt, M.D., Internal Medicine, 21 Patriot Circle, Devon 19333

Phillip Brownstein, M.D., Urology, 220 Mermaid Ln., Th. 183, Philadelphia 19118

Michael T. Cooperman, M.D., Internal Medicine, 921 W. Cheltenham Ave., Melrose Park 19126

Christopher Damanda, M.D., Administrative Medicine, 1405 Locust St., 2nd Fl., Philadelphia 19102

Alexander E. Ehrlich, M.D., Dermatology, 222 W. Rittenhouse Sq., Philadelphia 19103

Manoucher Fallah-Nejad, M.D., General Surgery, Graduate Hosp., Rm. 1200, Philadelphia 19146

Stanley B. Fiel, M.D., Internal Medicine, 9200 Bustleton Ave., Philadelphia 19115

Dorothy J. Flint, M.D., Psychiatry, 1027 Valley Forge Rd., Devon 19333

James W. Fox, IV, M.D., Plastic Surgery, 135 S. 18th St., Philadelphia 19103

Gary F. Freed, M.D., Pediatrics, 220 E. Mermaid Ln., 114, Philadelphia 19118

Eduardo F. Gallo, M.D., Radiology, 4065 B Balwynne Pk. Rd., Philadelphia 19131

Robert Ginsburg, M.D., Internal Medicine, 1411 Meadow Dr., Norristown 19403

Franklyn A. Hasbun, M.D., General Surgery, 39th and Powelton Ave., Philadelphia 19104

Sylvan J. Hurewitz, M.D., Internal Medicine, 1723 Ridgeway Rd., Havertown 19083

Frank S. James, M.D., Internal Medicine, 1026 E. Sydney St., Philadelphia 19150

Angela F. Jannelli, M.D., Internal Medicine, 1325 66th Ave., Apt. A13, Philadelphia 19136

Daniel M. Kwa, M.D., Internal Medicine, Pennsylvania Hosp., 8th and Spruce Sts., Philadelphia 19107

Man-Tai N. Lam, M.D., Internal Medicine, 5501 N. 11th St., Apt. 808, Philadelphia 19141

Harvey B. Lefton, M.D., Internal Medicine, Presidential D-103, Philadelphia 19131

Robert M. MacMillan, M.D., Internal Medicine, Med. College of Pennsylvania, Philadelphia 19129

Eugene M. Mayer, M.D., Internal Medicine, 1903 Rolling Ln. Cherry Hill, NJ 08003

John J. McHenry, D.O., Family Practice, 2601 Parkway, Apt. 645, Philadelphia 19130

Karen K. Miura, M.D., Internal Medicine, 1810 S. Rittenhouse Sq., Philadelphia 19103

Carol A. Morrison, M.D., Internal Medicine, 51 N. 39th St., Philadelphia 19104

Khin M. Nwe, M.D., Anesthesiology, E. Penn and E. Wister Sts., Philadelphia 19144

William A. O'Connell, M.D., Obstetrics and Gynecology, 8701 Germantown Ave., Philadelphia 19118

Carmen S. Ora, M.D., Internal Medicine, Med. College of Pennsylvania, Philadelphia 19129



Thomas H. Ross, M.D., Dermatology, 3801 Conshohocken Ave., 401, Philadelphia 19131  
 Jung J. Seo, M.D., Pathology, 870 Meadowbrook Apts., Huntingdon Valley 19006  
 Lawrence K. Spitz, M.D., Internal Medicine, 707 Walnut St., Philadelphia 19106  
 R. Kumar Swami, M.D., Neurology, 750 Germantown Pike, Lafayette Hill 19444  
 Richard L. Tax, M.D., Ophthalmology, N. 1605 Park Towne Pl., Philadelphia 19130  
 Donald F. Turner, D.O., Family Practice, 400 Regina St., Philadelphia 19116

#### **SOMERSET COUNTY:**

Somasundaram Jayabose, M.D., Pediatrics, 107 E. Church St., Somerset 15501

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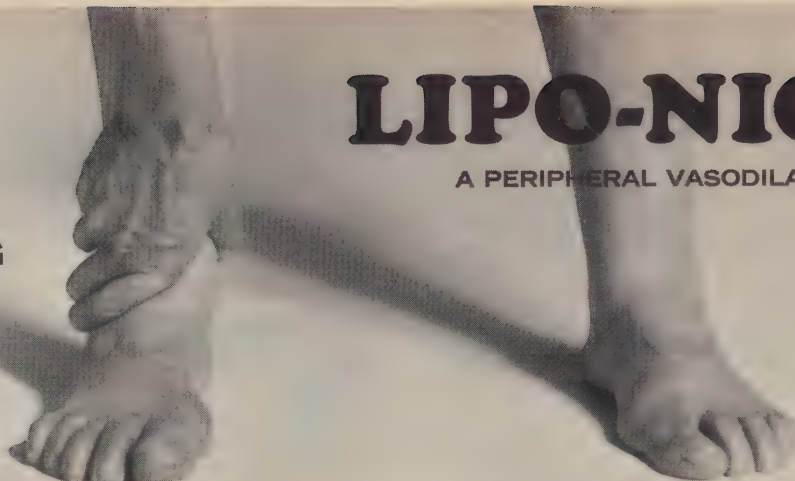
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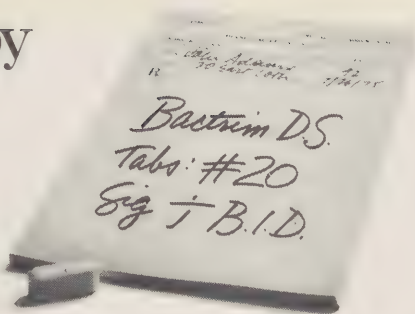
***This issue carries no education course listings. The January issue contained a comprehensive course list of continuing education courses being offered in all parts of Pennsylvania. Consult that issue or write for a copy of the supplement to: Council on Education and Science, 20 Erford Road, Lemoyne, PA 17043.***

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outperforms 10-day  
ampicillin therapy.



A multicenter, double-blind study of patients with  
acute or frequently recurrent urinary tract infection,  
Bactrim 10-day therapy outperformed ampicillin  
10-day therapy by 27.2%, when comparing patients  
who maintained clear cultures for eight weeks.  
The criterion for "clear culture" was 1000 or fewer organ-  
isms/ml of urine.

While adverse reactions noted in this study were  
mild (e.g., vomiting, nausea, rash), more serious reac-  
tions can occur with these drugs. See manufacturer's  
product information for complete listing. Maintain  
adequate fluid intake; perform frequent CBC's and  
urinalyses with microscopic examination.

Bactrim tablets were used in these clinical trials. Bioequiv-  
alence studies show one Bactrim DS double strength tablet is  
equivalent to two Bactrim tablets.

For chronic or frequently recurrent cystitis  
and pyelonephritis due to susceptible organisms.

When prescribing, please consult complete product information, a  
copy of which follows:

**Indications:** Chronic urinary tract infections evidenced by persistent  
hematuria (symptomatic or asymptomatic), frequently recurrent infec-  
tion (relapse or reinfection), or infections associated with urinary  
tract complications, such as obstruction. Primarily for cystitis, pyelo-  
nephritis or pyelitis due to susceptible strains of *E. coli*, *Klebsiella*,  
*Proteus mirabilis*, *Proteus vulgaris* and *Proteus*  
*antigen*.

**Warnings:** The increasing frequency of resistant organisms limits the use  
of antibacterials, especially in these urinary tract infections.  
The recommended quantitative disc susceptibility method (*Federal*  
*Register*, 37:20527-20529, 1972) may be used to estimate bacterial  
susceptibility to Bactrim. A laboratory report of "Susceptible to tri-  
methoprim-sulfamethoxazole" indicates an infection likely to respond  
to trimethoprim therapy. If infection is confined to the urine, "Intermedi-  
susceptibility" also indicates a likely response. "Resistant" indi-  
cates that response is unlikely.

**Contraindications:** Hypersensitivity to trimethoprim or sulfonamides;  
leukopenia; nursing mothers.

**Adverse Effects:** Deaths from hypersensitivity reactions, agranulocytosis,  
aplastic anemia and other blood dyscrasias have been associated  
with sulfonamides. Experience with trimethoprim is much more  
limited but occasional interference with hematopoiesis has been re-  
ported as well as an increased incidence of thrombopenia with pur-  
pura in elderly patients on certain diuretics, primarily thiazides.  
Fever, throat, fever, pallor, purpura or jaundice may be early signs of  
these blood disorders. Frequent CBC's are recommended; therapy  
should be discontinued if a significantly reduced count of any formed  
element is noted. **Data are insufficient to recommend use in in-  
fants and children under 12.**

**Precautions:** Use cautiously in patients with impaired renal or hepatic  
function, possible folate deficiency, severe allergy or bronchial  
asthma. In patients with glucose-6-phosphate dehydrogenase defi-  
ciency, hemolysis, frequently dose-related, may occur. During ther-  
apy maintain adequate fluid intake and perform frequent urinalyses,  
careful microscopic examination, and renal function tests, par-  
ticularly where there is impaired renal function.

**Side Effects:** All major reactions to sulfonamides and trimeth-  
oprim are included, even if not reported with Bactrim. *Blood dys-  
crasias:* Agranulocytosis, aplastic anemia, megaloblastic anemia,  
leukopenia, leukopenia, hemolytic anemia, purpura, hypopro-  
thrombinemia and methemoglobinemia. *Allergic reactions:* Erythema

multiforme, Stevens-Johnson syndrome, generalized skin eruptions,  
epidermal necrolysis, urticaria, serum sickness, pruritus, exfolia-  
tive dermatitis, anaphylactoid reactions, periorbital edema, con-  
junctival and scleral injection, photosensitization, arthralgia and  
allergic myocarditis. *Gastrointestinal reactions:* Glossitis, stomati-  
tis, nausea, emesis, abdominal pains, hepatitis, diarrhea and pan-  
creatitis. *CNS reactions:* Headache, peripheral neuritis, mental de-  
pression, convulsions, ataxia, hallucinations, tinnitus, vertigo, in-  
somnia, apathy, fatigue, muscle weakness and nervousness. *Miscel-  
laneous reactions:* Drug fever, chills, toxic nephrosis with oliguria  
and anuria, periarthritis nodosa and L. E. phenomenon. Due to cer-  
tain chemical similarities to some goitrogens, diuretics (acetazola-  
mide, thiazides) and oral hypoglycemic agents, sulfonamides have  
caused rare instances of goiter production, diuresis and hypoglyce-  
mia in patients; cross-sensitivity with these agents may exist. In  
rats, long-term therapy with sulfonamides has produced thyroid  
malignancies.

**Dosage:** Not recommended for children under 12. Usual adult dos-  
age: 1 DS tablet (double strength), 2 tablets (single strength) or  
4 teasps. (20 ml) b.i.d. for 10-14 days.

For patients with renal impairment:

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Above 30	Usual standard regimen
15-30	1 DS tablet (double strength), 2 tablets (single strength) or 4 teasps. (20 ml) every 24 hours
Below 15	Use not recommended

**Supplied:** Double Strength (DS) tablets, each containing 160 mg tri-  
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Oral suspension, containing in each teaspoonful (5 ml) the equiva-  
lent of 40 mg trimethoprim and 200 mg sulfamethoxazole; fruit-  
licorice flavored—bottles of 16 oz (1 pint).

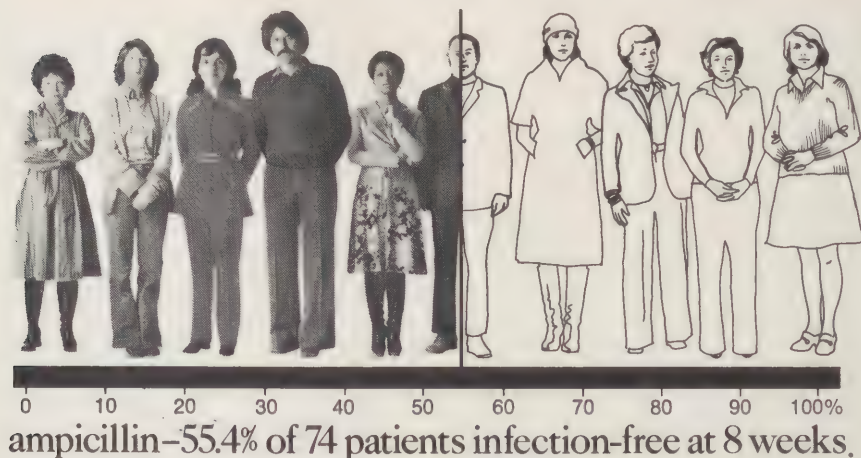
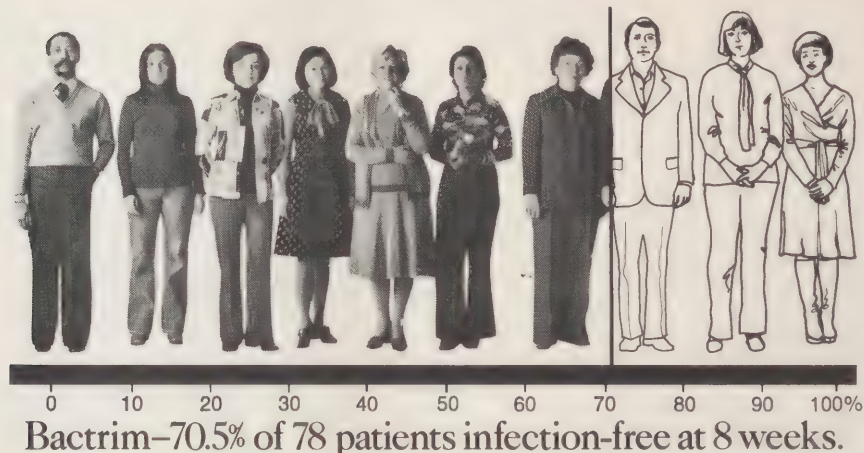


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In a multicenter study of patients with chronic or frequently recurrent urinary tract infections

Bactrim was 27.2%\* more effective than ampicillin in keeping patients infection-free for 8 weeks.†



\*This percentage is arrived at by the statistical method of dividing the difference between Bactrim and ampicillin results (15.1%) by the percent of ampicillin results (55.4%).

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**Bactrim<sup>TM</sup> DS**  
(160 mg trimethoprim and 800 mg sulfamethoxazole)

**Double Strength tablets  
Just 1 tablet B.I.D.**

Note: Bactrim tablets were used in these clinical trials. Bioequivalency studies show one Bactrim DS double strength tablet is equivalent to two Bactrim tablets.

Please see summary of product information on preceding page.

ROCHE



# Pennsylvania Medicine

MARCH 1977



**THE PHYSICIAN'S ROLE  
IN MALPRACTICE  
RISK MANAGEMENT.**





# A character all its own.



Valium (diazepam) is a benzodiazepine with a character all its own.

Pharmacologically, it has been described as more potent mg-per-mg than other available anxiolytic benzodiazepines. Pharmacokinetically, only Valium provides active *diazepam* as well as the active metabolites 3-hydroxydiazepam, desmethyldiazepam and oxazepam.

But the individual character of Valium is even more apparent clinically than pharmacokinetically. And far more significant. That's because of the patient response obtained with Valium. A response which brings a calmer frame of mind. A response which has a pronounced effect on the somatic symptoms of anxiety, particularly muscular tension. A response which helps the patient feel more like himself again because of the way Valium reduces the overwhelming symptoms of anxiety and psychic tension.

Another important aspect of the clinical character of Valium is safety. Though drowsiness, ataxia and fatigue are possible, these and more serious side effects are rarely a problem. Of course, as with all CNS-acting drugs, patients taking Valium should be cautioned against driving, operating dangerous machinery or the simultaneous ingestion of alcohol.

Unquestionably, many psychotherapeutic agents, including other benzodiazepines, have antianxiety effects. But one fact remains: you get a certain kind of patient response with Valium. It's a response you want. A response you know. A response you trust as part of your overall management of anxiety and psychic tension.

## Valium<sup>®</sup> (diazepam)<sup>IV</sup>

2-mg, 5-mg, 10-mg scored tablets  
a prudent choice in psychic  
tension and anxiety

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

**Contraindicated:** Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**Precautions:** If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

**Side Effects:** Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.



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#### MALPRACTICE PREMIUM HIKE HEARINGS SET

Insurance Commissioner William J. Sheppard has

announced April 4 and 5 as the dates for a formal hearing on the Argonaut Insurance Company's request for a 70 percent premium increase for professional liability insurance. Among the components of the rate filing is a proposal to increase from two to four the number of territories used in the ratemaking process. The State Society has been granted intervenor status and will testify at the hearing. Commissioner Sheppard set April 11 and 12 as dates for a formal hearing on the Joint Underwriting Association's first request for a premium increase since it was established under Act 111 in January 1976. The 48.6 percent increase would affect some 2,000 physicians insured by the JUA. The JUA proposal is to adopt any new rating territories approved for Argonaut. The proposed territories are as follows: New Territory One--Philadelphia, Delaware, and Montgomery Counties; New Territory Three--Allegheny County; New Territory Four--Bucks and Chester Counties; and New Territory Two--the remainder of the state.

#### COMMISSION TO RECOMMEND NONSUPPORT OF FILING

The Society's Commission on Professional

Liability Insurance met in Harrisburg February 27 and voted to recommend to the Board of Trustees that the Society not support the Argonaut premium increase filing. The Society's actuaries found technical flaws in Argonaut's filing which make the 70 percent request unjustifiable. The Board of Trustees will consider the recommendation on March 16. The commission will recommend that the Society support the new territories and an Argonaut plan to narrow the premium differential among the five risk categories.

#### HEALTH SECRETARY TO APPOINT NEW COMMITTEE

Leonard Bachman, M.D., Secretary of Health, has

said he will appoint a technical advisory committee on generic drugs to assist the Drug, Device, and Cosmetic Board compile a formulary of interchangeable drugs as called for under the state's new generic prescribing law. He said at a meeting with Arthur H. Hayes, M.D., chairman of the Society's Commission on Therapeutics, that members of that commission would be included on the advisory committee. A full explanation of Act 259 of 1976 appears on page 28 of this issue.

#### ACT 111 BYPASS ATTEMPT OPPOSED

The Pennsylvania Medical Society has entered two law suits as friend

of the court to assist the state in enforcing the Medical Malpractice Act. Under Act 111, all medical malpractice cases must be heard first by arbitration panels. In Philadelphia, plaintiffs' attorneys have taken two cases directly to the Philadelphia Court of Common Pleas to test the constitutionality of the Act.

#### STATE BOARD APPOINTMENTS MADE

Governor Milton J. Shapp has nominated Audrey A. Zelhovic, M.D., of Pittsburgh, and George E. Hudok, M.D., of Luzerne County, to the



State Board of Medical Education and Licensure. They replace William J. Kelly, M.D., president of the State Society, and Raymond C. Grandon, M.D., member of the Society's Board of Trustees. Richard C. Lyons, M.D., of Erie, state board chairman, was renominated. All three await Senate confirmation. Already confirmed by the Senate are the renominations of Drs. John W. Robertson and Philip E. Ingaglio, both of Philadelphia.

**INFLUENZA VACCINATION PROGRAM RESTARTED** The Pennsylvania Department of Health restarted the influenza vaccination program February 25. Robert D. Gens, M.D., director of the Bureau of Adult Health Services, said, "We are making bivalent vaccine available for high risk individuals--those over 65 or with chronic illness--at state health centers." Physicians may use the previous order form, but a new consent form has been developed by the federal government. State health centers will provide two consent forms with each dose of vaccine--one for the doctor's file, and one to be returned to the health center.

**COMMITTEE SEEKS NOMINEES** The Committee to Nominate Delegates and Alternates to the AMA will accept suggestions for alternate delegates until April 1. Committee chairman Charles K. Zug, III, M.D., said in a letter to county medical societies that nominations can be made from the floor of the House of Delegates, but this method does not allow much time for delegates to study nominees. A curriculum vitae including activities in county, state and national medical associations should accompany the letter of suggestion.

**HSA APPOINTED FOR 5-COUNTY PHILADELPHIA AREA** The Department of Health, Education, and Welfare has signed an agreement designating a Health Systems Agency (HSA) for HSA Area I, the five-county Philadelphia area. Named is the Health Systems Agency Steering Committee for Southeastern Pennsylvania. Its interim board has 90 days to establish a permanent board. President of the interim board is Richard Brechbiel. Although professional, public, and government groups favored splitting the five-county area into three Health Service Areas, U.S. District Court Judge Clifford Scott Green ruled in December in favor of one area. An appeal of that decision is pending, but health planning by the agency will continue as in other HSAs in the state.

**SOCIETY PRESENTS TESTIMONY ON HEALTH ISSUES** Henry H. Fetterman, M.D., chairman of the Council on Medical Service, appeared before the Senate Health and Welfare Committee February 25 at a hearing focusing on health cost containment, utilization review, and copayment requirements. No specific legislation was considered.

**SURVEY QUESTIONNAIRES OUT** The State Society has mailed questionnaires to 6,000 Pennsylvania physicians in an effort to determine the Society's priorities as seen by members and nonmember physicians. William J. Kelly, M.D., Society president, called for the survey at his installation in September 1976 and has urged those who received the questionnaires to respond as soon as possible.



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## PENNSYLVANIA MEDICINE

20 Erford Road  
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## Officers' Conference centers on state government role

State government as it relates to medicine will receive special emphasis during the 1977 Officers' Conference, to be held Wednesday and Thursday, April 13-14, at the Hershey Motor Lodge, Hershey.

Highlighting the first day's activities will be interviews with various governmental health officials including: State Secretary of Health Leonard Bachman, M.D.; Richard C. Lyons, M.D., chairman of the State Board of Medical Education and Licensure; and Thomas L. Hooker, deputy secretary of the Department of Public Welfare.

David S. Masland, M.D., immediate past president of the Society, will present a malpractice update during Thursday morning's breakfast session. Following will be a discussion, "Living with Arbitration," by Ralph S. Emerson, M.D., immediate past president of the Medical Society of the State of New York, and Richard Lerner, associate general counsel of the American Arbitration Association.

Another Thursday morning feature will be a panel discussion entitled "A Funny Thing Happened on the Way to the Nursing Home," moderated by George R. Fisher, III, M.D., Philadelphia internist and member of the Board of Directors of the Pennsylvania Medical Care Foundation. Scheduled panel members are: Roger A. Cutt, commissioner, Office of Medical Programs, Department of Public Welfare; Richard A. McClatchy, Jr., of Rosemont, owner-operator of a nursing home and Representative from the 149th Legislative District; Morton Ward, M.D., medical director of the Philadelphia Geriatric

Center; and Richard S. Zarin, director of the Bureau of Licensure and Certification, Pennsylvania Department of Health.

Irvine H. Page, M.D., editor of *Modern Medicine* and director



Dr. Alexander is chairman of the Officers' Conference Committee

emeritus of the Cleveland Clinic Foundation, will deliver the Walter Foster Donaldson Memorial Lecture Thursday morning.

Society President William J.

Kelly, M.D., will preside at a dinner session beginning Wednesday evening at 7. Dr. Murray Banks, the "psychologist with a sense of humor," will provide the dinner entertainment.

Other segments to be included in the two day meeting are: "Washington Perspective," by John S. Zapp, D.D.S., director of the Department of Congressional Relations, AMA Washington Office; "The Chicago Connection," by William Y. Rial, M.D., vice speaker and member of the board of the American Medical Association; "Under the HSA Shadow," by John L. Steigerwalt, M.D., chairman of the Commission on Health Planning; "Playing the Numbers Game," a report on PSRO, by Sidney O. Krasnoff, M.D., president of the Pennsylvania Medical Care Foundation; "PMS—The '77 Model," a multimedia show for use by county medical societies; and a report by PMS legal counsel.

## Toxicologic team appointed for Legion disease probe

Frederic Rieders, Ph.D., of National Medical Services, Inc., Willow Grove, has been appointed by Secretary of Health Leonard Bachman, M.D., to direct a special toxicologic team to probe some environmental aspects of the Legionnaire's Disease and examine clinical toxicologic aspects of the ongoing investigation.

Dr. Reiders is president and laboratory director for the National Medical Services, Inc., and professor of pharmacology-toxicology at Jefferson Medical College, Thomas Jefferson University.

Dr. Reiders received his M.S. in chemistry from New York Univer-

sity and his Ph.D. from Jefferson's division of graduate studies. In 1951 he joined the pharmacology faculty, rising from instructor to assistant professor in 1952, associate professor in 1956, and finally professor in 1969.

In the past he has been chief toxicologist in the office of the medical examiner of Philadelphia's Department of Public Health.

In December Dr. Bachman named Leonard Sideman, Philadelphia, to assume responsibility for all administrative aspects of the continuing investigation. He is director of the division of clinical chemistry and hematology at the state Bureau of Laboratories.



## Board approves Foundation's medical data control plan

The Pennsylvania Medical Society is committed to the principle of confidentiality of medical records.

At its January 12 meeting, the Society Board of Trustees and Councilors unanimously approved a recommendation, made by the Pennsylvania Medical Care Foundation (PMCF) Board of Directors, that the Society "... increase the awareness of physicians of their responsibility to assure adequate control of the release and use of medical data."

The policy states specifically that: "... it is the position of the Pennsylvania Medical Society that any and all physicians, particularly those involved in review activities, and all medical review organizations should take strict precautions so that reports (written or otherwise) concerning medical data are not made available to any other party except authorized review organization(s), the medical staff of the institution(s) involved, or the individuals (patient and physician) involved; furthermore, such release of the data should occur only with the specific written permission or understanding of all the concerned parties. Finally, no contract with any data processing vendor should be negotiated without provisions establishing proper control for the release and confidentiality of this data, with the understanding that any breach of such provisions shall be cause for termination of the contract(s)."

In September 1976 Sidney O. Krasnoff, M.D., president of PMCF, in his address to the State Society House of Delegates said, "... the data we generate in our medical practices become lucrative lures to hundreds of organizations throughout the country

which have developed electronic data processing capabilities. Nowhere has this critical situation been more explosive than in the competition for the electronic data processing contracts for the PSROs around the nation.

"Since time immemorial and by the Oath of Hippocrates, we have coveted the control and confidentiality of the data generated by our professional activity. Whether processed by mallet, chisel and

stone, quill, ballpoint pen and pad, or diodes, cathodes, switches and tapes, there is no need to relinquish this control now.

"... the Foundation's activity over the past ten months has led me to the firm conclusion that if Pennsylvania physicians are to maintain control of their own data, I believe the Pennsylvania Medical Society must immediately face the critical issue raised here."



Foundation Board of Directors



State Society Board of Trustees



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**Available:** In bottles of 100 and 500.

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## Audiotape Programs on Doctor-Patient Relations

Check Program Desired:

- ☐ A117: WHY DO OUR PATIENTS TURN TO QUACKERY?—Stephen Barrett, M.D., Chairman of the Board of Directors of the Lehigh Valley Committee Against Health Fraud. *The tape reviews why your patients turn to unscientific methods.* 65 minutes.
- ☐ A118: HOW EFFICIENT OFFICE MANAGEMENT CAN IMPROVE YOUR PATIENT RELATIONS—Leif Beck, L.I.B., Management Consulting For Professionals, Inc., Bala Cynwyd, Pa. *A review of how office management affects your life and rapport with patients.* 65 minutes.
- ☐ A119: A SIMPLE METHOD OF TREATING FUNCTIONAL ILLNESSES—A. Victor Hansen, M.D., Psychiatrist and Clinical Director of the Haverford State Hospital. *A review of a method you can use in your office to treat the functional illness of the difficult patient.* 25 minutes.
- ☐ A120: WHAT THE VITAMIN CRAZE IS DOING TO YOUR PATIENTS AND THE PRACTICE OF MEDICINE—Victor Herbert, M.D., J.D., Chief of Hematology and Nutrition of the Bronx Veterans Administration Hospital, and Professor at Columbia University College of Physicians and Surgeons. *Discussion of what TV drugs, diets, and vitamin fads are doing to patients.* 60 minutes.

- ☐ A121: WHY ARE DOCTORS SO MISUNDERSTOOD?—Ralph Senderowitz, President, Ralph Senderowitz Associates of Allentown, Pa. *An examination of the level of doctor-patient communications demonstrating how easy and how often a doctor is misunderstood and how the patient's emotional reaction may lead to malpractice suits and to dependence on non-professionals for medical care.* 60 minutes.

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## State Society, Dr. Fox receive film festival award

*The Art and the Science*, a film produced by Donald Fox, M.D., of Philadelphia, and funded in part by the State Society, has won third place in its class at the International Film and TV Festival of New York.

As producer and on behalf of the Society, Dr. Fox received the bronze award for a non-teaching film at the festival's awards dinner November 12 at the Americana Hotel, New York City.

Due to the \$6,500 it donated toward the film's production, the Pennsylvania Medical Society's name appears on the plaque as the award recipient. But it was Dr. Fox who wrote, directed, and produced the film about medicine's beginnings in America and who provided the extra \$10,000 needed to complete it. It was Dr. Fox who tended to the detail work needed to create a successful film—Benjamin Rush's own gold-handled cane, his original medical box, a custom made plain pine coffin, and "Lenny the Leech," who flew in from Rochester, New York, to appear in the film.

As Dr. Fox himself writes in the July 1976 issue of *PENNSYLVANIA MEDICINE*, "To produce a film in modern Philadelphia which would capture the mood and feeling of the late 18th century was not without trial and tribulation." Problems included "... jet-liners flying over the film site every five minutes and a leaf-mulcher, somewhere in the distance, that seemed to turn on in synchrony with our camera..." and a breakdown in the electrical system in Christ Church which caused the cast and crew to spend six hours to film twenty seconds of completed film.

Early in August the Society's communications division began



Dr. Fox in a scene from the film



Dr. Rush in a scene from the film

promotion mailings for *The Art and the Science* to county medical societies, hospitals, schools, and other special organizations. The Society has received about 250 requests for the film. By January it had been sent to 97 schools, 3 county medical societies, 3 hospitals, the American Heart Association, the Kentucky Medical Association, the Pennsylvania Health Council, Inc., and the General Electric Corporation.

By winning the bronze award, Dr. Fox has proved his ability as an independent film maker; but it is not the first time. He also won the New York Film and TV Festival's silver award for "Drive to the

Hoop," a documentary of contemporary professional basketball. Other film credits are "Ali-Frazier Super Fights I and II" and "Code 9," a spoof of modern medicine at a major urban medical center.

Winning the bronze award is perhaps a greater feat than it first appears to be. As Dr. Fox writes, "Considering that *Independence* was budgeted at \$800,000; *We Hold These Truths* at \$300,000; and the *Adams Chronicles* at \$5,000,000; it is indeed a modern miracle that *The Art and the Science* was initiated by a \$5,000 grant from the Pennsylvania Medical Society..." and completed for only \$16,500.



## **Awards presented**

# **Allegheny county society installs Dr. Weigel**

A. Linn Weigel, M.D., assumed the 112th presidency of the Allegheny County Medical Society during the society's annual dinner meeting and awards ceremony, held January 15 at the Pittsburgh Hilton.

Dr. Weigel is a graduate of the University of Pittsburgh School of Medicine, where he is a clinical instructor in the department of surgery. He has been a member of the county society's board of directors since 1970 and is a delegate to the State Society's House of Delegates. A fellow of the American College of Surgeons, he is on the medical staff of North Hills Passavant Hospital.

Other officers who were installed during the meeting were: Joseph V. Caliguiri, M.D., Coraopolis, president elect; Howard A. Mermelstein, M.D., Pittsburgh, first vice president; Harold E. Swensen, M.D., Pittsburgh, secretary; and Robert M. Laughlin, M.D., Pittsburgh, treasurer.

The annual Frederick M. Jacob Award was presented to Frederick C. Duffy, M.D., in recognition of his service to county medicine. He is a member of the society's board of directors, a delegate to the State Society, and in the past has served on the public rela-

tions, finance, and emergency medicine committees.

John S. Witherspoon, M.D., received the county society's Nathaniel Bedford Award in honor of his long term dedication to patients' needs. A graduate of Pitt's medical school, he has practiced in Pittsburgh for over 40 years.



**DR. WEIGEL**

George "Doc" Medich, of the Pittsburgh Pirates, and a student at the University of Pittsburgh School of Medicine, won the society's Medical Student Award, which is given to a student who has combined constructive outside activity with work in medical school. The award is not an annual award but is given only when an exceptional candidate is

brought to the attention of the county society. Medich completed his final term at Pitt in January.

Seventeen Allegheny County M.D.s received State Society 50 year awards during the ceremony. They are the following: Everett M. Baker, William A. Barrett, William F. Bozic, Emilia M. Caprini, Israel Felman, Robert C. Hamilton, William B. Huber, J. Murl Johnston, William B. McLaughlin, Kenneth F. Miller, and Donald J. Stewart, all of Pittsburgh; Allison J. Berlin, Naples, Florida; Eugene A. Conti, Annapolis, Maryland; Leigh L. Darsie, Rockwood; Lewis E. Etter, Warrendale; Paul Gross, Naples, Florida; and Louis H. Sweterlitsch, Coraopolis.

## **USP publishes supplement**

The United States Pharmacopeial Convention, Inc., (USPC) has published a cumulative Third Supplement to the United States Pharmacopeia (USP) XIX and the National Formulary (NF) XIV.

The Third Supplement supersedes the first two supplements and the first two Interim Revision Announcements. All the revisions in the supplement become official May 1 except as otherwise noted. Holders of the main volume of USP XIX and NF XIV will need only one copy of the supplement to bring both books up to date. Included in the supplement are the current rosters of the USPC officers and board, the USP Committee of Revision and its subcommittees, and the USPC Constitution and Bylaws.

The Third Supplement is available at \$3 per copy from the USP Convention, Inc., 12601 Twinbrook Parkway, Rockville, Maryland 20852.

## **Dr. Watson in Connecticut mental health post**

Ulysses E. Watson, M.D., has accepted the position of director of the Greater Bridgeport Community Mental Health Center, Bridgeport, Connecticut, after having withdrawn as a candidate for director of St. Elizabeth's Hospital in Washington.

Dr. Watson is former director of the Eastern State Psychiatric Institute, Philadelphia.

Long active in state and county

medical society affairs, Dr. Watson had been secretary of the Montgomery County Medical Society since 1968, secretary of the county society's Board of Trustees since 1972, and has served as chairman of the Montgomery County Delegation to the State Society House of Delegates, and a member of the Pennsylvania Medical Cooperative Board of Directors.

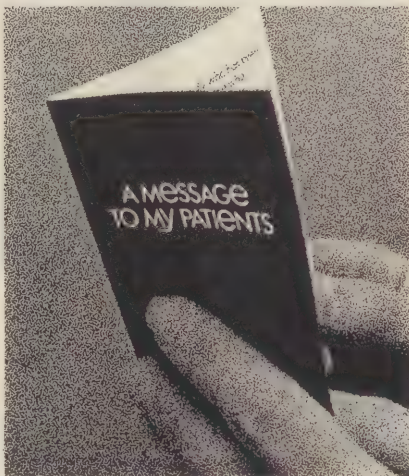


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# When **impotence** due to androgenic deficiency is driving them apart



**Android-5** Buccal  
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Methyltestosterone U.S.P. – 5, 10, 25 mg.

## New Double-Blind Study ANDROID-25 vs. Placebo\*

**WRITE FOR REPRINT:** R. B. Greenblatt, M.D.; R. Witherington, M.D.; I. B. Sipahioğlu, M.D.: Hormones for Improved Sexuality in the Male and Female Climacteric. *Drug Therapy*, Sept. 1976.

Is there a true aphrodisiac? How effective are androgens in the management of the male climacteric and male impotence? Article discusses the psychophysiological and hormonal changes in the elderly male and female and therapeutic considerations. The effectiveness of methyltestosterone in the management of male impotence was confirmed by a cross-over, double-blind study using a placebo and Android-25

(methyltestosterone 25 mg.), on 20 males, 50 years of age or older who complained of secondary impotence. Patients received a series of placebo then Android-25, or Android-25 then placebo as follows: 1 tablet/30 days; 2 tablets/30 days; 3 tablets/30 days. Sexual response was evaluated: 0 = no change; + = 25% improvement; ++ = 50% improvement; +++ = 75% improvement. Placebo effectiveness was + or ++ in 12.7% of trials. Android-25 elicited a +, ++ or +++ response in 47.2% of trials. There was often a dose related response not observed with the placebo. This effect was not observed in younger patients (age 28-45 years).

**DESCRIPTION:** Methyltestosterone is 17 $\beta$ -Hydroxy-17-Methylandrosta-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunuchism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Post-pubertal cryptorchidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric,

avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE**

**REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. **In the male:** Eunuchoidism and eunuchism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpubertal cryptorchism, 30 mg. **REFERENCE:** Robert B. Greenblatt, M.D., and D. H. Perez, M.D.: "The Menopausal Syndrome." *Problems of Libido in the Elderly*, pp. 95-101. Medcom Press, N.Y., 1974. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250. Rx only.



THE BROWN PHARMACEUTICAL CO., INC. 2500 West Sixth Street, Los Angeles, California 90057

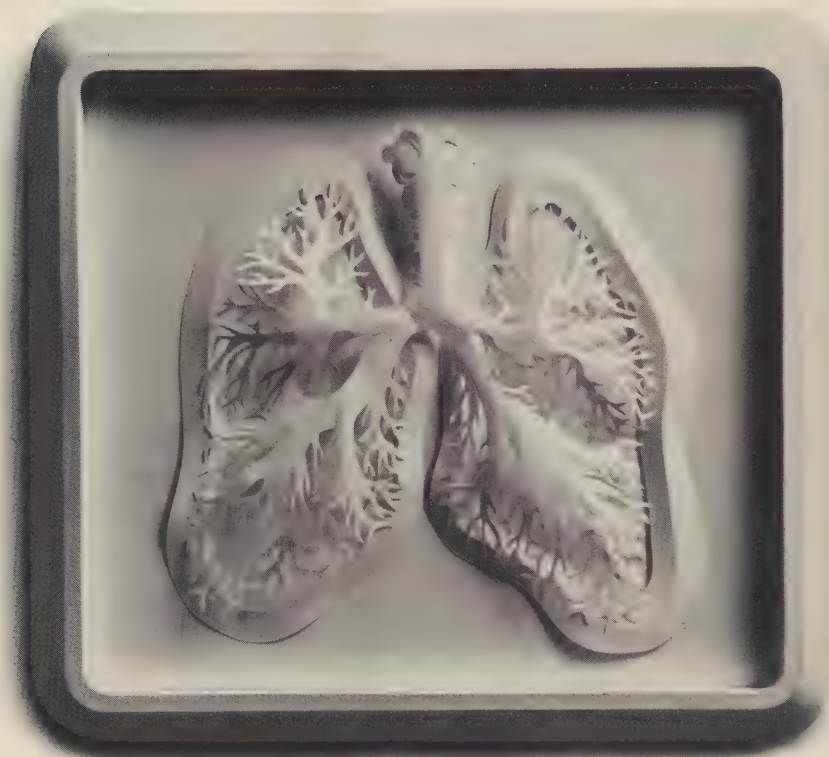
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# Physician's role in malpractice risk management

DAVID S. MASLAND, M.D.

Carlisle

This is the first of a series of articles on medical malpractice loss control which will appear in future issues of PENNSYLVANIA MEDICINE. As your president, last year I found myself devoting substantial energy and time to legislative reform, formation of a captive insurance company, and a plethora of issues related to the medical malpractice crisis, including the filing of our first countersuit against lawyers for improper use of the civil process.

It is my belief that we have made substantial progress in all of these areas. At the same time, I think it would be irresponsible if medicine did not turn inward and examine its own course of conduct. In this regard we have made a creditable start. We rewrote the medical practice act with tough disciplinary language. We wrote the peer review protection act which allows hospital review committees to meet and discuss candidly the quality of work in institutions without fear of being sued for acting in good faith. We have cooperated with the PSRO legislation. And most recently we wrote the language in Act 111 which gives the State Board of Licensure the money and manpower it needs to enforce the law.

All of this is an impressive foundation but falls short of accomplishing our objective—the creation of an effective loss control system in every hospital.

There is growing evidence that if we physicians do not tackle malpractice loss prevention and medical risk management on a voluntary basis, it will be done for us. It will be done by the federal and/or state government, by hospitals, by plaintiffs, and perhaps

even by the courts.

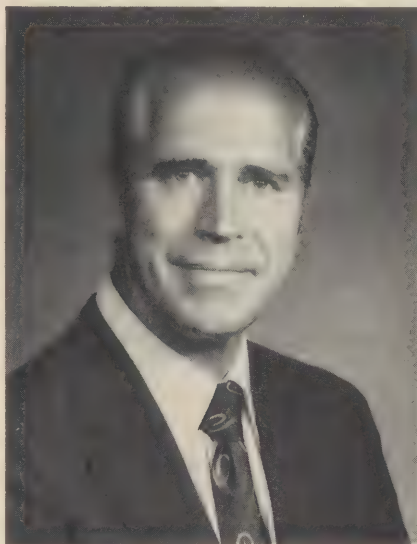
Florida law now mandates a hospital risk management program which includes advance payment for compensable injuries sustained in the hospital, as determined by a risk management committee. The immediate payments are made when the risk management committee decides that the hospital or the physician has been negligent.

Even in Pennsylvania we have seen our Legislature misunderstand the purpose of the PSRO law and include PSRO norms, standards, and criteria in the malpractice law, Act 111, as a malpractice arbitration tool, a totally inappropriate use of the PSRO law. There is no question in my mind that if loss prevention is

not accomplished by us voluntarily, an inept, cumbersome government program will be shoved down our throats. But I prefer not to act out of fear or defensiveness. I view an effective loss prevention program as being in our own best interest because I see it reducing the number of claims and ultimately lowering the cost of malpractice insurance.

In the early 1970s everyone involved in the malpractice crisis threw up their hands because there was inadequate evidence to show that there really was a crisis, inadequate evidence on which to base insurance premiums, and, finally, there was inadequate evidence of where the money was being spent. In response, the National Association of Insurance Commissioners (NAIC) adopted a uniform statistical reporting plan and began to collect data. In September 1976, the NAIC published its third summary of data collected on over 12,000 medical malpractice insurance claims closed during the twelve months between July 1, 1975, and July 1, 1976.

At the same time, the insurance companies established an All-Industry Committee to study medical malpractice. More than 10,000 claims closed during 1974 were analyzed by the Insurance Services Offices (ISO). Although you may react adversely to insurance industry studies and reports, if compiled from a credible statistical base, they can be very revealing. The following information is offered only to suggest in which direction our first steps might be taken in our quest of malpractice loss control and risk management.



*Dr. Masland is the immediate past president of the Pennsylvania Medical Society and chairman of the Society's ad hoc committee on medical malpractice. He is in the practice of internal medicine in Carlisle.*



We know that generally within four years of the date of any medical incident the percentage of total cases probably reported and paid will be as follows:

**Minors:**

*Number of incidents reported:*  
91.9%

*Number of incidents paid:*  
90.4%

*Percent of total ultimate payout disbursed* 82.5%

**Adults:**

*Number of incidents reported:*  
97.6%

*Number of incidents paid:*  
97.6%

*Percent of total ultimate payout disbursed:* 97.6%

---

**'... if we physicians do not tackle malpractice loss prevention and risk management on a voluntary basis, it will be done for us.'**

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Now we have tangible evidence which appears to indicate that physicians in certain specialties do in fact generate a volume of claims alleging malpractice out of proportion to their relative numbers within the total physician population. These "high frequency" specialists are in the fields of anesthesiology, cardiovascular surgery, colon and rectal surgery, general surgery, neurosurgery, obstetrics and gynecology, otolaryngology, orthopedic surgery, plastic surgery, thoracic surgery, urological surgery, and general practice when the physician performs or assists at surgery on other than his own patients.

We now know that hospitals and emergency rooms account for 79 percent of incidents by count, and 84 percent by

payments made, while physicians' offices and home visits account for 16 percent of incidents and 13 percent of payments made.

Also, for the first time we can compare percentage of incidents and percentage of dollars paid by types of injury. According to the NAIC, temporary or emotional injuries represent 55 percent of the incidents and 15 percent of the payouts. Permanent injuries account for 28 percent of the incidents and 58 percent of the payouts. Incidents resulting in death constitute 16 percent by count and 28 percent of the payouts.

Procedural errors of all kinds were alleged in 83 percent of all paid incidents by count, 88 percent by payout. Diagnostic errors were alleged in 31 percent by count and 40 percent by payout. Misdiagnosis when abnormal conditions exist involved 15 percent of paid incidents and 20 percent of the payout. Delays in diagnosis occurred in 13 percent of the paid incidents and 18 percent by payout. More than half of the total dollars paid went to claims between \$10,000 and \$20,000.

Analysis of the principal methods of claim disposition indicates that 91 percent of all claims were settled by mutual agreement or abandoned; 6 percent were disposed of by trial; and 2 percent by settlement during trial. While malpractice arbitration to date has been used only rarely, the NAIC study indicates that the average payment and expense paid under arbitration is substantially less than for incidents disposed of by trial. This seems to bode well for Pennsylvania's new mandatory arbitration system.

In a similar vein, the All-Industry Committee analysis reveals that three-quarters of the claims studied were against physicians. Of

these, 81 percent actually arose from treatment of patients in hospitals and only 16 percent from incidents in doctors' offices. Of the claims against doctors:

- About one-third (34 percent) were against surgeons (or surgery-related specialists) classified as "high risk" by insurers for rating purposes, although this class comprises only 17 percent of all insured doctors (including anesthesiologists, neurosurgeons, obstetricians/gynecologists, orthopedists, otolaryngologists doing plastic surgery, and plastic surgeons).

- 21 percent were against "moderate risk" surgeons (such as cardiac surgeons, otolaryngologists, general surgeon specialists, thoracic surgeons, urologists, and vascular surgeons). They comprised 12 percent of insured doctors.

- 10 percent were against low risk surgeons (including general practitioners who perform or assist in major surgery on other than their own general practice patients, ophthalmologists and proctologists). They comprised 12 percent of insured doctors.

- 8 percent were against doctors performing minor surgery or assisting in major surgery on their own patients. They comprised 17 percent of all insured doctors.

- 27 percent were against doctors not involved in surgery. These non-surgeons comprised the largest single class of doctors, representing 43 percent of all insured doctors.

Of the claims for which indemnity payments were made, 74 percent were paid on behalf of doctors, 19 percent on behalf of hospitals, and 7 percent on behalf of dentists and others.

The all-industry study shows that claimants were successful in securing indemnity in 48 percent of claims brought against doctors and in about 40 percent of claims against hospitals. The average



claim payment was \$24,907.

Only 7 percent of all claims were tried to jury verdicts and plaintiffs won only one in five of those claims. In cases tried to verdict for the plaintiff, the average award was more than \$83,000.

The study of claims closed in 1974 discloses an average 34-month lapse between the occurrence of a medical incident and the payment of the resulting claim. About 46 percent of claims in which payments were made took from 30 months to seven years to settle.

The time it takes to close a claim is often beyond the control of the insurance company. The insurer may not even become aware of the claim until quite some time after the medical incident took place. In fact, on the average, there is a time lag of 21 months between the time incidents occur and the date claims are reported to insurance companies.

The all-industry report gives an insight into some of the non-indemnity (funds which do not go to the plaintiff or his attorney) costs inherent in our present liability system. The greater part of these costs, called "allocated claim expenses," includes defense attorney's fees, investigator and expert witness fees, travel expenses, and other items directly related to the defense of an insured in a malpractice action. Apparently, for each dollar of payouts, an additional 30 cents is expended in costs directly related to claims handling. This compares with 11.3 cents in administrative costs at Blue Shield for each claim dollar paid.

The review reveals that cases involving large amounts of economic loss appeared to be generally under-compensated and those involving relatively low economic loss tend to be over-compensated. However, whenever large awards are made they tend

to over-compensate, whereas the smaller awards involve under-compensation. The report hastens to point out that the previous conclusions are not contradictory inasmuch as there are two ways of reviewing the claimant population. When compared by *award size*, the largest cases involved over-compensation, whereas when compared by size of *economic loss*, the most serious cases appeared to involve under-compensation. However, even in those cases where there seems to be over-compensation of a claim, the contingency fee may still reduce that payment to less than adequate.

The all-industry report concludes that although economic loss figures are imprecise, the results of the study indicate that a system of compensating total economic loss arising from iatrogenic injury without regard to medical negligence (the workmen's compensation approach) would be very costly.

In January 1973, the report of the Secretary's Commission on Medical Malpractice was made public by the U.S. Department of Health, Education, and Welfare, with considerable fanfare and national publicity. While many of the commission's findings suffer from a dearth of credible supporting statistical data, the report does constitute the first really comprehensive effort to compile, review, and evaluate national information and statistics relating to the malpractice phenomenon. One major conclusion reached by the commission is that "patient injuries, real or imagined, are prime factors in the malpractice problem."

Now, four years later, a wealth of additional data has been compiled and analyzed and while I submit that it would be premature to announce that the final verdict is in, this latest evidence cannot and must not be ignored by our

profession. The factual indications are that the vast majority of claims arise in the hospital setting, but the preponderance of dollars paid to patients appear to stem from doctors' liability rather than hospitals'.

Can there be any doubt that hospital administrators, having possession of this information, will not pursue physicians with the vigor of a blitz on a quarterback about to throw the ball, particularly where hospitals are paying the physician's premium. I believe that risk management is an idea whose time has come and

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**'... I prefer not to act out of fear or defensiveness. I view an effective loss prevention program as being in our own best interest because I see it reducing the number of claims and ultimately lowering the cost of malpractice insurance.'**

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that it should be under the control of physicians.

Accordingly, I believe we should establish a special committee in every hospital in our state, comprised primarily of physicians with active staff privileges, whose task it will be to set the guidelines and standards for a physicians' malpractice loss prevention and risk management program and provide the necessary and continuous peer review to assure its full implementation.

Ideas in this regard will be forthcoming in future issues of this publication; but in the meantime, let me hear from you on this vital and complex issue.



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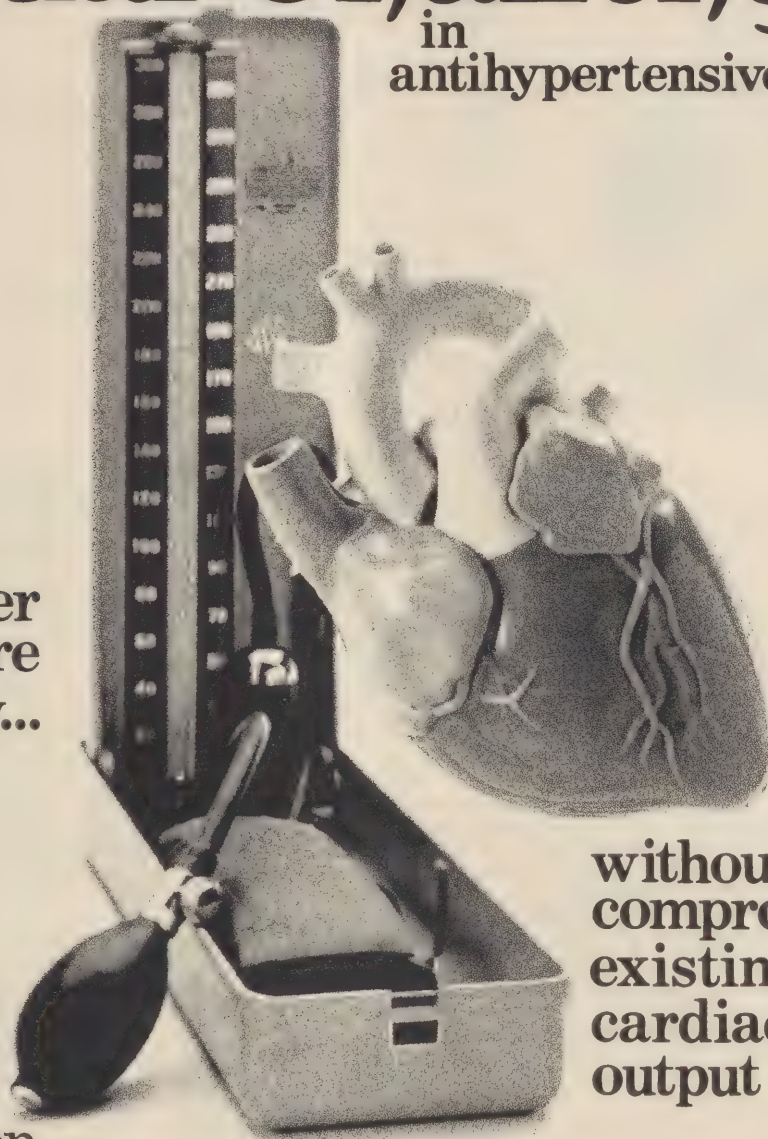
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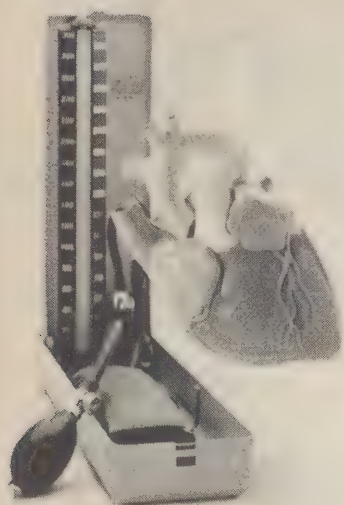


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**Contraindications:** Active hepatic disease, such as acute hepatitis and active cirrhosis; if previous methyldopa therapy has been associated with liver disorders (see Warnings); hypersensitivity.

**Warnings:** It is important to recognize that a positive Coombs test, hemolytic anemia, and liver disorders may occur with methyldopa therapy. The rare occurrences of hemolytic anemia or liver disorders could lead to potentially fatal complications unless properly recognized and managed. Read this section carefully to understand these reactions.

With prolonged methyldopa therapy, 10% to 20% of patients develop a positive direct Coombs test, usually between 6 and 12 months of therapy. Lowest incidence is at daily dosage of 1 g or less. This on rare occasions may be associated with hemolytic anemia, which could lead to potentially fatal complications. One cannot predict which patients with a positive direct Coombs test may develop hemolytic anemia. Prior existence or development of a positive direct Coombs test is not in itself a contraindication to use of methyldopa. If a positive Coombs test develops during methyldopa therapy, determine whether hemolytic anemia exists and whether the positive Coombs test may be a problem. For example, in addition to a positive direct Coombs test there is less often a positive indirect Coombs test which may interfere with cross matching of blood.

At the start of methyldopa therapy, it is desirable to do a blood count (hematocrit, hemoglobin, or red cell count) for a baseline or to establish whether there is anemia. Periodic blood counts should be done during therapy to detect hemolytic anemia. It may be useful to do a direct Coombs test before therapy and at 6 and 12 months after the start of therapy. If Coombs-positive hemolytic anemia occurs, the cause may be methyldopa and the drug should be discontinued. Usually the anemia remits promptly. If not, corticosteroids may be given and other causes of anemia should be considered. If the hemolytic anemia is related to methyldopa, the drug should not be reinstituted. When methyldopa causes Coombs positivity alone or with hemolytic anemia, the red cell is usually coated with gamma globulin of the IgG (gamma G) class only. The positive Coombs test may not revert to normal until weeks to months after methyldopa is stopped.

Should the need for transfusion arise in a patient receiving methyldopa, both a direct and an indirect Coombs test should be performed on his blood. In the absence of hemolytic anemia, usually only the direct Coombs test will be positive. A positive direct Coombs test alone will not interfere with typing or

cross matching. If the indirect Coombs test is also positive, problems may arise in the major cross match and the assistance of a hematologist or transfusion expert will be needed.

Fever has occurred within first 3 weeks of therapy, sometimes with eosinophilia or abnormalities in liver function tests, such as serum alkaline phosphatase, serum transaminases (SGOT, SGPT), bilirubin, cephalin cholesterol flocculation, prothrombin time, and bromsulphalein retention. Jaundice, with or without fever, may occur, with onset usually in the first 2 to 3 months of therapy. In some patients the findings are consistent with those of cholestasis. Rarely fatal hepatic necrosis has been reported. These hepatic changes may represent hypersensitivity reactions; periodic determination of hepatic function should be done particularly during the first 6 to 12 weeks of therapy or whenever an unexplained fever occurs. If fever and abnormalities in liver function tests or jaundice appear, stop therapy with methyldopa. If caused by methyldopa, the temperature and abnormalities in liver function characteristically have reverted to normal when the drug was discontinued. Methyldopa should not be reinstituted in such patients.

Rarely, a reversible reduction of the white blood cell count with primary effect on granulocytes has been seen. Reversible thrombocytopenia has occurred rarely. When used with other antihypertensive drugs, potentiation of antihypertensive effect may occur. Patients should be followed carefully to detect side reactions or unusual manifestations of drug idiosyncrasy.

**Use in Pregnancy:** Use of any drug in women who are or may become pregnant requires that anticipated benefits be weighed against possible risks; possibility of fetal injury can not be excluded.

**Precautions:** Should be used with caution in patients with history of previous liver disease or dysfunction (see Warnings). May interfere with measurement of: uric acid by the phosphotungstate method, creatinine by the alkaline picrate method, and SGOT by colorimetric methods. Since methyldopa causes fluorescence in urine samples at the same wavelengths as catecholamines, falsely high levels of urinary catecholamines may be reported. This will interfere with the diagnosis of pheochromocytoma. It is important to recognize this phenomenon before a patient with a possible pheochromocytoma is subjected to surgery. Methyldopa is not recommended for patients with pheochromocytoma. Urine exposed to air after voiding may darken because of breakdown of methyldopa or its metabolites.

Stop drug if involuntary choreoathetotic movements occur in patients with severe bilateral cerebrovascular disease. Patients may require reduced doses of anesthetics; hypotension occurring during anesthesia usually can be controlled with vasopressors. Hypertension has recurred after dialysis in patients on methyldopa because the drug is removed by this procedure.

**Adverse Reactions: Central nervous system:** Sedation, headache, asthenia or weakness, usually early and transient; dizziness, lightheadedness; symptoms of cerebrovascular insufficiency: paresthesias, parkinsonism, Bell's palsy, decreased mental acuity, involuntary choreoathetotic movements; psychic disturbances, including nightmares and reversible mild psychoses or depression.

**Cardiovascular:** Bradycardia, aggravation of angina pectoris. Orthostatic hypotension (decrease daily dosage). Edema (and weight gain) usually relieved by use of a diuretic. (Discontinue methyldopa if edema progresses or signs of heart failure appear.)

**Gastrointestinal:** Nausea, vomiting, distention, constipation, flatulence, diarrhea, mild dryness of mouth, sore or "black" tongue, pancreatitis, sialadenitis.

**Hepatic:** Abnormal liver function tests, jaundice, liver disorders.

**Hematologic:** Positive Coombs test, hemolytic anemia. Leukopenia, granulocytopenia, thrombocytopenia.

**Allergic:** Drug-related fever, myocarditis.

**Other:** Nasal stuffiness, rise in BUN, breast enlargement, gynecomastia, lactation, impotence, decreased libido, dermatologic reactions including eczema and lichenoid eruptions, mild arthralgia, myalgia.

**Note:** Initial adult dosage should be limited to 500 mg daily when given with antihypertensive other than thiazides. Tolerance may occur, usually between second and third month of therapy; increased dosage or adding a thiazide frequently restores effective control. Patients with impaired renal function may respond to smaller doses. Syncope in older patients may be related to increased sensitivity and advanced arteriosclerotic vascular disease; this may be avoided by lower doses.

**How Supplied:** Tablets, containing 125 mg methyldopa each, in bottles of 100; Tablets, containing 250 mg methyldopa each, in single-unit packages of 100 and bottles of 100 and 1000. Tablets, containing 500 mg methyldopa each, in single-unit packages of 100 and bottles of 100.

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need more red tape**

**Drug firms challenge  
'MAC' rules**

**Drug  
Substitution**

**The 4 essential documents  
of Health Progress  
RESEARCH**

**MALGRAM 2**

# THERE ARE A LOT OF PEOPLE GETTING BETWEEN YOU AND YOUR PATIENT.

Medicine today is in the spotlight, subjected to all kinds of scrutiny. Your control over patient therapy is being monitored, judged and occasionally abrogated, sometimes by unknown third parties.

The worry is that in the wake of this focus, the relationship between you and your patient will be weakened, without offsetting benefits. Consider three examples:

**Drug substitution** In most states, pharmacy laws, regulations or professional custom stipulate that your non-generic prescriptions be filled with the precise products you prescribe. But in the last five years, a dozen or more State laws have been changed, permitting the pharmacist in most cases to select a product of the same generic drug to fill any prescription.

Ironically, this dilution of physician control has taken place against a background of growing evidence that purportedly equivalent drug products may be inequivalent, since neither present drug standards nor their enforcement are optimal. In fact, the FDA itself says it has not enforced the same standards for hundreds of "follow-on" products that it had applied to the original NDA approvals. Thus physician control over patient therapy is being eroded with a risk that patients may be exposed to drugs of uncertain quality.

The major advertised claim for substitution is reduced prescription prices for consumers. Yet no documentation of any significant savings has been produced.

**MAC** Maximum Allowable Cost, MAC for short, is a Federal regulation designed to cut the Government's drug bill by setting price ceilings for drugs dispensed to Medicare and Medicaid patients. Unless the prescriber certifies on the prescription that a particular product is medically necessary, the Government intends to pay only for the cost of the lowest-priced, purportedly-equivalent,

generally-available product. The effect of the program may be that elderly and indigent patients will be restricted to products which someone in Washington believes are priced right. Practicing doctors will have little to say about administration of the program, since Government will have absolute authority to make its choices stick.

**The drug lag** The future of drug and device research depends upon a scientific and regulatory environment that encourages therapeutic innovations. The American pharmaceutical industry annually is spending more than \$1 billion of its own funds and evaluating more than 1,200 investigational compounds in clinical research. Disease targets include cancer, atherosclerosis, viruses and central nervous system disorders, among others. But there is a major barrier to the flow of new drugs to your patients: The cost of the research is more than ten times what it was, per product, in 1962; and whereas governmental clearance of new drug applications took six months then, it commonly consumes two years now.

The FDA needs adequate time, of course, to consider data. But it is equally clear that the present approval process contributes to needless delay of needed therapy. That's why the increased efficiency of the drug approval process is vital to all our futures.

If these issues concern you, we suggest that you make your voice heard—among your colleagues and your representatives in State legislatures and in Washington.

It could make a difference in your practice tomorrow.



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## Rationing—answer to high medical care costs?

A young woman was admitted to a large urban hospital for minor diagnostic surgery. She entered the hospital at noon on the day she was to have surgery and was released the following morning—less than 24 hours total length of stay. There were no complications. The bill, \$1,450, included only hospital charges.

A paper by Cullen, *et al.*, which appeared in the April 29, 1976, issue of the *New England Journal of Medicine*, concerned a study of 226 critically ill patients with regard to survival, followup, and hospitalization charges. Although the survival rate at twelve months was only 27 percent, the total hospital charge for all patients was \$3,232,647, with a \$617,710 charge for blood.

The rising cost of health care is a very real problem and one of the most important facing medicine today. The public is demanding expanded accountability through governmental regulation. Political opportunists, having found a fertile election issue, advance one simplistic scheme after another. The problem is a complex one and as such does not lend itself easily either to definition or solution.

Contributing to the problem is the public's two-edged conception of health and health care costs. When well, we would economize on health costs but when ill, we want the benefit of all medical treatment available for ourselves and loved ones, regardless of cost.

Medical technology, unlike industrial technology, seems to increase rather than decrease costs to the consumer. Fiberoptic endoscopy, CAT scanning, and ultrasonography are a few examples. As these new investigative procedures are utilized, equipment cost, specialized physician training, and more allied medical personnel are factors which must be considered in the charges made for each test.

Additionally, there is the practice of defensive

medicine. Fear of law suit has promulgated the overutilization of diagnostic procedures, thereby contributing heavily to increased medical costs.

The predicament in which we find ourselves is how to deliver these advanced expensive medical services and at the same time contain the cost. Does evidence of beneficial result of new diagnostic and therapeutic methods justify its use regardless of cost? Is it our decision as health care providers to deny access to advanced techniques because of cost and if so, will these decisions conflict with our ethical commitment as physicians? The burden should not be borne by medicine alone. The answers to these questions involve moral, economic, and social issues and, therefore, demand public inquiry.

This does not mean that physicians should completely divorce themselves from consideration of medical costs. Application of some industrial techniques such as commercial laboratories and community equipment sharing are indicated when they clearly have been shown to benefit the patient. Physicians should also familiarize themselves with the cost of various procedures utilized in day-to-day practice and apply these services when absolutely necessary.

The only concrete way to decrease costs is to decrease services. If this is inconsistent with our values and goals in health care, then we must begin to search for and employ other methods of cost control. Not all of the proposed solutions will have universal support. Hopefully, whatever course is decided upon, governmental regulation will be minimal and a proper balance will be achieved for the funding of medical services, medical research, and medical education.

David A. Smith, M.D.  
Medical Editor

## Surgical infection—whose responsibility?

The infection of surgical patients in the hospital is accepted as an omnipresent hazard. As surgical procedures become increasingly complicated, as they are performed upon a population encompassing the extremes of age and the borderlines of risk, postoperative infection always threatens. In some cases, such as the implantation of prosthetic appliances, infection may spoil the result of the opera-

tion. In others, infection may threaten life or increase suffering in convalescence. In both, it greatly inflates the cost.

Infection control in the hospital has been delegated to the Infections Committee. Its monitor is the nurse epidemiologist, and we now have another statistic gathering group in the hospital. The committees meet and discuss clusters of infection, con-



trol of sterilization, methods of sanitation, and many of the potential sources of hospital acquired infection.

The Association of Operating Room Nurses has published guidelines of good practice in "Standards on Attire in the Operating Room." They have likewise published standards for gowns and surgical drapes. Yet if one looks into many surgical operating rooms one still sees these precepts broken. One sees drapes saturated with blood or water. One sees long hair protruding from a cap, hand-some sideburns uncontained, and, in the hallway, masks dangling on the chest.

Who is responsible? The nurse epidemiologist who maintains the records? Or the chairman of the Infections Committee who scrutinizes the records? Or the surgeon who puts his hand in the wound with



## correspondence

To the editor:

For a statistical research purpose, we are attempting to accumulate data regarding the number of physicians, and other professionals in this country, who have had, or still have, members of their families involved with the so-called religious cults such as:

- 1) Occult—Witchcraft and Satan Cults (Druids, etc.)
- 2) Vedic Hindu such as Hare Krishna, Divine Light Mission, etc.
- 3) Christian based—Unification Church ("Moons"), Church of the Bible Understanding (Forever Family), The Way, etc.
- 4) Political—The Weathermen, National Social Labor Coalition, etc.
- 5) Pseudo Scientific—Scientology, UFO, The Foundation (The Process) etc.
- 6) Other

There is a question of hypnosis being used by the cults, and also some questions regarding the health

a hole in his glove? Incidentally, we are being sold gloves of which one to two percent have holes in them before we put them on. We are being sold drapes that are not barriers. And we accept them without complaint!

Not all infections are the responsibility of the surgeon, the assistant, the nurse, or even the team. But until each of us accepts the responsibility for our own actions, i.e., by washing our hands as we go from patient to patient, until we encourage everyone, regardless of station, to call our attention to breaks in technique, until we are willing to read and adopt guidelines for our aseptic performance, surgical infection will continue. It will continue to increase the cost in both life, suffering, and dollars to over a million postoperative patients each year.

William C. Beck, M.D., F.A.C.S.  
Sayre

and well-being of members involved in cults.

We are also interested in hearing from, or hearing about, any physician who is, or has been, a member of such a cult.

Interested persons should reply to:

John G. McConahy, M.D.  
Individual Freedom Foundation  
143 Valhalla Drive  
New Castle, PA 16105

To the editor:

We have been faced recently with the comments to the editor from an otolaryngologist as well as a plastic surgeon relative to the position of plastic surgery in specialties.

I believe that we have now had a sufficient amount of this conflict and dialogue on both sides. Neither approach has aided our understanding of the goals of either side, nor has it instructed our fellow colleagues in the general practice of medicine.

I, therefore, suggest that all further correspondence of this sort be deleted in good taste and for professional advantage from the publication.

Perhaps a better term overall would be to list what would be categorized either as cosmetic surgery or plastic surgery. Cosmetics clearly has the connotation of facial appearance as well as skin repair throughout the body in contrast to the concept of plastic surgery which implies a more comprehensive term including any area from the toe nail to the top of the scalp.

Let us hope that this is the last article of this sort in PENNSYLVANIA MEDICINE.

Louis W. Welsh, M.D.  
Jenkintown



I've asked for a second opinion on your bill!





## MDs in the news

**Sylvia S. Yedinsky, M.D.**, Haverford, was appointed recently as associate director of continuing education at the Medical College of Pennsylvania. Dr. Yedinsky is clinical assistant professor of psychiatry at child guidance and mental health clinics of Delaware County.

**John D. Durrant, M.D.**, director of the audiology research laboratory at Temple University School of Medicine, was recently awarded a \$9,470 grant from the Deafness Research Foundation to study the properties of the after-potential response of the inner ear. Dr. Durrant is assistant professor of otorhinology and physiology in Temple's medical school and an instructor in speech at Temple.

**Edward Russek, M.D.**, was appointed recently as assistant professor of psychiatry at the Milton S. Hershey Medical Center, the Pennsylvania State University. Formerly an instructor in psychiatry, he is presently on the staff of the Sleep Research and Treatment Center and the Sleep Disorders Clinic at Hershey.

**Oscar C. Villacrusis, M.D.**, was appointed recently as director of outpatient services for the Luzerne-Wyoming County Mental Health/Mental Retardation Center. His responsibilities include overseeing the outpatient service sites in Forty-Fort, Pittston, Tunkhannock, and Wilkes-Barre.

**John J. McKeown, Jr., M.D.**, was recently named chairman of the department of surgery at the Mercy Catholic Medical Center, Darby. Currently associate professor of surgery, Dr. McKeown has held teaching posts at Jefferson Medical College for the past 21 years.

**Nathaniel Silon, M.D.**, Allentown, was certified recently in nuclear medicine. He is director of Allentown Hospital's radiation oncology division and supervises the cobalt radiation facility.

**Betty L. Cottle, M.D.**, secretary of the Blair County Medical Society, was recently named physician of the year by the board of trustees and medical staff of the Mercy Hospital, Altoona. She was chosen as the active staff member who contributed most toward the medical development of the hospital. She is senior attending physician in the department of anesthesiology, education director of the school of anesthesia and respiratory therapy, and chairman of the pharmacy committee at the hospital.

**Jacob Schut, M.D.**, has recently given a series of lectures in Central and South America as a special consultant to the United Nations, World Health Organization, and Pan American Sanitary Bureau. He presented lectures in Peru, Panama, and Venezuela and spoke on the subject of pharmacodependency. Dr. Schut is vice chairman of the Society's Commission on Therapeutics.

The Lahey Clinic Alumni Association recently installed **Alexander M. Minno, M.D.**, Pittsburgh, as president for 1977. Dr. Minno is in the private practice of rheumatology and is a clinical instructor in medicine at the University of Pittsburgh School of Medicine. He is on the medical staffs of Presbyterian-University, Allegheny General, and Magee-Womens Hospitals.

**A. A. Abbatiello, M.D.**, was recently honored by the Butler Veterans Administration Hospital for 30 years of federal service. In previous years Dr. Abbatiello has served as personnel physician; admitting physician; chief of the tuberculosis section; acting chief of staff, medical service, rehabilitation medicine service, and laboratory service. He has been honored with the hospital director's commendation for excellence and dedicated performance for his intra-VA training courses.



*HONORED RECENTLY FOR OUTSTANDING CONTRIBUTIONS in the war on cancer were: left to right, Robert D. Harwick, M.D., Peter C. Nowell, M.D., and James G. Bassett, M.D., who recently received recognition at the Philadelphia Division, American Cancer Society's (ACS) annual awards assembly. A professor of surgery at Temple University Hospital, Dr. Harwick has served as president of the Philadelphia division, on numerous ACS committees, and on the national ACS board of directors. Dr. Nowell, of the University of Pennsylvania School of Medicine, received the division's scientific award for outstanding contributions to cancer research. Immediate past president of the division, and professor of surgery at the Medical College of Pennsylvania, Dr. Bassett received recognition for distinguished service as a leader and volunteer of the society.*



At a recent testimonial dinner, the community of Dayton paid tribute to **Arthur R. Wilson, M.D.**, who had announced his retirement after 40 years in the practice of medicine. After his move to Sun City, Arizona, Dr. Wilson's office/home was purchased by the Dayton Area Medical Center as quarters for a new community physician.

**Leo Madow, M.D.**, Penn Valley, was elected recently to serve on the executive council of the American Association of Chairmen of Departments of Psychiatry. Dr. Madow is professor and chairman of the psychiatry department at the Medical College of Pennsylvania.



**DR. MADOW**



**DR. DUBIN**

**I. N. Dubin, M.D.**, Wynnewood, professor of pathology and community and preventive medicine at the Medical College of Pennsylvania, was invited recently to serve as a consultant and expert witness for the Environmental Protection Agency, which has been involved in a case dealing with pesticides suspected of causing liver cancer.

The Warren County Medical Society recently honored **James Valone, M.D.**, and **Edwin R. Anderson, M.D.**, for 50 years of service in medicine. Both physicians are on the medical staff of Warren General Hospital and are past presidents of the Warren County Medical Society.

**Daniel W. Beckley, M.D.**, and **Peter Ringawa, M.D.**, both of Bloomsburg, were recently cited by the Columbia County Medical Society for fifty years of medical service. Presenting Dr. Beckley's award was **George A. Rowland, M.D.**, chairman of the State Society Board of Trustees and Councilors. **Robert Hunter, M.D.**, immediate past president, presented Dr. Ringawa's award.

*Monuments Marking the Graves of the Presidents*, a unique work in American history, by **Archibald Laird, M.D., F.A.C.S.**, was published recently. The book contains locations, sizes and shapes, and inscriptions at the grave sites of all the former U.S. presidents, as well as photographs of many of the sites by the author's wife, Ruth Washburn Laird. A practicing ophthalmologist in Wellsboro, Dr. Laird is a past president of the Tioga County Medical Society and a fellow of the American Academy of Ophthalmology and Otolaryngology. A life member of the National Guard Association, he retired from the Pennsylvania National Guard in 1962 with the rank of Brigadier General.



**DR. LAIRD**



**DR. MAIER**

**Willis P. Maier, M.D.**, Gulph Mills, was recently named chief of the section of general surgery at Temple University Hospital. Dr. Maier is professor of surgery at Temple and director of Temple hospital's breast clinic.

**Rodger A. Rockower, M.D.**, was certified recently in diagnostic radiology by the American Board of Radiology. Dr. Rockower is on the medical staff of Centre Community Hospital, State College.

**Donald E. Piper, M.D.**, Dallastown, and **Vera J. Krisukas, M.D.**, were recently named fellows of the American Academy of Family Physicians.

**Robert W. Downie, M.D.**, recently joined the Good Shepherd Rehabilitation Hospital as medical director and the Allentown and Sacred Heart Hospital Center as director of physical medicine. Previously he was associate director of physical medicine at the national Orthopedic and Rehabilitation Hospital in Arlington, Virginia, and at the Alexandria Hospital, Alexandria.

The American Board of Orthopedic Surgery recently named as diplomates **J. Michael Moses, M.D.**, and **Patrick B. Respet, M.D.**, both of Johnstown.

## New County Officers

### Beaver County Medical Society

**Roy Marion, M.D.**, Beaver, president  
**Leslie Pallone, M.D.**, Beaver, president elect

**John Notaro, M.D.**, Aliquippa, first vice president

**John Shugert, M.D.**, Beaver, secretary treasurer

### Jefferson County Medical Society

**Rodger B. Haglund, M.D.**, DuBois, president

**Richard Thames, D.O.**, Punxsutawney, president elect

**C. B. Lull, Jr., M.D.**, DuBois, secretary treasurer

### Luzerne County Medical Society

**Joseph W. Ehrhart, M.D.**, Forty Fort, president

**James G. Galante, M.D.**, Forty Fort, president elect

**Herbert Fellerman, M.D.**, Wilkes-Barre, vice president

**George E. Hudock, Jr., M.D.**, Court Dale, secretary

**Stanley C. Ushinski, M.D.**, Kingston, treasurer

### Hazleton Branch, Luzerne County Medical Society

**H. L. Auerbach, M.D.**, Hazleton, president

**Gerald L. Andriole, M.D.**, Hazleton, vice president

**Leo J. Corazza, M.D.**, Hazleton, secretary treasurer

### Northampton County Medical Society

**George B. Laubach, M.D.**, Easton, president

**Harry G. Light, M.D.**, Bethlehem, president elect

**Donald H. Smith, M.D.**, Easton, vice president

**John H. Hobart, M.D.**, Easton, secretary

**Walter K. Peters, M.D.**, Bethlehem, treasurer

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Hearing losses are among the most consistently neglected health problems. Many people with them won't even admit it to themselves, let alone others. A little encouragement may start them thinking about themselves more realistically.

That's why we're offering you the poster shown here. You can hang it on the wall or stand it on a small table. It comes with booklets called "As

precious as sight" that give your patients some basic facts about auditory testing and hearing losses and how easy they are to correct in many cases.

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# Generic prescribing concept now law here

ARTHUR H. HAYES, M.D.  
Hershey

When House Bill 473 became Act 259 of 1976 on November 24, Pennsylvania joined the growing list of states with a generic prescribing law. The new law is one response by the Legislature to public pressures over the rising cost of medical care.

The Act's sole requirement for physicians is that they make a conscious and written determination whether a substitute drug may be dispensed. The requirements on pharmacists are numerous.

Implementation of Act 259 will occur on or after May 23, 1977, when the Department of Health has compiled a formulary of equivalent generics and names of their manufacturers. A pharmacist may not substitute a generic if the generic is not included in the formulary to be developed by the Department of Health.

When Act 259 becomes operational, physicians will be required to have two signature lines on each prescription blank. Imprinted under one line will be the

words "substitution permissible." The other will say "do not substitute." Which line the physician signs will determine whether or not the pharmacist may make a substitution. When a physician permits a substitution, however, the pharmacist *must* offer to the consumer a lower cost substitute, *provided he has an acceptable generic in stock.*

In the case of an oral prescription, unless the physician forbids substitution, the pharmacist will offer a substitute.

Section 6B of the new law exempts physicians from any liability for drug substitution. The specific language of the law says "In no event when a pharmacist substitutes a drug shall the prescriber be liable in any action for loss, damage, injury, or death of any person occasioned by or arising from the use of the substituted drug unless the original drug was incorrectly prescribed."

By May 23, 1977, the Secretary of Health, in cooperation with the Pennsylvania Drug, Device, and Cosmetic Board, is to establish a formulary of generically equivalent drugs and the names of their manufacturers. In this provision lies the power of law.

The May 23, 1977, formulary is not necessarily the final list. Act 259 empowers the secretary to add to or delete from the list. Interested parties may also petition the secretary regarding inclusion or deletion of a drug product. Before any drug is acted upon, the law requires the usual publishing and public hearing procedures. If the secretary determines an emergency to exist, he may re-

move a drug product from the list without public hearings.

The secretary may use in whole or in part formularies adopted by the United States Department of Health, Education, and Welfare for its Maximum Allowable Cost (MAC) Program under the medicare and medicaid programs. In this event, Pennsylvania hearings will be waived. Finally, the secretary shall conduct a yearly review of the status of all drugs included on the formulary.

Section 6C exempts hospitals, pharmacies and other pharmacies of licensed health care facilities in Pennsylvania from Act 259. Facilities licensed by the Department of Health may continue to develop their own formularies in accordance with institutional policies as approved by their medical staffs.

The mandate upon pharmacists is broad. Whenever a physician permits a substitution, the pharmacist *must* offer the consumer a substitute of a less expensive generic equivalent drug product listed in the Department of Health formulary. If the customer permits the substitution, the pharmacist must tell the customer of the substitution and the amount of the retail price difference between the brand name and the substituted drug.

The pharmacist must maintain a record of the substitution made and must also indicate the generic name and the name of the manufacturer on the label unless directed otherwise by the doctor. The pharmacist may only use a substitute found in the Department of Health formulary.

Dr. Hayes is chairman of the State Society's Commission on Therapeutics, which is acting in an advisory capacity to the State Department of Health's Drug Device and Cosmetic Board. He is chief of clinical pharmacology at The Pennsylvania State University College of Medicine, The Milton S. Hershey Medical Center. Before coming to Hershey Dr. Hayes was associate dean and clinical pharmacologist at Cornell University Medical College.



Every pharmacy must post a sign near the place where prescriptions are dispensed which says "Pennsylvania law permits pharmacists to substitute a less expensive generically equivalent drug for a brand name drug unless you or your physician direct otherwise." In addition, each pharmacy must post a list of commonly used generically equivalent drugs from the formulary containing the generic names and brand names where applicable. Also, each pharmacy must have available to the public

a price listing of brand names and generic equivalent drug products which they have available at the pharmacy for selection by the purchaser.

Responsibility for administration of the new law falls to the Department of Health which must also write the necessary regulations, publicize the Act, and distribute the formulary to all pharmacies in the Commonwealth. Already numerous questions have arisen regarding implementation of the law.

The Society's Commission on

Therapeutics is the official body which is reviewing the law and offering the comments to the Department of Health. Negotiations are under way to insure that the cost saving objectives of the law remain secondary to the medical treatment of the patient. The primary comments of the Commission to the Department of Health have been to insure that the system is as convenient as possible to physicians, and that where substitutions are made, physicians feel confident that quality generics are being used.

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## **Society's legislative experts tell history of H.B. 473**

### **What's the real story behind Act 259?**

The question of generic drugs has been lurking in the shadows ever since the Kefauver Hearings in Congress 20 years ago. It moved to the front burner in July 1974 with the publication of the Berliner report, formally titled "Drug Bioequivalence." It was a report of the Office of Technology and Assessment by the Drug Bioequivalence Study Panel chaired by Robert W. Berliner, M.D., dean of the School of Medicine at Yale University. At the time the report was made public, Dr. Berliner was quoted as saying that 85 to 90 percent of the drugs did not require stringent bioequivalency screening because they delivered ample amounts to the blood stream and remained well below the potentially toxic level. Impetus for the report came from a proposal by the Department of Health, Education, and Welfare to use the lowest cost equivalent drugs available in the medicaid and medicare programs.

### **Didn't this bill kind of slip under the door without much input from PMS?**

No. We have seen similar proposals in Pennsylvania for nearly ten years. Almost all previous bills, however, were totally unacceptable because they did not give the physician any veto power.

### **What happened this time?**

We met with members of the House and Senate committees which considered the bill. We indicated that whatever was done, the physician must be able to prescribe the drug of his choice and allow a substitution only if he feels a generic would not hurt his patient but might in fact save him some money. That is exactly how the bill was finally written.

### **Are you aware of the fact that some drug manufacturers think this is a bad bill?**

When the bill was moving through the legislature representatives of the drug industry got together and coordinated their lobbying efforts. The chairman of that committee stopped by every week to chat with us. It was our understanding that the pharmaceutical industry was

satisfied with the Senate version which is the one that became law. I believe most of their concerns right now focus on the rules and regulations still to be written.

### **How is a physician to know the products a pharmacist will use?**

The law calls for a state formulary to be developed by the Secretary of Health with the advice of the Drug, Device and Cosmetic Board. The PMS Commission on Therapeutics, composed of experts in the field of pharmacology, has agreed to advise the preparation of that formulary. Eventually every pharmacist and, we understand, every physician, will have a copy so that everybody knows the generic equivalents to be used in Pennsylvania. We also insisted that due process be involved in the additions and deletions from that formulary so that we will have an opportunity to change it if we seriously object to parts of it.

### **Isn't this just another example of the government taking over the practice of medicine?**

In the broadest sense, yes. But opposing reduction of the cost of medical care these days is like being against motherhood. Tactically, this was not the bill on which to go to the mat. Medical opinion on the use of generics is divided. A sizeable segment of the membership finds nothing wrong with the use of generic drugs. Because we did not have a united front we could not totally oppose this bill. It is a good illustration of the need for a unified membership and a single party line when entering tough negotiations.

### **Where do we go from here?**

Act 259 of 1976, as laws go, is a very short law. The rules and regulations will be many times longer. Our work has just begun. The Commission on Therapeutics has started a lively dialogue with the Drug, Device, and Cosmetic Board and the Secretary of Health on implementation of the law and the contents of the formulary. It will require a lot of input from this commission to assure that the bureaucrats do not destroy the intent of the law. It is necessary for us to remind the bureaucrats frequently that without the cooperation of physicians this law will bomb.



## **Changes in Blue Shield eye program ease conflict**

**ROBERT L. LAMB**

**Director of Communications**

**'... tests and examinations done by ancillary personnel or limited practitioners are not a substitute for a medical evaluation that is carried out by a physician.'**

On November 10, 1976, the Pennsylvania Medical Society withdrew its appeal to Commonwealth Court over Blue Shield's Eye Examination and Refraction Program. The Society had filed suit on behalf of its members who belong to the Pennsylvania Academy of Ophthalmology and Otolaryngology (PAOO).

The academy and PMS had objected primarily because of Blue Shield's failure to properly distinguish between ophthalmologists and optometrists. In its original form the plan equated optometrists, a group of non-medical practitioners, with ophthalmologists.

According to Paul A. Cox, M.D., PAOO president, "It is important in all fields of medicine to let the public know that tests and examinations done by ancillary personnel or limited practitioners are not a substitute for a medical evaluation that is carried out by a physician."

### **Optometrists added**

Very early, it became apparent that optometrists would be included in the Blue Shield service. When PAOO alerted the PMS Board of Trustees and Councilors

and asked their assistance in clarifying the situation, the Board agreed to help to make the situation palatable for everyone.

### **PMS goes to court**

When Academy and PMS efforts to persuade Blue Shield to change its filing failed, the Society filed suit in Commonwealth Court asking the Court to reverse Insurance Department approval of the Blue Shield filing.

After the appeal was filed, negotiations with Blue Shield began. Paramount was the need to specifically define the services to be provided by optometrists and how they differ from the services provided by ophthalmologists.

Through negotiations among the Insurance Department, the Department of Health, the Pennsylvania Optometric Association, Blue Shield, the Academy and PMS, acceptable compromise language was finally hammered out. As a result, an amended plan was filed with the Insurance Department by Blue Shield. After approval by the department, PMS withdrew its appeal to Commonwealth Court.

Dr. Cox, who practices in Carlisle, said "The Academy is grate-

ful to the Pennsylvania Medical Society in their efforts to persuade Blue Shield to make a distinction between examination for glasses as done by an optometrist and a comprehensive medical eye examination as done by an ophthalmologist."

Blue Shield moved into vision care in 1975 because of the increased market demand for those benefits. Eye glasses are a health benefit which labor unions are demanding. Because such programs are already available from other carriers, Blue Shield felt compelled to offer a similar program to maintain its competitive position.

### **Parts of plan**

The Blue Shield vision care program is composed of two distinct elements. The first is eye examination and refraction. Payment is made on the basis of the usual, customary, and reasonable criteria of the prevailing fee concept. It guarantees paid-in-full benefits when covered services are performed by Blue Shield participating doctors "who may be either an ophthalmologist, a physician, or an optometrist."

Some of the procedures in-

cluded in the service are: visual acuity testing; external examination; binocular measure; and second testing for near and far sightedness.

The second element of the program consists of post-refractive services: measuring for lenses and frames; verifying prescriptions; providing the eye glasses; and fitting and subsequent servicing of eye glasses. Payment is made on a maximum allowance basis. Any difference between the doctor's charge and the amount Blue Shield pays is the responsibility of the subscriber.

### Initial vision rates

Blue Shield's actuaries developed the following monthly rates for the vision care program for groups enrolled under a Blue Shield medical-surgical and/or dental program: individual, \$1.60; two person, \$5.25; family, \$5.25. The above rates are community rates designed primarily for groups which range in size from 10 to 99 employees. When the number of contracts reaches or exceeds 100, the account is experience rated.

Below are some of the definitions which were finally agreed upon after months of negotiations:

1. "Ophthalmological examination" shall mean a comprehensive medical examination and evaluation of the eyes performed by an ophthalmologist or a physician.

2. "Ophthalmologist" shall mean any physician who specializes in the diagnosis, treatment, and prescribing of medication and lenses related to conditions of the eye, and who may perform eye examination and refractive services.

3. "Optometrical examination" shall mean a comprehensive optometrical examination and evaluation of the eyes performed by an optometrist.

4. "Optometrist" shall mean

any person licensed to practice optometry.

5. "Physician" shall mean any physician or osteopath who has received formal and recognized training in the art and science of medicine and who has a license to practice medicine and surgery or osteopathy and surgery including the *diagnosis, treatment, and prescribing of medications* and lenses related to conditions of the eye and who may perform eye examination and refractive services, including ophthalmological examinations.

In the case of post-refractive services, if performed and billed by participating doctors, the

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**'Blue Shield's program in essence states: Let the optometrist practice optometry and the ophthalmologist practice ophthalmology.'**

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payment, up to the maximum allowance set forth in Schedule II, will be made directly to the doctor. Post-refractive services provided by non-participating doctors will be sent to the employee-subscriber. Payment for frames, lenses, and/or contact lenses prescribed by a provider but supplied and billed by a dispensing optician will be made up to the maximum of Schedule II to the employee-subscriber.

### Post-refractive services

Payment will be made up to the following maximum allowances:

1. Frames, \$12.
2. Lenses (pair)—(a) single vision, \$12.; (b) bifocal, \$18.; (c) trifocal, \$23.; and aphakic, \$55.

3. Contact lenses—(a) hard, \$100.; and (b) soft, \$150.

### Limitations

There are a number of limitations in the vision care program. They include:

1. One set of frames in any 24 month period;

2. Contact lenses are a covered benefit only after cataract surgery, corneal transplant surgery, or other conditions such as but not limited to keratoconus or when visual acuity is not correctable to 20/70 in the better eye by use of lenses in a frame;

3. An allowance for an initial pair of lenses will be made only when there is an axis change of 20 degrees or .50 diopter sphere or cylinder change. These lenses must improve visual acuity by at least one line on the standard chart;

4. In the case of elective contact lenses, the program will provide benefits at the single vision lens and frame allowance level;

5. The program will not provide extra funds for elective photogray or light sensitive lenses;

6. Payment will not be made for: (a) replacement of lost, stolen, broken, or damaged lenses, contact lenses, or frames; (b) sunglasses; (c) industrial safety glasses and safety goggles; (d) medical or surgical treatment of the eye; (e) drugs or any other medication; or (f) diagnostic services such as diagnostic x-rays, cardiographic encephalographic examinations, and pathological or laboratory tests.

Summing up, Dr. Cox said, "The Pennsylvania Medical Society was very helpful in negotiating and holding conferences which resulted in Blue Shield's program which in essence states: Let the optometrist practice optometry and let the ophthalmologist practice ophthalmology." □





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## **'Triplicate botch job' describes 1966 Mental Health Act**

**ABRAHAM J. TWERSKI, M.D.**  
**Pittsburgh**

**Q** What happens when the legislative, judicial, and executive branches of government are all involved in a particular procedure?

**A.** It gets botched up in triplicate.

Let us begin with the legislature. There is a bill known as the Mental Health Act of 1966, which begins with a series of definitions, among them a definition of mental illness, since that is what the act is all about. In a long paragraph the definition essentially states that mental illness is the condition of a person who needs care because he is mentally ill. After that Pulitzer-prize-winning masterpiece of composition, there is a provision excluding "senility" from consideration as mental illness. Since neither term is really defined, no one has any clear guidelines for committability for mental illness, and it is a daily occurrence that senile people are committed to mental hospitals.

### **Voluntary commitment**

According to the act, a person can voluntarily "commit" himself to a mental hospital. Now, anyone with an understanding of the English language realizes that the terms "voluntary" and "commitment" are as incompatible as fire and water, since commitment to a mental hospital connotes *in*-voluntarism.

**This article was written prior to September 1976 when the Mental Health Procedures Act of 1976 was passed into law. While the act does remove some of the items criticized herein, it compensates by adding new nuisances and unrealistic criteria. Predictably, some amendments have been proposed to restore some of the objectionable features in the original act.**



*This is the seventh in a series of articles, "Go to hell, Washington, and take Harrisburg with you," reprinted from the Pittsburgh Press.*

*Dr. Twerski is clinical director of psychiatry at St. Francis General Hospital and medical director of the Gateway Rehabilitation Center in Pittsburgh.*



This is the way it works: If a person voluntarily commits himself to a mental hospital, then regrets his decision and wishes to leave anytime within 30 days he can be held *involuntarily* for up to ten days after giving written notice of his demand for release. So, if under the stress of a situation or pressure of family, he signs himself in voluntarily, he cannot retract his admission after a few days in the hospital. The rationale for this procedure is that it provides the family members with adequate time to obtain a formal commitment.

Suppose the patient has signed himself into a hospital because he

comes very agitated and begins to act up, and refuses any tranquilizing medication? The doctor can do nothing, because he does not have any authorization to give the patient an injection to calm him down. The patient has retracted his voluntary consent for treatment, and the law only provides that he can be *confined* involuntarily for ten days. It says nothing about giving him medication against his will.

### Involuntary detention

The Mental Health Act of 1966 has three provisions concerning involuntary commitment. The

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*'If the doctor allows the patient to leave as he has requested, and the patient then does something rash to himself or others, the doctor can be held liable because he did not exercise the legal authority granted him by law to detain the patient.'*

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had felt depressed, and a few days later he requests to leave. If the doctor allows him to leave as he has requested, and the patient then does something rash to himself or others, the doctor can be held liable because he did not exercise the legal authority granted him by law to detain the patient. Since the doctor does not want to risk a suit, he is apt to detain the patient for the ten days.

What can he do for the patient in those ten days? Nothing, unless the patient cooperates; but since the patient is protesting his hospitalization, he is not apt to cooperate.

What happens if the patient be-

first applies to a case in which the patient is behaving dangerously toward himself or others, for example, threatening suicide or homicide. Can the doctor hospitalize him on an emergency basis involuntarily? No, because that might lead to a deprivation of the person's civil liberties. To protect the latter, someone must call the delegate of the County Mental Health Administrator and tell him or her why he thinks the person's behavior is dangerous. The delegate may then authorize that the person be detained involuntarily for ten days after examination by a physician.

What are the qualifications of

these delegates who can authorize the person's involuntary detention? They must be nice, honest people. But do they have any specialized training in psychiatry or psychology to qualify them for this role? No, they just have to be nice, honest people.

Well, what about a psychiatrist, who is highly skilled and board certified, who has been treating mentally-ill people for 35 years, and who has treated this particular patient several times in the past, knows him like a book, has just now examined the patient in his office and feels it is mandatory that the patient be immediately hospitalized? Surely he can make the legal decision to hospitalize the patient in an emergency, can he not? No, he must call one of these delegates whose sole qualification is that he is a nice, honest person; and the delegate is authorized to make on the phone a decision that the psychiatrist, who is examining the patient in person, cannot make. In this way the patient's rights are protected.

What if one of these nice, honest people wishes to disagree with the highly-trained, experienced psychiatrist, tells him to go jump in the lake, and does not authorize hospitalization? Well, then the patient cannot be hospitalized. What if the patient goes home and in desperation commits suicide? Then the wife sues for damages. Does she sue the nice, honest people who refused to authorize the hospitalization? Of course not. She sues the doctor, who is somehow held liable for something over which he had no control.

Isn't this set-up insane? Of course, or else what would it be doing in a Mental Health Act?

The second provision for involuntary detention is that a person may be committed for treatment if two qualified physicians make independent examinations and cer-

ify that the person is in need of psychiatric hospitalization. That provision, which had been widely used for decades, was struck down by the judiciary as unconstitutional since the person could be deprived of his freedom without having an opportunity to argue his case. In other words, his law was seen as a possible opening for "rail-roading" someone into a mental institution.

### Physician as enemy

The only other procedure for hospitalizing someone involuntarily is a full-dress court procedure, with a judge, an attorney for the prosecution, an attorney for the defense, and all the trimmings of a criminal procedure. Obviously, the purpose of this was to protect the patient against the physician. Suddenly, the person who was to treat and help the patient is cast in the role of his enemy, against whom he must be defended.

**If the courts have ruled commitment by certification unconstitutional, why does the legislature not provide a method for commitment which would prevent possible unjust deprivation of freedom, which would not have the mentally-ill person brought**

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*'It is clear that the whole court scenario is a meaningless ritual, protecting no one's rights, because the court simply rubber-stamps the doctor's recommendation.'*

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**as a criminal into court by sheriff's deputies, to witness his physician testify "against" him? Because that is not the way government operates.** After all, it takes time to make good laws, and although it is now four years since the court's ruling, no substitute provision has as yet been adopted.

So, instead of rapidly making the necessary provisions, government makes do with whatever else is available, which is rather typically governmental style. If the government were operating your household, and your washing machine broke down, it would utilize whatever else is around—the furnace, for example. If government takes over general medicine, and you happen to need radiation therapy for cancer, but the machine has broken down, government will substitute what-

ever else it has on hand—traction perhaps.

### Patient as defendant

Now for the court procedure itself. Assume the patient retracts his voluntary admission, and requests his release. As mentioned, he may be held involuntarily for ten days. On the tenth day, his wife presents a petition to the court for his commitment. The court sets a hearing date for two weeks later, orders the patient be detained in the hospital until the hearing, and appoints an attorney to represent him. Simple arithmetic will tell you that this person is now being held involuntarily for three weeks, without having had his day in court—something which the act was supposed to prevent.

The day before the scheduled hearing, the sheriff's office notifies the court that it will not have deputies available on that date to bring the patient to court, and the hearing is then postponed until two weeks later (now five weeks of involuntary detention without representation).

On the night before the hearing the attorney appointed by the court visits the patient, and on the basis of this single encounter, knows enough to "defend" against the doctor's treatment plan. All the judge really wants to hear is a statement from the testifying physician that this patient is mentally ill, and that hospitalization is recommended; then

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*'The only other procedure for hospitalizing someone involuntarily is a full-dress court procedure, with a judge, an attorney for the prosecution, an attorney for the defense, and all the trimmings of a criminal procedure.'*

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*'Why . . . are the highest qualified people utilized in areas where they can do the least good? . . . the collosus of the system precludes rational, effective functioning.'*

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he signs the paper.

It is clear that the whole court scenario is a meaningless ritual, protecting no one's rights, because the court simply rubber-stamps the doctor's recommendation. But we are not yet finished.

### **Medicaid's "medical necessity"**

Remember how it was pointed out that medicaid will only pay for hospitalization that is a "medical necessity" according to its standards? **Medicaid has taken the position (by its own interpretation of federal regulations) that if the condition of the patient in a psychiatric ward of a general hospital is such that he could be treated in a state mental hospital,**

**where the cost is significantly lower, there is therefore no longer any "medical necessity" for his remaining in a more costly hospital unit. Medicaid therefore terminates coverage from the date on which the patient's chart indicates that he could be transferred to a state hospital.**

Now it is the practice of the physician in his progress notes to record the condition of the patient. When the patient's condition is such that the physician feels appropriate treatment should be continued at a long term treatment facility rather than in an acute hospital, he makes this note on the chart. In any event, the proceedings regarding the court commitment do become part of the chart, and it is a simple task for the medicaid reviewer to determine when the decision for transfer to a state hospital was reached. As of that date, he terminates hospital reimbursement for the patient.

**Since, as was pointed out above, it takes an average of three to four weeks before the court processes the hearing, and the patient is transferred to another hospital, the acute-treatment hospital suffers a loss of several thousand dollars on each such case. An active community psychiatric hospital may easily have 50 or more such cases annually, leaving it with a loss of hundreds of thousands of dollars.** Since, as pointed out earlier, the court hearing is generally a charade at which the judge rubber-stamps the doctor's decision, this loss is not only enormous in magnitude, but is also sustained because of a totally useless procedure. Typically governmental, it wastes time, doesn't do anyone any good, and costs a helluva lot of money.

### **Psychiatrist's role**

In the community mental health

system, the scarcest commodity is still the psychiatrist; that is simply a fact of life. As mentioned earlier, some mental health centers operate with a minimum of psychiatric time available for direct patient contact or supervision. Patients with severe depressive illnesses, for example, may have as their prime therapist a non-psychiatrist, a non-medical person, and it is perfectly acceptable to the system that these mental health workers treat the patient.

When it comes to testifying in court, however, to participating in the useless charade which is euphemistically referred to as "due process," the person who is considered qualified to treat the patient does not suffice. This exercise in futility can be performed by and *only* by the psychiatrist himself, and the court may even wish to have two psychiatrists appear in court to play this game.

But why, you will ask, are the highest qualified people utilized in areas where they can do the least good? That, my friends, is the question which would be asked only by someone unfamiliar with governmental operations.

The criticisms of government operations are not intended to impart any ill-motivation to governmental officials. Many of them are wonderful people who mean well, but the collosus of the system precludes rational, effective, and efficient functioning. **There are things which we have no choice but to have under governmental management, such as national defense, foreign policy, inter-state commerce, etc. All we can do with these is express our dissatisfaction at election time with whomever happens to be botching it up at that particular time. But to take a service which is vital to our very lives and surrender it to government chaos is a folly beyond belief.** [



## Hiring a new doctor for your practice

LEIF C. BECK, LL.B.

VASILIOS J. KALOGREDIS, J.D.

Bala Cynwyd

*'However the details are agreed, they should be in writing between the parties to avoid any possible misunderstandings or embarrassments. . . . We do not consider that a fancy legal document is as important as the letter written by doctor to doctor, for they are the ones who must understand their relationship.'*

We have received numerous inquiries regarding "fair" arrangements between a senior physician or existing group and a young doctor joining with him or them. The inquiries have been from both sides—the hiring side considering what should be offered, and from the doctor just finishing residency and evaluating a prospective practice. Especially since this seems to be the hiring season when such details are often being ironed out, we hope our comments will prove useful.

Our past involvement with such arrangements has led us to develop a sample hiring letter setting forth all the agreed arrangements. However the details are agreed, they should be in writing between the parties to avoid any possible misunderstandings or embarrassments. We do not consider that a fancy legal document is as important as the letter written by doctor to doctor, for *they* are the ones who must understand their relationship. That is why our accompanying "Dr. New Letter" may be useful (see appendix).

### Short-term effect on employing doctor

Although the employing doctor or group invariably seeks an additional doctor for long term considerations (to handle the increasing patient load, to share responsibility, review, coverage, etc.) the employer should be aware of the likely short term effect on his own net income. First of all, the cost of hiring another doctor will be considerably more than just the agreed salary. If, for example, a "package" of employee benefits (many of which are dis-

cussed in later sections of this article) is offered to the new doctor, the additional cost of those benefits may well amount to upwards of \$10,000 plus the possibly huge additional malpractice insurance premium cost.

The hiring may also necessitate moving to larger office space, buying more equipment and employing more supporting personnel (nurses, secretaries, bookkeepers, etc.). To continue the expanded practice without enough examining rooms, equipment, and lay assistance would indeed be a false economy, although a hiring doctor too often tends to ignore or resist these accompanying changes. The changes may add \$10,000 to \$20,000 more to hiring costs.

While the first-year expenditures due to a new physician could thus add up to \$50,000 or more, one should question how much fee income will be received because of his presence. In many cases, it will be considerably less than his cost. Since the new doctor will begin his employment with no patient load at all, it will obviously take a period of time

*The authors are the principal consultants of Management Consulting for Professionals, Inc., Bala Cynwyd. This article contains many of the same elements which appeared in "Plan in advance—don't hire headache" by Mr. Beck in the December 1972 issue of this journal. Ongoing references to the doctor as "he" are for convenience only as the authors experience more and more the development of hiring arrangements with female physicians.*



(perhaps several years) for him to gradually develop a comparable volume. Similarly, even if the existing practice has an overflow of business there may be a considerable time delay in integrating the new doctor into that activity. Finally, the normal time elapsed between performance of a service and collection of the fee will result in very little income from the new doctor's work during the first two or three months regardless of his activity—a factor which may mean only nine or ten months' income during his first full year of work.

These first-year economic factors are not intended to dissuade one from seeking additional help. Rather, they should be recognized and evaluated so the hiring doctor will be able to plan his personal economics according to what may be a year of lower income. This is particularly true of an incorporated physician, for the income and expense

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*... neither party should commit himself to partnership arrangements when negotiating the initial year's employment. A prime purpose of the first year is to permit both parties to appraise the desirability of working together indefinitely thereafter, and the future relationship is best determined after that appraisal has been made.'*

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projection may indicate a need to reduce the owner's salary. Such a step is far better taken in advance than at a later date when an actual negative cash flow begins to strike.

### **Promises of partnership**

Hiring a new doctor as an employee for one year, then taking him in as a partner or shareholder (on a basis gradually going towards equality) beginning the succeeding year has become rather common practice. Sometimes the new doctor's employment extends two years before partnership, but rarely longer. When the initial hiring is going on, however, one must consider how specific and how binding to make the future partnership arrangements.

We feel strongly that neither party should commit

himself to partnership arrangements when negotiating the initial year's employment. A prime purpose of the first year is to permit both parties to appraise the desirability of working together indefinitely thereafter, and the future relationship is best determined after that appraisal has been made. As a result, we suggest language in any written employment offer along the lines of item #1 in the "Dr. New Letter" appended to this article.

### **Amount of compensation**

We have seen starting salaries ranging from \$20,000 to over \$50,000, so there is obviously no "correct" figure. The high-income specialties and many of the surgical specialties (orthopedic surgery, Ob-Gyn, urology, for instance) particularly seem to be offering starting pay at \$35,000 and higher. Both parties should recognize, however, that a few thousand dollars difference in first-year pay is insignificant over the longer term.

We often encourage our clients to offer an additional "incentive compensation," perhaps 40 to 50 percent of the gross income above that necessary to meet the cost of the new doctor. Such an offer has the effect of showing the new doctor that the existing practice is not trying to profit financially on his work, and is instead delighted for him to benefit by any profit he generates above that basic earning level.

### **Fringe benefits**

As a minimum, we believe the employer should offer the new doctor basic health insurance coverage (Blue Cross/Blue Shield or the equivalent). If the practice is incorporated, the hiring doctor or doctors (the corporation's owner or owners) may well be having their medical expenses, major medical insurance, and accident and health (disability) insurance paid for by the corporation. In that event we strongly recommend that the equivalent advantages be offered the new doctor. It will help show the IRS that the corporation offers its benefits beyond just the owners, and it will also convey to the new doctor an intent to favor him just as the owners favor themselves.

If the practice is incorporated, it will also have to consider the cost of covering the new doctor in its pension and/or profit sharing plans. This can be a very substantial additional cost since the plans may call for contribution up to 25 percent of the employees' salaries. The hiring doctor should be especially mindful of this cost when first discussing compensation, and we advise his speaking in terms combining both current and deferred pay from the beginning. For instance, if a \$25,000 salary is contemplated and it would require a \$5,000 retirement contribution, we suggest that the discussion clearly be in terms of the \$30,000 figure from the start.

(Continued on page 42.)

**Appendix**  
**Suggested Form of "Dr. New Letter"**  
(for the letterhead of Drs. Able and Baker)

Norton S. New, M.D.  
(address)

Dear Dr. New:

As we have discussed, this letter is intended to set out our proposal for your employment. We hope it will be useful in making clear the suggested details of our relationship. If it meets with your approval, we would appreciate your signing one copy and returning it to us at your earliest convenience. The details will, of course, be reduced to a more formal employment agreement, if you desire, and they may have to be so drafted by our lawyer to meet our corporate requirements. We are, however, satisfied to let this informal letter set forth our understanding; it will certainly determine the terms of any more formal document.

1. You will be an employee of our medical practice corporation for one year starting approximately July 1, 1976. While only a one-year relationship is contemplated, we have discussed our intentions of the future relationship. No assurance can be made by either of us at this time, but if all circumstances are favorable to each of us the discussed format will become our arrangement starting July 1, 1977. We have agreed to start discussions on this topic after January 1, with a firm offer (if any) and decision to be made by April 1.

2. As an employee, you will be involved full time in our practice of medicine, and you will not take any outside employment during this period.

3. We propose a salary of \$26,000 which is \$500 per week for your year's employment. In addition, to the extent our practice's gross income exceeds \$215,000 during the twelve months of your employment, you will be entitled to extra "incentive compensation" of 30 percent of the excess. We are happy to share with you any such income above what we anticipate to be our "break-even point" on your involvement.

4. Our practice will also pay the cost of your professional liability insurance, including "umbrella" insurance and your professional association or society dues and hospital staff fees. However, such other practice-related expenses as professional education and travel entertainment expenses and automobile costs will have to be paid out of your earnings during this first year. We estimate the cost of these items will be some \$4,000 during your year.

5. Because we practice as a professional corporation, you will also be entitled to certain fringe benefits. These include our payment of Blue Cross/Blue Shield and major medical insurance for you and your family, our reimbursement of all your and your family's medical, dental, optical, etc., expenses up to 3 percent of your salary and your inclusion in both our pension and profit sharing retirement plans. The usual contribution to the retirement plans would be about 20 percent of your salary, and we estimate that the entire package of fringe benefits will total about \$6,500.

6. You will be entitled to two weeks paid vacation during the first year. In addition, we would be sympathetic to granting additional absence for educational and/or professional society meetings because we consider such experience essential to our long-term relationship. Arrangements for all absences must, of course, be made to assure that our practice is properly covered.

7. In case of absence due to illness or injury, your basic salary will continue for a period not exceeding four weeks plus any unused vacation time. Absence in excess of that would be without compensation. If either of us should become disabled for more than three months, we recognize the additional burdens you would have to bear and we agree to raise your salary for the extended absence, the proper change to be agreed upon between you and whichever of us is not disabled at that time.

We hope this proposal meets with your approval, and we look forward to our working together starting in July. If you agree to these terms, please sign one copy of this letter and return it to us. We will each then have a copy signed by the other, evidencing our agreement.

As mentioned, if you want to discuss any parts of this proposal further, please give either of us a call at your earliest convenience.

Sincerely,

\_\_\_\_\_  
Allen B. Able, M.D.

\_\_\_\_\_  
Bertram D. Baker, M.D.

Agreed and Accepted: \_\_\_\_\_  
Norton S. New, M.D.

\_\_\_\_\_  
Date



For rather obvious reasons, a young physician will quite often prefer cash compensation to retirement contribution. Hence, if the attorney or other pension advisors find it possible, the hiring medical corporation might give him the opportunity of declining coverage in the retirement plan or plans for the first few years, receiving the difference instead as higher salary. In the preceding example, the new doctor might be offered a \$30,000 starting salary if he wishes to elect non-participation in the plan. This

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fessional corporation is involved and such marginally appropriate items are being provided for the present physician-owners, providing them for a new doctor who is not a shareholder would help improve the argument that the expenses actually deserve the intended tax treatment.

Whatever expenses and fringe benefits the employer pays for its new doctor should be clearly evaluated in dollar figures, for the doctor should understand that his compensation will far exceed the amount of his straight salary. In fact, the employing physician or corporation will often decide to reduce the straight salary offer by the dollar value of several fringe benefits while still providing the desired compensation level. A doctor willing to receive \$30,000 of salary should, for example, be delighted to receive instead a \$25,000 salary plus benefits which will reduce his out-of-pocket obligations by \$5,000.

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*'The parties should have a clear advance understanding as to what professional expenses the employer will pay for the new doctor. . . . Whatever expenses and fringe benefits the employer pays . . . should be clearly evaluated in dollar figures, for the doctor should understand that his compensation will far exceed the amount of his straight salary.'*

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#### Vacations and illness

The limits on permissible absence should also be set out in advance of the actual employment. Since one cannot really anticipate a person's health or vacation attitudes until actual work experiences have been shared, such limits protect the employer. They also are valuable to the new employee since he will know his absence rights and thus avoid embarrassments if and when the absences are needed or desired.

We feel that a newly hired doctor need be offered only two weeks' vacation in his first year of employment, but it is not unusual for clients instead to offer three or four weeks. The decision should depend in large part on how well the expanded practice can be maintained during absence.

Professional practices are generally willing to allow four weeks of absence due to illness or injury without loss of pay during the first year. While the allowable sick leave should become still longer as a doctor works his way into partnership, he has not really earned extensive absence right when so newly hired. Especially if the employer carries some accident and health (disability) insurance on each physician or reimburses each physician for his own disability premiums, four weeks of paid absence due to illness should be quite generous at that stage of the employment relation. At any rate, the important point is that, whatever shall be the limits and rights, they should be set out in advance and be respected by both the old and the new doctors.

Conversely, fairness to the young doctor calls for some consideration of his salary if the hiring doctor should become disabled. This may call for a general undertaking to reevaluate matters in such event (as in item #7 of the appended letter) or a specifically agreed change in compensation. The question is raised enough times by young doctors, especially when negotiating to join a solo practice, that we think it should be faced. □

would clearly appeal to the new doctor while not really costing the corporation.

#### Payment of expenses

The parties should also have a clear advance understanding as to what professional expenses the employer will pay for the new doctor. Malpractice insurance premiums, professional society dues, and hospital staff fees are most often borne by the employer. Some senior doctors are so set back by the malpractice cost that they attempt to have the new employee bear it, but we consider it a cost which the employer should bear, even though it may in turn affect what salary he can offer the young doctor.

Many employers offer to pay the expenses for travel to and attendance at professional education and society meetings, although it may be desirable to place a limit on such expenditures for the year. All of these expenses seem clearly to benefit the employer as well as the employed physician.

The hiring doctor should also consider whether to pay the new doctor's automobile expenses, entertainment expenses, and the like. Especially if a pro-



## **Saving on income tax preparation costs**

**DONALD L. DeMUTH, M.B.A., C.P.A.**

**EDWARD H. ACHORN, M.A., C.P.A.**

**Harrisburg**

**P**robably the most frequent question physicians ask us is, "What should I do to save income tax?" An equally relevant question is, "What should I do to save on the cost of income tax return preparation?"

Physicians set their rates for various procedures according to the complexity of the procedure involved and the length of time expected for its completion. Accountants, professional management consultants, and other tax advisors determine their fees by the same criteria. A great majority base their fees on the assumption that their efforts are worth \$25 to \$50 per hour. Therefore, anything that can be done to reduce the tax advisor's time spent preparing the income tax return will reduce the cost of tax return preparation.

### **Efficient accounting system**

The first basic step for private practitioners, whether in a solo practice, partnership, or corporation, is to implement a good accounting system. A good accounting system is one that, in an orderly and useful manner at a reasonable cost, maintains records of cash receipts and expenditures, the right to receive cash, and the liability for cash expenditures. A bad accounting system does not facilitate the orderly and timely retrieval of financial data. Such systems are disparagingly known as "shoe box jobs" and "abortions" by tax men.

An accounting system can be

customized to the unique needs of your practice and may involve a variation of one of the following types: a "one-write" accounting system; a double-entry bookkeeping system; or a computer system, either through data submitted to a service bureau or processed through owned or leased equipment.

There are several good "one-write" systems commercially available. One-write systems permit the categorization of expenses at the time of check preparation and allow a patient's receivable balance to be reduced by the preparation of a bank deposit slip. One-write systems can be used by office staff with relatively little training.

If a physician has a receptionist or assistant with some background in bookkeeping, a double-entry bookkeeping system may fulfill his needs. The materials needed can be found in most stationery or office supply stores. It is probably the cheapest system to operate in terms of direct out-

of-pocket expenditure for many physicians.

If the volume of transactions is quite large, a computer software or hardware firm should be contacted to determine if a computerized accounting system is justified. One may be beneficial for a large partnership or corporation.

### **Shoe box job**

The following dialog is the fictional account of a meeting between Dr. Ivan Billit, a devotee of shoe box accounting, and Roger Tryhard, his new tax advisor, at the physician's office on April 10, 1977.

*Billit* (pointing at a pile of paper toppling out of a large shoe box): "Roger, I called you yesterday so we could take care of these tax returns. I've gotten all the things you'll need, the checkbooks, deposit slips, Blue Shield statements, dividend and interest forms, suppliers' bills . . . the works."

*Tryhard* (Looking askance at the shoe box momentarily): "Uh, Dr. Billit, do you recall the conversation we had when you asked me for tax advice earlier this year?"

*Billit*: "Sure, Rog, I told you that I wanted your help because I felt that my former tax man just wasn't doing the job for me. It cost me \$600 for tax return preparation back then and what happened? I was audited and paid another \$500 in taxes in addition to the \$300 I paid him to handle the audit. I told my colleague, Joe Yaney, and he referred me to you."

*This article is the second in a series dealing with federal income tax and the new regulations under the Tax Reform Act of 1976. Mr. DeMuth is assistant professor of accounting and Mr. Achorn is assistant professor of accounting and management at The Pennsylvania State University's Capitol Campus, Middletown.*



He said you did a real good job for him and came up with some mighty fine tax saving angles, too."

### **Seven hours at \$40 per hour!?!**

**Tryhard:** "I appreciate Joe's recommendation. You know, he really does a lot to help me. He summarizes his tax information and makes a list of the questions he has. It sure makes it easier to prepare his tax returns."

**Billit:** "You're the accountant. Why don't you do it? What's he paying you for?"

**Tryhard:** "Oh, I'd do it, all right. But, it would take me about seven hours. And at \$40 an hour, it would cost him almost \$300 just to have the data summarized."

he'll never be as healthy as the patient who helps himself.

"Any client who summarizes his information so that I don't have to worry about finding the interest statements for Wabash Railroad bonds facilitates tax planning."

**Billit:** "I see what you're saying. But what are you looking for? How do you want this laid out?"

### **Advance preparation**

**Tryhard:** "First of all, **list your practice income for the year.** It's a good idea to list it monthly in case there's a month that seems out of line. Then you can investigate the reason for it.

**"Listing your office expenses is next** on the agenda. You should

for your office expenses.

**"If you sold any securities in 1976, get the broker's advice for both when you bought and sold the security. List these and compute the gain or loss. Remember that gains on the sale of municipal bonds are taxed; only the interest isn't taxable. Separate long-term gains and losses from short-term gains and losses.** A long-term gain or loss occurs when the security was held for more than six months in 1976. The cutoff period between long-term and short-term gains and losses becomes nine months in 1977 and a year in 1978 and thereafter.

"If you have any questions, write them down. You may have some circumstances that qualify for favorable tax treatment. Your questions could bring this to light."

**Billit:** "Okay, Roger, I'll get everything taken care of this evening."

**Tryhard:** "Good, let's meet here tomorrow afternoon."

Dr. Billit and Mr. Tryhard meet the next day, April 11.

**Billit:** "Roger, I'm glad I acted on your advice. A \$5,000 certificate of deposit matured this year and I ran it through the office checkbook. I guess you'd probably have picked it up as practice income, if I wouldn't have noticed it. Also, my contributions seemed low and I realized that I hadn't included a checkbook for a checking account my wife just opened this year. She'd made some donations and also paid some real estate tax bills."

### **Recording Cash**

**Tryhard:** Dr. Billit, remember last year when we talked about using a double-entry bookkeeping system this year, since Marge, your receptionist, had some bookkeeping experience?"

**Billit:** "Sure do, Rog. But I fig-

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*'A great majority of tax advisors base their fees on the assumption that their efforts are worth \$25 to \$50 per hour. Therefore, anything that can be done to reduce his time spent preparing the income tax return will reduce the cost of tax return preparation.'*

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**Billit:** "Seven hours at \$40 per hour? I could do mine in half that time!"

**Tryhard:** "I'm sure that you could. After all, it's your tax information. No one is more familiar with it than you are. Anyone else is bound to be more inefficient in summarizing it.

"Also, what do you want to pay me for, listing your dividends or looking for areas of tax savings? This is akin to comparing a patient that takes care of his health to one that doesn't. The patient that exercises, watches his diet, and listens to your advice will almost invariably be healthier than the patient who fails to do so. And no matter how much the bad patient spends on medical costs,

categorize them by type of expense (for example, employee wages) and summarize them with the check number and payee. This makes reference to them easy if the information is sought later."

**Billit:** "An audit, for instance?"

**Tryhard:** "Right. Also, **list dividends and interest. Be sure to break out the capital gains and qualifying and non-qualifying dividends for your mutual funds.** The information is listed on the 1099 dividend statement.

**"Assemble all your real estate tax bills, contribution receipts, mortgage interest statements, and checks and prepare an analysis for your itemized deductions** similar to the analysis prepared



ured that since a quarter of the year had passed, I'd let it go until this year. Besides, Marge does a great job recording all the deposits and checks in the checkbook."

**Tryhard:** "Yeah, but what about the cash that comes in?"

**Billit:** "She writes that down, too."

**Tryhard:** "But what happens to it then?"

**Billit:** "Well, we put some in the checking account and keep some around here to pay for snow shoveling, small repairs, dinners when the staff works late, and I sometimes take some when I'm a little short."

**Tryhard:** "Do you write down the amounts taken out of the cash on hand?"

**Billit:** "No, it's probably only \$1,000 a year and I take maybe \$1,000 myself."

**Tryhard:** "In your tax bracket \$1,000 of deductions you don't take costs you \$500 in taxes."

**Billit:** "Hmmm, couldn't we estimate it?"

**Tryhard:** "If that were done and you were audited, the IRS could throw out a good part of the deduction or maybe the entire amount, since you can't support it."

**"It would be best if you deposited cash and checks received from patients each day. Also, establish an imprest office cash fund. This means set a specific amount as being on hand, say \$150. Whenever you pay out some cash or take it yourself, write a note for the amount removed. When cash in the office cash fund runs low, write a check for the difference between \$150 and the amount on hand. Then compare the amount of the check with the total of the notes. They should be the same."**

"Besides, if you don't keep track of where it goes, there's a possibility of embezzlement. I know Marge is very trustworthy."

But, at the same time there was an incident in California. The office girl for a partnership had worked there for twenty years when it was discovered that she'd taken at least \$15,000 in the last ten years she was there.

"It was a situation similar to yours. One person was responsible for collecting, disbursing, and recording cash. She wasn't caught until a patient, who always paid in cash, asked for a medical expenses statement from the office while the girl was on vacation. She wasn't even recording that she'd received it. You ought to reconcile the checkbook once or twice a year yourself on a surprise basis to mitigate this possibility."

**Billit:** "That's frightening!"

**Tryhard:** "Sure is."

**Billit:** "Hmmm, there's a lot to what your're saying, Rog. And I'd sure hate to pay \$500 more in tax just because we weren't recording what the money was being spent on."

**Tryhard:** "I see you paid \$400 to Dr. Buchanan, \$500 to Dr. McCarthy, and \$2,250 to Dr. Frey; were they all for assisting you with medical procedures?"

**Billit:** "The \$500 to Jim McCarthy was. Of the \$400 for Phil Buchanan, \$100 of that was for a bet we made at a party I threw. Who would have guessed that the Phils would drop three in a row? Those Reds sure are tough. But I suppose that's not deductible. And Ralph Frey's a dentist. When three kids all get orthodontic work done in a year, I sure feel it in my wallet. That takes care of your question?"

**Tryhard:** "A couple of things. The \$100 lost on the wager is deductible to the extent of any gambling winnings you had during the year."

**Billit:** "Well, I wasn't so fortunate. But I'll get him back next year!"

**Tryhard:** "And your medical

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*'The first step for private practitioners, whether in a solo practice, partnership, or corporation is to implement a good accounting system . . . one that, in an orderly and useful manner at a reasonable cost, maintains records of cash receipts and expenditures, the right to receive cash, and the liability for cash expenditures.'*

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costs<sup>1</sup> which include dental bills, eyeglasses, false teeth, and transportation to the extent that they exceed 3 percent of your adjusted gross income are deductible as itemized deductions. You also mentioned a party. What sort of an affair was it?"

#### **Business Entertainment**

**Billit:** "Since I haven't been practicing here for two years yet, I decided to have a get together for practitioners in the area who had referred patients to me and to be-

---

1. Medicine and drug costs in excess of 1 percent of adjusted gross income are added to other medical costs before subtracting 3 percent of adjusted gross income from the other medical costs. After 3 percent of adjusted gross income is subtracted from this total, add one half of medical insurance payments up to \$150 to compute deductible medical costs.



come better acquainted with those who hadn't referred anyone, but were in a position to do so."

*Tryhard:* "You know that's a tax deductible entertainment expense?"

*Billit:* "No, I didn't realize that!"

*Tryhard:* "How much did it cost? And that includes any special cleaning or rental costs in addition to the cost of food, drink, and entertainment."

*Billit:* "Gee, we really didn't keep track of that. I'll have to ask my wife. Can we estimate the cost?"

*Tryhard:* "The IRS is awfully sticky about supporting entertainment expenses, since this is an area that easily lends itself to potential abuse. They prefer receipts and would at least like an itemization of the costs. Also, they require a statement of who attended the party, where it was held, the business purpose, and even the starting and ending times."

### **Tax shelters-retirement plans**

*Billit:* "I'll have to think about that. Say, Rog, let me ask you a question now. I remember hearing a few of my colleagues talking about tax shelters. How would these be for me?"

*Tryhard:* "Basically, Congress ended the advantages of the traditional tax shelters, cattle feeding, equipment leasing, movie deals, and oil wells, with the Tax Reform Act of 1976.

**"If you're looking for a tax savings device that will benefit you in future years, think about a retirement plan. An unincorporated practitioner, proprietorship, or partnership, can salt away up to the lesser of 15 percent of earned income or \$7,500 in a Keogh retirement plan. The money invested in the retirement plan and the earnings on the investment will not be taxed until**

**you retire, at which time you'll probably be in a lower income tax bracket. By contrast, if you tried to save \$7,500 on your own, not only would it be taxed now, but the earnings on the investment would also be taxed.**

"Compare the value of \$7,500 invested for 10 years and 20 years assuming a 50 percent income tax rate during working years and a 25 percent rate upon retirement and that the investment will earn 8 percent before income taxes.

"If you try to save \$7,500 on your own, Uncle Sam takes 50 percent off the top. So you have \$3,750 to invest. If it earns 8 percent interest in the next year, it will have earned \$300 before income taxes. But the culprit, taxation, takes half of the \$300, or \$150, leaving you with the \$150. At the end of one year you have \$3,900 (\$3,750 plus \$150). At the end of 10 years, it is worth \$5,550; at the end of 20 years it's worth slightly more than \$8,200.

"On the other hand, \$7,500 set aside in a Keogh retirement plan and the interest it earns will not be taxed until it's distributed at retirement. Interest earned will be \$600 (\$7,500 x 8 percent) and is untaxed. At the end of one year you have accumulated \$8,100. At the end of 10 years, you have a tidy \$16,200. After this is taxed at the lower 25 percent rate, you can spend \$12,500 (\$16,200 less 25 percent x \$16,200). In 20 years you've accumulated almost \$35,000. Which is \$26,250 after taxes (\$35,000 less 25 percent x \$35,000)! Compare that to the \$8,200 you'd have if you had tried to save it yourself!"

*Billit:* "I never knew that the difference was so great! Are there many plans in existence?"

*Tryhard:* "Yes, many banks, savings and loan associations, mutual funds, and insurance companies offer competitive plans. Of course, there is a 10 percent penalty tax for any money

distributed before the age of 59½,<sup>2</sup> in addition to the normal income tax."

*Billit:* "Roger, I'm certainly glad we had this talk!"

*Tryhard:* "A few more things, Dr. Billit. The credit card payments you made. Are there any finance charges included in the payments?"

*Billit:* "Yes, there are. I broke those out. They're listed with the interest payments. Also, I wondered why my earnings weren't higher. I could have sworn they should have been about \$5,000 more."

### **Billing procedures**

*Tryhard:* "How are your collections?"

*Billit:* "Well, I—Marge bills soon after the office visit and then follows up later if they don't pay. Actually, I'm not exactly sure. I suppose a double-entry book-keeping system could help."

*Tryhard:* "It could very well expedite the matter and facilitate a more timely flow of data. You should bill at regular intervals and follow through after a prescribed time. And stick to it!"

*Billit:* "Roger, I really appreciate your help. I'll put in a book-keeping system and let you know if I have any questions."

### **Final glance**

Physician, your tax consultant prefers to have you as a client, not to be your patient. Help save him from a life of headaches and ulcers.

Seriously, installing a good accounting system helps assure that items will be properly recorded to yield maximum tax benefits and relevant financial data. It also aids your advisor in a quicker preparation of your tax returns, and—saves you money. □

2. Except in cases of permanent disability.



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**INDICATIONS:** For the prophylaxis and long-term treatment of patients with frequent or recurrent anginal pain and reduced exercise tolerance associated with angina pectoris, rather than for the treatment of the acute attack of angina pectoris, since its onset of action is somewhat slower than that of nitroglycerin.

**PRECAUTIONS:** As with other effective nitrates, some fall in blood pressure may occur with large doses.

Caution should be observed in administering the drug to patients with a history of recent cerebral hemorrhage, because of the vasodilatation which occurs in the area. Although therapy permits more normal activity, the patient should not be allowed to misinterpret freedom from anginal attacks as a signal to drop all restrictions.

**SIDE EFFECTS:** No serious side effects have been reported. In sublingual therapy a tingling sensation (like that of nitroglycerin) may sometimes be noted at the point of tablet contact with the mucous membrane. If objectionable, this may be mitigated by placing the tablet in the buccal pouch. As with nitroglycerin or other effective nitrites, temporary vascular headache may occur during the first few days of therapy. This can be controlled by temporary dosage reduction in order to allow adjustment of the cerebral hemodynamics to the initial marked cerebral vasodilatation. These headaches usually disappear within one week of continuous therapy but may be minimized by the administration of analgesics.

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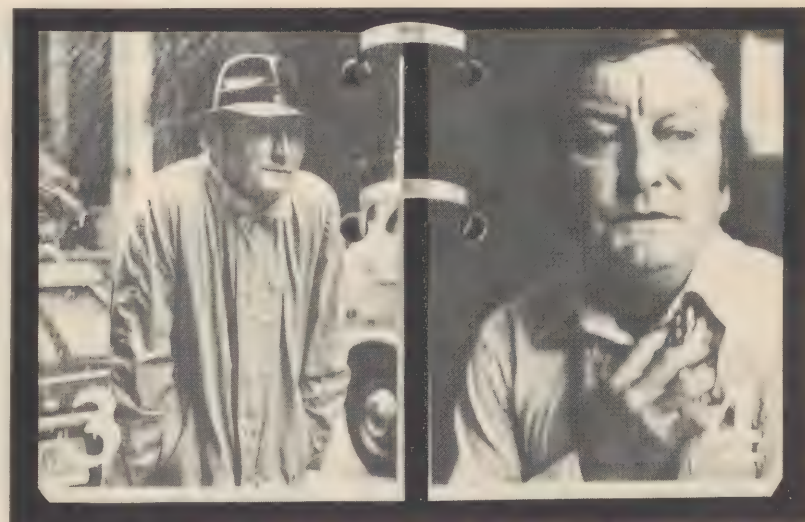
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1. Russek HI: AM J M Sc 239:478, 1960



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Please make check payable to American Heart Association, Berks County Division.

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I will / will not need a room reservation for the night of Tuesday, March 29, 1977 (please circle one).

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### Course Directors:

Albert A. Kattus, M.D., Professor of Medicine (Cardiology), School of Medicine, University of California, Los Angeles.

Lenore R. Zohman, M.D., Director, Cardiopulmonary Rehabilitation, Montefiore Hospital; Associate Professor of Medicine (Cardiology), Albert Einstein College of Medicine, New York.

### Program Subjects and Faculty:

Early Rehabilitation of the Myocardial Infarction Patient—Nanette K. Wenger, M.D.

Psychological Aspects of the Acute and Chronic Coronary Disease Patient—James J. Strain, M.D.

Answering the Questions Patients Ask After a Coronary—Burton L. Zohman, M.D.

Returning Patients to Work After a Heart Attack—Loring Brock, M.D.

Ten Years of Exercise Programming for Post Myocardial Infarction Patients—Lenore R. Zohman, M.D.

Medication, Exercise or Surgery in Coronary Heart Disease—Albert A. Kattus, M.D.

Risk Factor Modification After a Heart Attack: Is It Worth It?—Peter Herbert, M.D.

The Relaxation Response and Behavior Modification of Heart Patients—Herbert Benson, M.D.

Sexual Activity After a Coronary—Richard Stein, M.D.

Panel Discussion on Community Programming.

# Early recognition of scoliosis

C. SCOTT HARRISON, M.D.  
DAVID R. WEILER, B.S., L.P.T.  
Harrisburg

The recognition of spinal deformities is documented in the writings of Hippocrates. An awareness of spinal deformities persists throughout medical literature. Since treatment was ineffectual, curves were merely observed and their progression noted. Because of the devastating cardiopulmonary decompensation which can occur by such watchful waiting it is mandatory that early recognition and prompt treatment be the goal of modern medicine. It becomes the responsibility of the pediatrician, family physician, radiologist, and orthopedic surgeon to work together in a coordinated program to discover children with early spinal deformities and effect an ongoing program of intelligent observation, brace treatment, or sur-

gery as indicated. The reward of an effective screening program of adolescent children is that severe scoliosis can be prevented rather than require surgical correction.

### Screening

Effective control of scoliosis requires a two phase program. It has been shown that trained paramedical personnel can effectively discover mild scoliosis curves by school screening programs. Followup of affected children, however, rests with the family doctor, pediatrician, or orthopedic surgeon who next sees the child. An effective attack on scoliosis requires that both phases of the program be organized and that a few specific observations be recorded.

A brief explanation of the pathomechanics of scoliosis helps in the understanding of the clinical findings. Scoliosis is a lateral bending of the alignment of the vertebral body in the coronal plane. The ligamentous and bony architecture of the vertebral column requires that with lateral bending rotation of the vertebral bodies occurs (Figure 1). The rotation occurs in normal as well as pathologic states.

In the thoracic spine the rotation is transmitted to the ribs through the two articulations of the rib to the lateral mass of the thoracic vertebra. In the lumbar region the paraspinous muscles over the transverse processes likewise become more prominent with lateral bending. Forward bending causes the rotational prominence to be more apparent in the convexity and decrease the prominence in the concavity of the curve. This spinal rotation, which is associated with lateral bending, permits easy recognition of minimal scoliotic curves.

Recognition of the rib hump and the prominence adjacent to the lumbar spine is the cornerstone of early recognition of scoliosis. As demon-

strated (Figure 2), forward bending with the patient holding the extended arms relaxed, with palms approximated, maximally exaggerates the rib hump. Inexperienced examiners should observe the child from both the caudal and cephalad projection. Once proficiency with the technique has been obtained, it is usually found that the curves are most obvious while examining the child from the caudal direction. It is important that the child slowly bend forward and slowly resume the erect position so that the examiner may see the dynamics of the back from the erect to the forward bend position. The head should also be allowed to hang in a relaxed, dependent position when bending forward. Scoliosis curves of ten degrees can be routinely detected by this method once proficiency in examining children has been obtained. No other tests need concern the personnel involved in screening

*Dr. Harrison is clinical associate professor of orthopedic surgery at The Milton S. Hershey Medical Center, The Pennsylvania State University, and a member of the sections of orthopedic surgery at Polyclinic and Harrisburg Hospitals in Harrisburg, and Holy Spirit Hospital, Camp Hill. Additionally, he serves as director of scoliosis service, Myelodysplasia Clinic, Elizabethtown Hospital for Children and Youth, and an orthopedic consultant for the Rehabilitation Hospital for Special Services in Mechanicsburg. Mr. Weiler is district physical therapist, Region III, Pennsylvania Department of Health. In the past he has served as executive director of the United Cerebral Palsy of the Capitol Area, Camp Hill, physical therapy consultant for Cumberland County Schools, and physical therapist for the Easter Seal Society, Harrisburg. He currently serves as chairman of the State Board of Physical Therapy Examiners.*

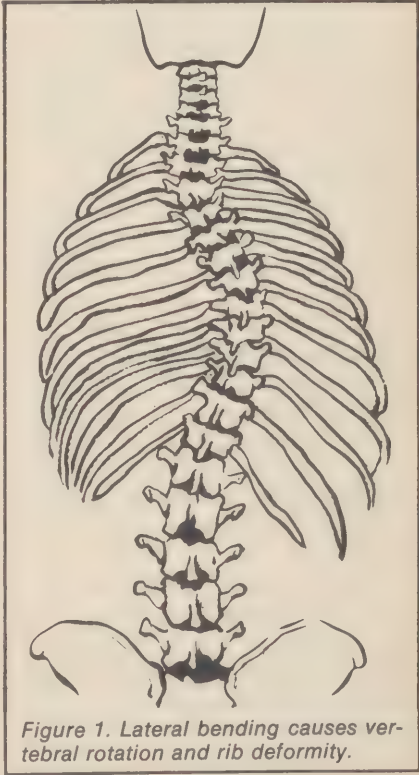


Figure 1. Lateral bending causes vertebral rotation and rib deformity.



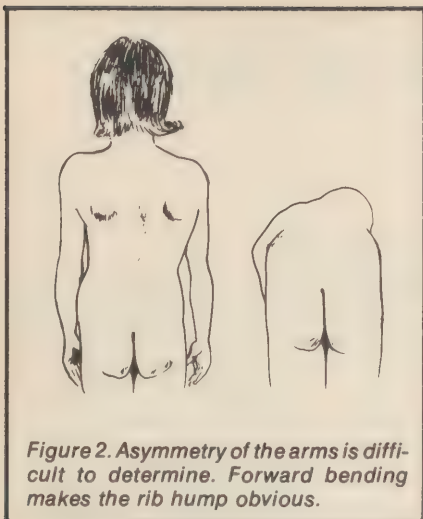


Figure 2. Asymmetry of the arms is difficult to determine. Forward bending makes the rib hump obvious.

large numbers of children. However, other signs are present to both confirm and detect scoliosis.

As illustrated in Figure 2 the position of the arm in relation to the silhouette of the torso is asymmetric in scoliosis. The concavity of the scoliosis causes the arm on that side to be further from the lateral border of the body than the opposite side. Additionally, the arm on the convex side of the curve is closer than with a normal child.

Other confirmatory findings in scoliosis may not be present until the curve has progressed past the point of optimal correctability for Milwaukee brace treatment. Since these findings are sometimes noted by the patient or her family the examiner should be aware of them. Asymmetry of the shoulder silhouette with an "elevated shoulder" can be present with any thoracic scoliosis but is often prominent early in high thoracic curves.

A "list" to one side is associated with an uncompensated scoliosis. This is diagnosed by a perpendicular drop from the base of the seventh cervical vertebra which then falls away from the midline as determined by the gluteal cleft. This can become severe before it is obvious clinically.

Prominence of the scapula on the side of the convexity is a reflection of the rotation of the underlying ribs. Often this is first noted in a child while wearing a bathing suit.

An apparent prominence of the iliac crest can also occur as a re-

flection of this rotation. An apparent difference in the size of the breasts may be present in girls. Also a fullness in the abdomen on the side of the convexity occurs. These are both further reflections of the rotation. A flare of the distal rib margin on the side of the concavity can present an apparent mass which may be the first thing noted by the patient since it is readily within view.

Awareness of these signs is important because often they will be what causes the patient to seek medical evaluation. None are as accurate or appear as early as the changes seen in the rib hump and lumbar prominence noted in forward bending.

### School screening program

School screening programs represent an effective method of early scoliosis detection. The responsibility of developing such screening programs rests with orthopedic surgeons and pediatricians interested in early detection and prevention of severe scoliosis. One of the authors, David R. Weiler, has screened over 40,000 children for deformities of the spine. This has resulted in the detection of many very early scoliotic deformities. Incidence of scoliosis from .6 to 11 percent have been reported.<sup>2</sup>

The most workable unit for scoliosis screening is a school district. The ideal personnel to do the actual screening is a school nurse or, if available, a physical therapist interested in this problem. Secondary choices for school screening include physical education instructors and voluntary paramedics. The school administrator should initially be contacted and an explanation of the goals and importance of the screening program be explained. After obtaining the permission of the school administration a meeting with the personnel who will do the screening should be held. At this time a basic explanation of scoliosis, its natural history and the physical findings can be explained. A demonstration of the technique to be used in school screening is shown and questions answered concerning details of the program.

Because of the large number of children who need to be screened and the limited personnel available to

screen them, arbitrary selection of grades must be made to make the screening program feasible. Grades six and eight represent the best compromise concerning age and the appearance of the scoliosis. The aim is to detect the scoliosis in children as young as possible and with the curve as mild as possible, but not so early so as to miss those children who develop it at a later age.

It is most efficacious to assemble the children in as large an area as is available to expedite the screening. To do this requires the cooperation of the school administration. Children will often have to be excused from their classes for a short period of time, but once the mechanisms have been established the procedure will run smoothly. A skilled observer can screen between 100 and 140 students per hour if adequate facilities are provided.

It is usually necessary to obtain participation of one or more teachers to maintain discipline during the screening. An uninterrupted continuous line of students permits maximum utilization of the personnel doing the screening. It has proved too slow and cumbersome to have the physical therapist or school nurse screen patients during specific periods such as gym or study halls.

It is best to screen girls and boys separately. This permits a more adequate exposure of the back and fewer discipline problems. It is imperative that the entire back be exposed for observation. For boys this means removal of the shirt and undershirt prior to their forward bending in front of the examiner. Girls should wear a pullover top that can be brought forward to the neck as they bend forward to allow complete exposure of the thoracic spine with forward bending. For an inexperienced examiner it is best, but not mandatory, that no undergarments be worn.

A child can be examined in one position, or, if time permits, examination in a second position can be utilized. The examiner should be seated at a table and the children brought to the examiner in a long line. As they then bend forward with their backs completely exposed an adequate examination can be obtained. It is important that the patients' arms drop forward



and that their palms be pressed together to avoid false positive examinations. It is also important that the head be allowed to drop forward in a relaxed position. The rib prominence may be noted only in one portion of the forward bending and so it is important that the student be observed during the entire maneuver.

If time of the examination personnel permits, further evaluation of patients with suspected spinal deformities can be carried out during the initial screening. This, however, can be done during the subsequent evaluation by the physician. If additional examination is elected, the patient should be examined at the "attention" position from the rear. This will reveal any asymmetry of the arms in relation to the torso. Prominence of the scapula, asymmetry of the shoulder height, and decompensation can also be observed at this time.

Asymmetry of the pelvis suggesting inequality of leg length can also be determined. Scoliosis secondary to inequality of leg length can be easily detected by having the patient sit, at which time the scoliosis will spontaneously disappear if it is secondary to unequal leg length.

It is necessary to have two different printed forms for the screening process. One form is sent to the parents to announce the screening program and explain how the students should dress. The second form is addressed to the parents and physicians of the students who show a possible scoliosis, explaining what the examiner observed so that the physician may check the findings and determine what treatment is necessary. The second form has a space at the bottom for the physician's comments and should become a part of the student's permanent school health records.

After the screening has been completed a child with a deformity should have the second form sent to his parents and physician explaining the deformity. The school nurse should keep track of the number of letters sent to parents and, more importantly, the number which are returned indicating that the child has seen his family physician, and the results of such a visit. If the child has not

been seen by a physician, an effort should be made at subsequent scoliosis examinations to re-evaluate the child to determine if progression of the curve is clinically apparent. This, however, is a poor substitute for adequate physician and roentgenologic examination. It is helpful to have the school nurse convince the student-patient of the importance of further care by educating him about the problems of scoliosis. This may help overcome reluctance by the parents to seek further care.

#### Physicians' responsibility

An effective school screening program requires the informed cooperation of the physicians to whom such patients are sent. This is frequently the family physician or pediatrician, whose interest and expertise in scoliosis varies widely. Further physical examination of the children by their physician is helpful, but usually adds little additional information, especially if experienced personnel are doing the school screening.

It is the responsibility of the examining physician, if he concurs in the diagnosis of scoliosis, to obtain x-ray verification and quantitation of the curve. It is not possible for even the most experienced practitioner in scoliosis treatment to follow patients without accurate x-ray measurements of their curve. It is imperative that all physicians who care for scoliosis patients insist on accurate x-ray evaluation of the patient.

X-ray evaluation of the scoliosis curve requires that the specific vertebra involved in the curve and the degree of curvature be reported by the radiologist. Terms such as mild and moderate have no generally accepted meaning and are useless. Comparison of sequential films becomes impossible unless accurate measurements have been made from the initial examination.

X-rays should be obtained with the patient erect and reported as such. This is especially important in early flexible curves because the severity of the problem will not be appreciated if the films are obtained in a recumbent position. It cannot be stressed enough that the film for scoliosis evaluation must have a description of the specific vertebra involved and a

numbered measurement of the curve.

Once the exact degree of curvature has been determined a treatment program can be formulated. Curves under 15 degrees are the only curves which may justifiably be watched. However, if the child has some associated problem such as neurofibromatosis or bony anomalies of the spine this rule does not apply. In the majority of children with idiopathic scoliosis, a year's interval between examinations is safe when they present with curves under 15 degrees.

Those patients with curves between 15 degrees and 40 degrees usually have structural deformity of vertebral bodies within the curve. Those patients should be treated with a Milwaukee brace. Such treatment is prolonged, and requires the active cooperation of both the patient and his parents, and the supervision of someone skilled in scoliosis treatment. The average full time use of the brace is two years. Night time wearing of the brace may continue for one to two further years.

Curves over 40 degrees may be treated with either a brace or surgical correction. The determination of which mode of treatment is selected depends on many factors and has to be individualized for each patient. Surgery is usually necessary for these children to prevent late significant cardiopulmonary changes.

Reevaluation of our local school screening programs suggests that there are two areas in which improvement is possible. Some children with known deformities have not received further evaluation. Better explanation to the students of the natural history of scoliosis and its consequences will hopefully reduce the size of this group. The second area of weakness in school screening programs is that the patients are not referred by their examining physician for x-ray confirmation and definition of the severity of their scoliosis. □

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# En-bloc excision of pelvic chondrosarcoma

RODGER SEARFOSS, M.D.

Latrobe

Chondrosarcoma involving the pelvic bones have traditionally been treated by hemipelvectomy.<sup>1</sup> The purpose of this report is to describe an alternate surgical treatment, wide en-bloc resection, which preserves a functional lower extremity.

There are numerous reports describing local wide excision of benign and low grade malignant tumors of long bones.<sup>2,3,4</sup> Satisfactory wide excision of bony pelvic lesions, howev-

er, has generally not been considered technically feasible. The current case illustrates satisfactory tumor control following wide local resection of a chondrosarcoma involving the ilium, sacral ala and lower lumbar transverse processes.

## Case report

A 64 year old white male was admitted to Memorial Hospital complaining of right hip pain. Pain which was present at rest and at night had bothered the patient for two years. He had noted a more recent right pelvic mass. Past medical history was pertinent as the patient had undergone partial laryngectomy for chondrosarcoma of the larynx 7 years prior to this admission. Additionally, he underwent total laryngectomy for local recurrent laryngeal chondrosarcoma 5 years previously.

On physical examination, the patient was noted to have a permanent tracheostomy in place. A large nontender right pelvic mass was present without bruits. Right hip motion was unrestricted.

Laboratory evaluation included: calcium 10; phosphorus 3.8; blood urea nitrogen 19; uric acid 8.3; alkaline phosphatase 113; glucose 97; serum glutamic oxaloacetic transaminase 53; lactic dehydrogenase 196; hematocrit 38.1; white blood count 7,000; platelets 308,000; normal urinalysis and normal electrolytes. Routine pelvic x-ray revealed a large right pelvic soft tissue mass associated with right ilium destruction. The ilium lesion showed irregular lytic destruction with extension into the sacral ala and lower lumbar transverse processes (Figure 1). Arteriography confirmed extension of tumor vasculature to the lumbar transverse processes. Bone scan demonstrated increased uptake in the right ilium.

The patient was treated with radical

excision of the right ilium including soft tissue mass on both sides of the ilium, sacral ala, anterior margins of L4, L5 vertebral bodies and right L3, L4 transverse processes (Figure 2). Surgical margins were free of tumor microscopically. Pathologic examination of the surgical specimen revealed well differentiated chondrosarcoma, Grade 1 (Figures 3a, b), as defined by previously established criterion.<sup>5</sup>

Following uneventful wound healing, the patient was ambulated with walker assistance. At this writing, the patient ambulates without limp or restrictions using cane assistance. He is 18 months post resection without evidence of recurrent disease (Figure 4). The patient is well pleased with the preservation of his right lower extremity.

## Discussion

Surgical tumor treatment which permits preservation of extremities has obvious functional and cosmetic advantages. Tumors involving long bones frequently can be controlled by local wide excisions. Bingold reports eighteen year followup of a patient with chondrosarcoma treated by



*Dr. Searfoss practices orthopedic surgery in Latrobe and is a member of the department of orthopedic surgery at Latrobe Area Hospital. He graduated from Stanford University School of Medicine. His orthopedic residency, at the University of North Carolina, was followed by appointments as special fellow in orthopedic oncology at Memorial-Sloan Kettering Cancer Center in New York City and instructor in the department of surgery at Cornell Medical School.*



*Figure 1. X-ray examination reveals lytic destructive lesion of right ilium.*



Figure 2. Gross pathologic specimen demonstrates chondrosarcoma mass and resected right ilium.

en-bloc resection and prosthetic replacement of the proximal femur.<sup>2</sup> He suggests that local resections should be restricted to low grade malignant tumors. Recent technical and chemotherapy advances have permitted extension of en-bloc excisions to more aggressive tumors, previously treated by amputation. En-bloc knee resections with prosthetic replacement as well as total femur replacements have given promising early results.<sup>6</sup>

The pelvic bones are a common site of chondrosarcoma involvement (approximately 50 percent). Previous evaluation of these patients demonstrated that tumor location "away from" critical areas of the sacro-iliac joint, pelvic symphysis, and the peritoneum was associated with higher survival rates.<sup>1</sup> Chondrosarcomas involving the pelvic bones have usually been treated by hemipelvectomy. Other tumors such as giant cell tumors and Ewing's sar-

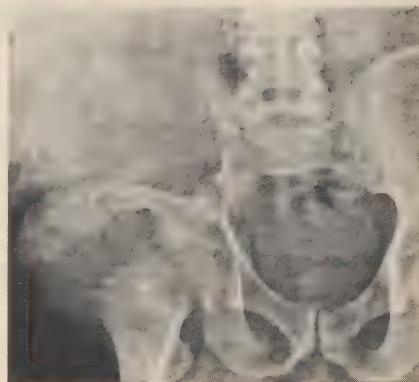


Figure 4. X-ray examination 15 months postoperatively demonstrates margins of resection without evidence of recurrent disease.

coma involving the pelvis are often treated by radiation therapy due to difficulty of surgical excision. However, in addition to possible sarcomatous changes secondary to radiation, the radiation therapy often causes functional impairment due to hip joint soft tissue fibrosis. Growth disturbances following epiphyseal plate irradiation have also been reported in young long term survivors.<sup>7</sup>

These factors have resulted in our interest in en-bloc excision of pelvic bone tumors. The current case demonstrates good tumor control by en-bloc chondrosarcoma resection. The technique has more recently been utilized for treatment of Ewing's sarcoma as well. We believe that en-bloc pelvic resection for appropriately selected bone tumors offers functional and cosmetic benefits without survival compromise. □

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Figure 3a. Low power magnification of tumor specimen shows increased cellularity.

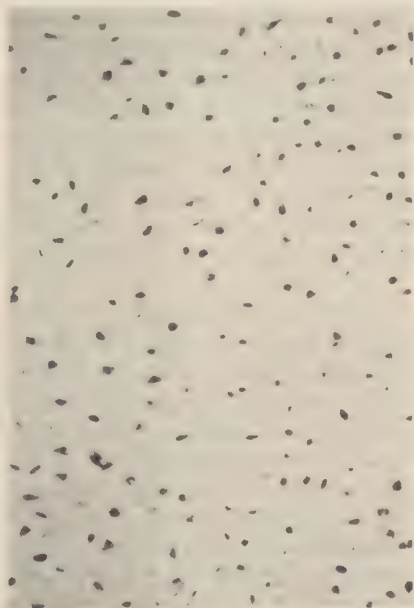


Figure 3b. Higher magnification of tumor specimen reveals increased mitosis and some nuclear pleomorphism.



# Suicide in Lancaster County, 1974-75

MICHAEL S. RUDMAN, M.D.

Lancaster

Suicide is not a glamorous subject. It lacks the exotic appeal of systemic lupus erythematosus or neurofibromatosis. Suicide is, however, the tenth leading cause of death in the United States today, accounting for 1.3 percent of all deaths. Each year about 25,000 Americans take their own lives. For young adults between the ages of 19 and 24, it is the second most frequent cause of death.

## Epidemiology of suicide

The factor which seems to have the most bearing on suicide statistics is age. Suicide is rare in children under 14 (0.3/100,000). From the age of 15, however, the annual rate of suicide rises steadily. Suicide is ranked as the second leading cause of death in the 10 to 24 age bracket because of relative absence of other causes of death. In older age groups suicide risk is relatively lower because of predominance of other factors such as cancer and coronary artery disease. On the other hand the absolute rate of suicide in older people is quite high. For men over 85 years old, the annual rate of suicide is 70/100,000, compared to the national average of 12/100,000.

Sex is another important factor. Males are twice as likely to commit suicide. Females, on the other hand, are twice as likely to attempt suicide. The reason may be related to societal determinants of the sex role. A suicide gesture is often considered a cry for help. In our culture women may seek help for psychological problems more readily than men, who tend to bury their problems.

Religion also plays a role. Jews and Catholics have a lower incidence of suicide, while Protestants have a

much higher rate. Religious sanctions against suicide may play a role in this, but single factors are not likely to be relevant. For example, some Catholic countries such as Austria have a very high rate of suicide.

Socioeconomic class is directly proportionate to suicide rate. Suicide, rarer in lower class Black and Puerto Rican subgroups, becomes more frequent as the levels of income and education rise. There has been, however, an increase in suicide gestures among lower class urban blacks.

## Cause of suicide

People have long concerned themselves with the cause of suicide. In the late 1800s, suicides were blamed on "trashy" romantic novels like *Sister Carrie*. In the early 1900s the schools were blamed. During the depression years hereditary factors of constitutional weakness were the cause. Now philosophers indict space-age technology and its concomitant depersonalization. *However, the fact is that the annual suicide rate has not*

*changed appreciably in the last 70 years.*

When the lay press considers the cause of a suicide, it usually focuses upon the apparent precipitating factor. Losing one's fortune in the stock market or being jilted by one's lover might be considered the cause of a suicide. More careful analysis reveals that psychological traumas such as these happen to most people at one time or another, and most people do not respond to these traumas by committing suicide. In reality, there exists a hierarchy of causes—primary and secondary experiences which, layer upon layer, lead the suicidal individual to take his own life.

Unfortunately, analysis of suicide notes has not been productive in delineating psychodynamic factors operating in the decision to commit suicide. Often, near the moment of suicide, the individual has lost all perspective and insight. In the suicide note, the individual usually reveals only a concern with trivialities and a primitive, dichotomous logic. A typical suicide note might read: "Well, nothing seems to be working out. Don't take it personally. The car keys are on the bureau. Give George his lawn mower."

## Individual at Higher Risk

If the primary care physician is to make any inroads into the area of suicide prevention, he must begin by identifying the population at risk. Retrospective studies have revealed certain types of individual persons particularly prone to suicide. In addition, there are certain historical factors which indicate a higher risk.

**Physical illness**—The patient with a painful or debilitating disease may

*Dr. Rudman, a family practice resident at Lancaster General Hospital, presented this paper to the department of family medicine and won the Charles Bair Family Medicine Award in 1976. He wishes to acknowledge Herbert L. Tindall, M.D.; Robert J. Kurey, M.D.; Donald L. Rynier, M.D.; Whitlaw Show, D.O., county medical examiner; Kathy Gotshall; and Patricia English, director of medical records, for their assistance in preparing the paper.*



seek a release from pain and dependency.

**Failing support systems**—Loss of friends, family, job, etc.

**Depression**—Feelings of guilt, worthlessness, hopelessness, excessive agitation or anxiety are classic features of depression. In addition, there may be loss of the four appetites: food, sex, sleep, and work. In adolescents, depression is frequently masked by boredom, aggressiveness, chronic fatigue, or hypochondriasis.

**Schizophrenia**—Impulsive behavior makes suicidal behavior difficult to predict. The triad of a depressed mood, a thought disorder (with hallucinations and delusions), and suicidal ideation is ominous.

**Alcoholics and drug addicts**—Acute disturbances in judgment and chronic social disorganization play roles in accidental or purposeful self-destruction. Some experts call acute alcoholic intoxication the most common cause of death by overdose.

**Homosexuals**—The older, male alcoholic homosexual is at risk, particularly if he has florid sadomasochistic fantasies.

**Previous suicide attempts**—25 to 50 percent of all suicides had a prior history of suicide attempts. Especially ominous attempts involve: (1) violent painful attempts such as gunshot, jumping, or hanging; (2) a suicide note; (3) no obvious secondary gain; or (4) no prior hint of intention, coming "out of the blue."

**Chronic maladjustment**—A history of repeated unsatisfactory interpersonal relationships usually is seen.

**Family history of suicide**—25 percent of all suicides have a positive family history of suicide. Identification is a factor here.

### Suicide prevention

Once the potentially suicidal patient is identified, disaster may sometimes be prevented by taking appropriate steps and avoiding common pitfalls. These statements are prefaced by the axiom that *psychotic and/or depressed patients who express a desire to die represent a psychiatric emergency requiring immediate protective custody and expert therapy.*

If the interviewer suspects the patient is depressed or if some of the

Method of Suicide	1974	1975	Cumulative 1974 & 1975, (%)
Gunshot	15	24	39 (44)
Hanging	15	6	21 (24)
Carbon Monoxide	5	12	17 (19)
Drowning	4	1	5 (6)
Drugs	3	2	5 (6)
Stabbing	0	1	1 (1)
Paint Solvent	0	1	1 (1)
TOTAL	42	47	89
Annual rate/100,000	12.35	13.82	

other risk factors mentioned above are elucidated in the history, there are two questions which should be asked. The patient should be asked directly, "Have you thought of suicide?" There is absolutely no evidence that bringing the subject up is harmful. On the contrary, it is quite therapeutic to clear the air. If the patient responds affirmatively, the interviewer should ask, "How are (were) you planning to do it?" If the patient responds with a specific plan, ideation has progressed dangerously and consultation should be sought.

Once the decision for hospitalization is made, the patient should not be allowed to go home "to get ready." Failure to recognize this point has resulted in too many disasters. Once hospitalized, the patient should not be allowed to leave until the attending physician feels the patient is ready. The suicidal patient should not be allowed to discharge himself. If necessary, involuntary commitment should be obtained until matters have settled and the patient is no longer felt to represent a current suicide risk.

In handling depressed outpatients, the primary physician should avoid prescribing lethal numbers of antidepressants or sleeping medications. While it is true a patient may hoard small numbers of pills over a period of several months until a lethal dose is accumulated, the physician should avoid supplying the impulsive or "gesturing" patient with a lethal weapon. It is, therefore, incumbent upon the physician to know what comprises a lethal dosage of any drug given to a depressed patient.

The primary care physician should avoid suddenly discontinuing an-

tidepressant medications. In some individuals this might precipitate an exacerbation of depression or the withdrawal symptoms of nausea, headaches, diarrhea, malaise, etc. Finally, the attending physician should be wary of any unexplained, sudden improvement in mood of a previously seriously depressed patient. Euphoria may be secondary to either resolution of ambivalence over the question of suicide or the onset of a manic episode in a manic-depressive treated with a tricyclic antidepressant alone.

### Suicide in Lancaster County

One might theorize that Lancaster County, with its close family ties, deep religious roots, and fundamentally agrarian foundation, would be relatively immune from suicide. Such is not the case. Suicide in Lancaster County closely mirrors the national experience.

The national yearly rate of suicide is 12/100,000. The United States census report for 1970 indicated a population of 340,000 in Lancaster County. In 1974, there were 42 suicides confirmed by Lancaster County's coroners. This yields a rate of 12.35/100,000 in Lancaster County. In 1975, with 47 suicides, this rate rose to 13.82/100,000.

The methods of suicide were typical of a rural community. Gunshot wounds predominated, accounting for 44 percent of all self-inflicted deaths, while death from jumping was rare. Death by overdose was rare here, a fact somewhat in contrast to national experience which ranks drug overdose as a much more preferred method. The county medical



**TABLE II**  
**Suicide Attempts Hospitalized at LGH By Age**

Age	1974	1975	Combined 1974 & 1975
0-9	0	0	0
10-19*	9	13	22
20-29	14	22	36
30-39	7	18	25
40-49	14	5	19
50-59	1	5	6
60-69	2	1	3
70-79	1	2	3
80-89	1	0	1
TOTAL	50	66	116

\*none aged below fourteen

examiner's interpretation of laws safeguarding privacy have prevented a more in-depth analysis of the county's experience. (Table I)

In 1974 and 1975, 116 patients who had attempted suicide were hospitalized at Lancaster General Hospital. This information was made available through coding devices employed by the medical records department. Experts in the field of suicidology claim suicide attempts outnumber actual suicides by a factor of 10 to 1. With 89 suicides in the county in 1974 and 1975, one would extrapolate nearly 900 suicide attempts. Therefore, the 116 cases presented here represent less than 20 percent of all attempts. The other attempters were either not hospitalized, hospitalized elsewhere, or hospitalized under diagnostic codes not revealing suicide intent. Records from emergency rooms, veterans' hospitals, nursing homes, so-

cial and health care agencies, jails, private physicians, and schools were not examined.

The age of suicide attempters hospitalized at Lancaster General Hospital ranged from 14 to 83. The average age was 33. (Table II) The decade of peak incidence was the third (age 20-29). Female attempters outnumbered males 79 to 37, or very nearly 2 to 1. Protestants outnumbered Catholics by 77 to 16 with an additional 23 not specifying religion; 6 attempters were Mennonites. None hospitalized at the Lancaster General Hospital were listed as Amish or Jewish. Of the 116 attempts, three involved Puerto Ricans and only two involved blacks.

Drug overdose was by far the most common method of attempted suicide. Almost 100 percent of the patients admitted for drug overdose used either hypnotic, antidepressant, or anti-anxiety drugs. Laceration of

wrists, necks, and thighs ranked next. This was followed by gunshot wounds. Of 116 attempted suicides hospitalized at Lancaster General, only two expired—those involved shotgun wounds to the head by 47 and 50 year old males (Table III).

### Summary

The findings presented indicate that Lancaster County's experience with suicide and suicide attempts closely parallels national trends. The annual incidence of suicide coincides with the national rate. Other epidemiological factors such as age, sex, race, and religion also seem to have the same weight in Lancaster County as elsewhere.

Suicide is not a rarity in Lancaster County. *The practitioner having a panel of 2,000 patients may expect two or three suicide attempts per year. He may also expect one successful suicide in his practice every four years.*

There is no absolute way to prevent suicides, even in a mental institution. The institution, so rigid, in which suicides could not occur would not be therapeutic. However, by careful history taking, higher risk patients can be identified. These patients may be helped by appropriate measures such as referral, hospitalization, psychotherapy, and pharmacotherapy. Common pitfalls described earlier should be avoided. Perhaps nothing is so important as the primary care physician's becoming vitally, fundamentally involved, not only by showing genuine concern and compassion but also by broadening his patient's vision of hope. □

**TABLE III**  
**Suicide Attempts Hospitalized at LGH By Method of Attempt**

Method	1974	1975	Cumulative 1974 & 1975, (%)
Drug overdosage	34	45	79 (68)
Laceration	8	7	15 (13)
Gunshot	2	6*	8 (7)
Ingestion Poison**	3	1	4 (3)
Asphyxiation	3	1	4 (3)
Jumping	1	2	3 (2)
Immolation	1	0	1 (1)
Stabbing	0	1	1 (1)
Hanging	0	1	1 (1)
TOTAL	50	66	116

\*Two of these died

\*\*Two of paint solvent; one cyanide ingestion; one fingernail polish remover

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Ascorbic Acid ..... 150 mg.  
Thiamine HCL (B-1) .. 25 mg.  
Riboflavin (B-2) .. 2 mg.  
Pyridoxine HCL (B-6) .. 10 mg.  
**DOSE:** 1 to 5 tablets daily.  
**AVAILABLE:** Bottles of 100, 500, 1000.

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Each yellow tablet contains:  
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Niacinamide ..... 75 mg.  
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Thiamine HCL (B-1) .. 25 mg.  
Riboflavin (B-2) .. 2 mg.  
Pyridoxine HCL (B-6) .. 10 mg.  
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Each time-release capsule contains:  
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Thiamine HCL (H-1) .. 25 mg.  
Riboflavin (B-2) .. 2 mg.  
Pyridoxine HCL (B-6) .. 10 mg.  
In a special base of prolonged therapeutic effect.  
**DOSE:** 1 to 3 tablets daily.  
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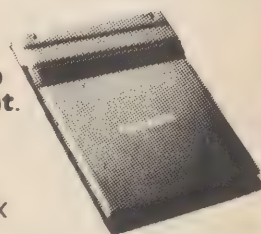
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## obituaries

• Indicates membership in the Pennsylvania Society at time of death.

• **Nicholas A. Alexander**, Pittsburgh; Loyola University, Stritch School of Medicine, Chicago, Illinois, 1931; age 62; died December 26, 1976. His wife and a daughter survive him.

• **Charles E. Angstadt**, Gibsonia; Temple University School of Medicine, 1950; age 49; died January 10, 1977. His wife and two daughters survive him.

• **Saul R. Bergad**, Pittsburgh; University of Pittsburgh School of Medicine, 1939; age 62; died December 26, 1976. He was a clinical professor of dermatology at the University of Pittsburgh School of Medicine, on the medical staffs of Shadyside and Ohio Valley General Hospitals, and a consultant for the Leech Farm Veterans Administration Hospital. His wife, a son, a daughter, a brother, and a sister survive him.

• **John K. Finley**, Haddonfield, New Jersey; Hahnemann Medical College and Hospital, 1938; age 69; died December 11, 1976. He was affiliated with Crozer Hospital in Chester and the Veterans Administration Hospital, Coatesville, and 1953-61 was an associate professor of ophthalmology at Hahnemann Medical College and Hospital. Information regarding survivors is unavailable at this writing.

• **Herbert Freed**, Philadelphia; Temple University School of Medicine, 1933; age 68; died December 25, 1976. He was clinical professor of psychiatry and chief of the child psychiatry clinic at Temple University School of Medicine, and consultant for the Veterans Administration and the Peace Corps. He was founder and chairman 1957-76 of Temple's annual psychotherapy conference. In 1963 he received the DaCosta Award from the Philadelphia County Medical Society. For many years he had served as an examiner on the American Board of Neurology and Psychiatry. Professional associations included the American Psychiatric Association, Pennsylvania Psychiatric Society, American Psychoanalytic Association, American College of Psychiatrists, American College of Neuropsychopharmacology, and the International Psychoanalytic Association. He is survived by his wife and two daughters.

• **Rife Gingrich**, Middletown; Jefferson Medical College, 1931; age 72; died December 20, 1976. He had practiced medicine in Middletown since 1932 and was on the staff of Harrisburg Hospital. Two daughters survive him.

• **Edward J. Gough**, Ardmore; Jefferson Medical Col-

lege, 1930; age 71; died December 23, 1976. He had been a general practitioner for 45 years and was on the medical staff of Bryn Mawr Hospital. His wife, a son, a daughter, and three sisters survive him.

• **Harold Lefkoe**, Philadelphia; University of Pennsylvania School of Medicine, 1935; age 67; died December 26, 1976. He was an orthopedic surgeon with a special interest in physical rehabilitation for over 35 years. He was an associate professor in physical medicine and rehabilitation at the University of Pennsylvania School of Medicine. He was senior attending physician in the department of physical medicine and rehabilitation at Philadelphia General Hospital, and on the emeritus staff of Albert Einstein Medical Center, Northern Division. Other hospital affiliations were Rolling Hill Hospital in Elkins Park, St. Joseph's Hospital and Center City Hospital in Philadelphia, and Coatesville Hospital in Coatesville. He had served on the Governor's Commission for the Handicapped and the medical advisory board of United Cerebral Palsy of Philadelphia and southern New Jersey. He was a past president of the Philadelphia and Pennsylvania Societies of Physical Medicine and Rehabilitation and was a member of the Philadelphia Orthopedic Society.

• **Max Mann**, Philadelphia; Temple University School of Medicine, 1926; age 76; died November 25, 1976. He practiced medicine in his neighborhood for over 50 years. He was given a testimonial dinner in October 1976 at which time he received a plaque, The Whitman Award "for outstanding service to the community." He is survived by his wife and two sons, one of whom is Stephan C. Mann, M.D.

• **Elmer E. Miller**, York; Temple University School of Medicine, 1937; age 67; died January 5, 1977. He had practiced medicine in York for 39 years. His wife survives him.

• **Peter Miraldo**, Trexlertown; Hahnemann Medical College and Hospital, 1951; age 55; died December 25, 1976. He was founder and director of the Mosser Nursing Home, Trexlertown. He is survived by his wife, his father, three daughters, and three sisters.

• **Maurice R. Nance**, Wynnewood; Medical College of Virginia, 1941; age 61; died December 24, 1976. He was vice president and medical director of Smith Kline & French Laboratories, pharmaceutical division of SmithKline Corporation. He had served on the President's Science Advisory Committee 1964-65, the White House



Conference on Health in 1965, and the U.S. Commission on Drug Safety 1962-64. He served as chairman of the medical section of Pharmaceutical Manufacturers Association 1963-64. He was a member of the New York Academy of Sciences, American Federation for Clinical Research, and the Philadelphia College of Physicians. His wife, a son, a daughter, and his mother survive him.

- **Mildred Rogers**, New Castle; Woman's Medical College (Medical College of Pennsylvania), 1922; age 82; died September 30, 1976. She was president of the Lawrence County Medical Society in 1963 and 1964, chairman of the board of directors in 1963, and on the board of censors 1966-68. Two cousins survive her.

- **Charles A. Rowland**, Ft. Lauderdale, Florida; Hahnemann Medical College and Hospital, 1916; age 82; died December 17, 1976. He was former chief of cardiology of Crozer Hospital in Chester and had practiced in Chester for many years. He was on the board of governors of the Retired Doctors Association of Ft. Lauderdale. His wife and two sons survive him.

- **Alexander W. Seygal**, Camp Hill; Temple University School of Medicine, 1938; age 62; died December 19, 1976. He was on the medical staff of Polyclinic Hospital, Harrisburg. His wife, two daughters, his mother, a sister, and two brothers, John Seygal, M.D., and Joseph Seygal, M.D., survive him.

- **James B. Shaler**, Pittsburgh; University of Pittsburgh School of Medicine, 1943; age 60; died December 15, 1976. He was associated with Presbyterian-University, Shadyside, and Magee-Womens Hospitals, and had at one time been clinical assistant professor of medicine at the University of Pittsburgh School of Medicine. From 1961-63 he had served as an alternate delegate to the State Society House of Delegates. Surviving are his wife, two sons, and two daughters.

- **Thomas J. Shutt**, Jenkintown; University of Pennsylvania School of Medicine, 1933; age 70; died December 29, 1976. He had practiced medicine for 40 years and was in the gastroenterology department of Abington Memorial Hospital. His wife and a sister survive him.

- **H. Armin Stecher**, Havertown; University of Pennsylvania School of Medicine, 1920; age 82; died December 14, 1976. A practicing physician for 55 years, he was a founder of the Delaware County Memorial Hospital and had served as chief of medicine, and was a member of the staff of Mercy Catholic Medical Center, Bryn Mawr Hospi-

tal, and Methodist Hospital. He was a member of the Delaware County Tuberculosis and Health Association. He had been named distinguished senior alumnus of 1970 by the University of Pennsylvania School of Medicine. His wife and two sons, one of whom is William N. Stecher, M.D., survive him.

- **Robert E. Steward**, Easton; Jefferson Medical College, 1942; age 59; died December 23, 1976. He had practiced pediatrics for more than 25 years in Easton and was on the medical staffs of the Easton and Warren hospitals. He is survived by his wife.

- **Pauline V. Stocks**, Philadelphia; Kansas University Medical School, 1930; age 70; died October 17, 1976. Information regarding survivors is unavailable at this writing.

- **Charles H. Whalen**, New Castle, University of Pittsburgh School of Medicine, 1931; age 69; died May 10, 1976. He had served on the board of censors 1964 and the board of directors 1964-65 of the Lawrence County Medical Society. His wife and two sons survive him.

- **Charles W. Williams**, Pittsburgh; University of Pittsburgh School of Medicine, 1927; age 76; died December 16, 1976. Two sons, one of whom is John E. Williams, M.D., survive him.

**George L. Cole, Jr.**, Clementon, New Jersey; Hahnemann Medical College and Hospital, 1958; age 44; died November 11, 1976. His wife, two daughters, his mother, and a brother survive him.

**Ralph M. Christy**, Butler; University of Pennsylvania School of Medicine, 1918; age 84; died August 12, 1976. His wife, a son, and a daughter survive him.

**Matthew J. Drogowski**, West Palm Beach, Florida; Georgetown University School of Medicine, 1932; age 69; died December 26, 1976. His wife and a daughter survive him.

**John V. Miller**, Dillsburg; Jefferson Medical College; age 71; died December 16, 1976. His wife, two sons, two daughters, and a sister survive him.

**Harry T. Richardson**, Hershey; Jefferson Medical College, age 99; died December 17, 1976. A stepdaughter survives him.

**Harry B. Updegraff**, Harrisburg; Temple University School of Medicine, 1937; age 66; died January 8, 1977. His wife, a son, two sisters, and a brother survive him.

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- three dosage strengths meet most patient needs

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**Contraindications:** Patients with known hypersensitivity to the drug.

**Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, exercise caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported.

**Use in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**Precautions:** In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psycho-

Libritabs® (chlordiazepoxide) available in 5 mg, 10 mg and 25 mg tablets.



tropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relation-

ship has not been established clinically.

**Adverse Reactions:** Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

**Usual Daily Dosage:** Individualize for maximum beneficial effects. **Oral—Adults:** Mild and moderate anxiety and tension, 5 or 10 mg t.i.d. or q.i.d.; severe states, 20 or 25 mg t.i.d. or q.i.d. **Geriatric patients:** 5 mg b.i.d. to q.i.d. (See Precautions.) **Supplied:** Librium® (chlordiazepoxide HCl) Capsules, 5 mg, 10 mg and 25 mg—bottles of 100 and 500; Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25, and in boxes containing 10 strips of 10; Prescription Paks of 50, available singly and in trays of 10. Libritabs® (chlordiazepoxide) Tablets, 5 mg, 10 mg and 25 mg—bottles of 100 and 500. With respect to clinical activity, capsules and tablets are indistinguishable.



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Please see following page.



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Please see preceding page for a summary of product information.

# Pennsylvania Medicine

APRIL 1977

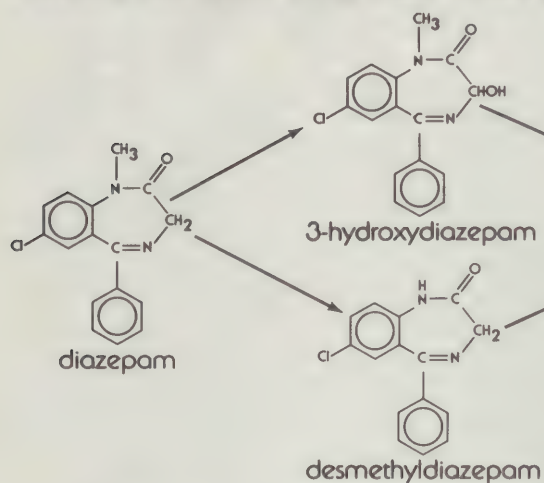


Patient Education—  
A step toward reducing  
health care costs

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to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

**Contraindicated:**

Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma;

may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** Not of value in psychotic patients.

Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**Precautions:** If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

**Side Effects:** Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.



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#### SPECIAL SESSION RECONVENED

The Society's Board of Trustees on March 16 authorized the reconvening of the Special Session of the House of Delegates which was first called in 1975. The sole issue for debate at this April 17 meeting at the Penn Harris Motor Inn, Camp Hill, again will be the malpractice crisis. Specifically, this session will deal with matters contained in the rate filing of Argonaut Insurance Co., which was the subject of a full week of formal hearings April 4 through 8. In the filing Argonaut proposes: to increase from two to four the number of territories now used in rate making; to change the relationship of premium to risk categories; and to increase rates an average of 70 percent. The proposed change in relationship of premium to risk categories (relativity) would mean that low risk physicians would carry a larger share of the proposed premium increase than high risk physicians. Since the term for 1977 delegates to the House does not begin until June 1, 1977, the call was issued to the delegates to the 1976 Annual Session. D. Ernest Witt, M.D., speaker of the House, and Donald E. Harrop, M.D., vice speaker, have appointed the necessary committees. All Society members may be present and speak at the reference committee hearing the morning of April 17. Members of the special reference committee have been appointed by the speaker and vice speaker as follows: R. Robert Tyson, M.D., Philadelphia County, chairman; Robert E. Gregory, M.D., Allegheny County; David P. Morrison, M.D., Bucks County; J. Scott Hommer, Jr., M.D., Blair County; Herbert Fellerman, M.D., Luzerne County; and Robert N. Moyers, M.D., Crawford County, alternate.

#### INSURANCE DEPARTMENT HEARINGS--ONGOING!

Hearings by the Insurance Department on the Argonaut Insurance Company's 70 percent premium increase request will continue the weeks of April 11 and 18. The hearings began April 4 and were held every day of that week. The State Society has intervenor status at the hearings which will continue after the Special Session of the House of Delegates. On April 11 and 12, the Insurance Department conducted hearings on the 44.3 percent premium increase request of the state operated Joint Underwriting Association.

#### BLUE SHIELD CORPORATION MAKES MAJOR BOARD CHANGES

The Corporation of Pennsylvania Blue Shield elected five new directors and three new officers at the annual meeting March 30. Three board members retired, each with more than thirty years of service. New officers are John H. Harris, Jr., M.D., Carlisle, first vice chairman of the board; Robert E. Patterson, Lancaster, treasurer; and Donald L. Fisher, Millerstown, assistant treasurer. New board members are Sidney E. Sinclair, M.D., Williamsport; D. Ernest Witt, M.D., Bloomsburg; Charles K. Zug, M.D., Bethlehem; Jesse E. Daugherty, Bristol; and Warren G. Weber, Erie. Retiring with over 30 years of service each are Lewis T. Buckman, M.D., Wilkes-Barre; George H. Stein, M.D., Harrisburg; and Lester H. Perry, Lemoyne, first executive director of Blue Shield and immediate past executive director of the State Society.



#### BOARD ACTS TO SUPPLY WITNESSES TO COURTS

The Society's Board of Trustees voted in March

to cooperate with law enforcement officials by providing expert witnesses in the trials of alleged violators of the Controlled Substances Act. Most physicians arrested are being charged with violation of a section which prohibits dispensing of controlled substances unless "done in accordance with treatment principles accepted by a responsible segment of the medical profession." To secure convictions most cases require an expert medical witness. Most requests will come directly to the State Society. The Board urges county medical societies to cooperate when they receive requests.

#### STATE SOCIETY HAS TWO ON GENERIC ADVISORY

Representing the State Society on the new generic

advisory committee established by Act 259 of 1976, the generic prescribing law, are Arthur H. Hayes, Jr., M.D., and John J. Dennehy, M.D. Dr. Hayes, chairman of the PMS Commission on Therapeutics, is from Hershey. Dr. Dennehy, a member of the PMS commission, is from Danville. The advisory committee will assist the Health Department's Drug, Device, and Cosmetic Board to prepare the formulary to be used under Act 259.

#### SUPREME COURT REARGUMENT SET IN CLINICAL LAB SUIT

The Pennsylvania Supreme Court

has set April 21 as the date for reargument of the State Society's suit to enjoin the Health Department from imposing regulations for clinical laboratories on physicians' private office laboratories. The suit was originally filed in Commonwealth Court, where a split decision sent the matter to the Supreme Court. The Society's legal counsel presented original arguments in September 1976. Meanwhile the State Society is urging the passage of S.B. 233, Amendments to the Clinical Laboratory Act, which would specifically exempt physicians' office labs from the regulations. The bill is now in the Senate Committee on Health and Welfare.

#### WORKMEN'S COMPENSATION PAYROLL AUDITS DUE

During the next 60 days, field auditors of

Casualty Reciprocal Exchange, underwriter for the Society sponsored workmen's compensation program administered by the Dodson Insurance Group, will examine payrolls of their clients. Members taking advantage of this group program can cooperate by having the necessary records available for completion of the audit. As soon as the audit is complete, Dodson can calculate and distribute the earned savings. Nearly \$27,000 was refunded in 1976 to members who participate in the program.

#### CAT FUND PARTICIPATION FOR CORPORATIONS SOUGHT

PMS has had introduced a bill,

S.B. 679, which would provide optional million dollar malpractice coverage for professional medical corporations. In December 1976, William Myrtetus, director of the state's Catastrophe Loss Fund (CAT Fund) ruled that Act 111 of 1975 does not provide for inclusion of corporations in the fund. Premiums collected by liability insurance companies to be forwarded to the CAT Fund were ordered returned at that time. Because of protests from members who wanted the coverage for corporations, the State Society is seeking early passage of the proposed legislation.

# Pennsylvania Medicine



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20 Erford Road  
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Telephone (717) 238-1635

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## Society develops full-scale management program

In response to the mounting evidence that many physicians lack instruction in various aspects of medical practice management, the State Society Council on Education and Science has focused its attention on the development of management programs for physicians and office aides.

Good office management practices have been shown to increase a practice's income, heighten office productivity, and keep the patients satisfied.

During the months of March and April the council has sponsored fifteen workshops in five separate categories: the Medical Assistant Series, Office Manager Workshop, Physician Half Day Workshops, Financial Control of Your Medical Practice, and Principles of Medical Practice Management.

A one day workshop, Use of the Computer in the Practice of Medicine, will be held May 13 at the Penn Harris Motor Inn, Camp Hill. The new workshop is designed to inform participants of existing uses of computers in private practice; explore future uses of computers in medical diagnoses, patient interviewing, analysis of

practice patterns; and assist physicians in making objective decisions regarding use of computers in the practice of medicine.

Although in the past few years much of the council's activity has been in the area of continuing medical education, it has been sponsoring management seminars since 1974.

In his address to the 1973 House of Delegates, outgoing Society president Robert S. Sanford, M.D., pointed out the need for practice management instruction as he said:

*"Notoriously, doctors of medicine are poor business people and tend to shy away from economic problems, yet they are an essential part of the practice of medicine or any other profession. Therefore, I suggest that the Board of Trustees have the proper council develop available courses in medical economics and office management to be presented for use by the Society members."*

The first seminar, Principles of Medical Practice Management, was held in May 1974 in Hershey and was such a success that an-

other one was held the following November in Pittsburgh. A program for senior residents, Establishing Yourself in Medical Practice, was so successful that many residency programs in the state began to offer the same kind of instruction.

Because of the degree of success, seminars were repeated in 1975 and 1976 with more diversified faculty members and expanded course material.

This year the Council on Education and Science has offered a fully developed schedule of practice management workshops with five new categories of instruction. The Medical Assistant Series, Office Manager Workshop, and Physician Half Day Workshops are conducted by Bill McGrath, president of Practice Productivity, Inc., Atlanta, Georgia, while Financial Control of Your Medical Practice is presented by Conomikes Associates, Inc., based in southern California.

Principles of Medical Practice Management, the council's original management workshop, is conducted by Leif C. Beck and Vasilios J. Kalogredis of Management Consulting for Professionals, Inc., Bala Cynwyd, and McGrath. Beck, who is president of Management Consulting for Professionals, headed the faculty for the original seminar. He and Kalogredis write the monthly Practice Management articles in PENNSYLVANIA MEDICINE.

Plans for the future include continued expansion of existing programs as well as the development of new courses as the management needs of physicians are identified.

For details about practice management workshops, contact LeRoy C. Erickson, Director, Educational Activities, Pennsylvania Medical Society, 20 Erford Rd. Lemoyne, PA 17043.



Chairman James A. Raub, M.D., confers with LeRoy C. Erickson, director of educational activities, during the February meeting of the State Society's Council on Education and Science.



# Key importance of hospital records

FRED SPEAKER  
Harrisburg

The Pennsylvania Supreme Court in a split decision has recently reemphasized the importance of hospital records in a case<sup>1</sup> against physicians and a hospital. The majority opinion ruled that the evidence of nothing written in the hospital record could overcome the testimony of two witnesses called by the plaintiff.

In the medical malpractice case, the evidence showed that the plaintiff was admitted to the hospital in order to give birth to her fourth child. At the time of admission she was under the care of three partners, including Dr. Brownstein. In order to induce

1. *Stack et ux v. Wapner, et al.*, Pa. Super. (Sept. 27, 1976).

## Disability income symposium offered

A symposium, "The Physician's Role in the Federal Social Security Disability Programs," will be presented May 18, 5:30-7:00 p.m. at the Philadelphia County Medical Society building, 2100 Spring Garden St., Philadelphia.

The symposium is designed to help physicians become familiar with the operation of federal disability programs in order to be in a better position to help patients make good use of the programs. Leading the discussion will be Rose M. Lepore, Social Security Administration regional commissioner.

Cosponsored by the center city branch of the Philadelphia County Medical Society and the Philadelphia Region, Pennsylvania Society of Internal Medicine, the symposium is pending approval for Category I credit.

For more information write: Milton Freiwald, M.D., Disability Regional Chief Medical Advisor, P.O. Box 8788, Philadelphia, PA 19101.

labor, at 2:45 a.m. the drug Pitocin was started to be given intravenously. Her hospital chart is absent of any indication that a check was made on her condition until 5:15 a.m.; there is another entry at 7:05 a.m., and the first chart reference to Dr. Brownstein is 8 a.m. when he is noted as having performed part of the delivery.

After delivery the plaintiff began heavy intrauterine bleeding, and ultimately a total hysterectomy had to be performed. Shortly after her release from the hospital she was readmitted suffering from severe infectious hepatitis, was administered medication and suffered partial hearing loss in both ears. The jury awarded her \$40,000.

A key to the case was whether or not a physician monitored the administration of the Pitocin. Dr. Brownstein testified that he had, and his testimony was corroborated by a resident. The evidence

*Mr. Speaker is an attorney with Pepper, Hamilton & Scheetz, legal counsel for the State Society.*

that the plaintiff offered to the contrary was the official hospital policy which mandated patient chart entries and stated that attending obstetricians must be present during the entire labor-inducing procedure. The majority opinion stated:

*"When this evidence is taken with the evidence that there were no entries on the chart, the jury had ample basis for inferring that there had been no monitoring."*

Although three judges dissented, the current law is clear that the absence of material written in the hospital record can speak eloquently to the disadvantage of the physicians who would have been protected by the entry of exculpatory notes. □

## Protection for peer review

In the first reported case involving the Peer Review Protection Act, a court in Philadelphia<sup>1</sup> ruled that the Act prohibits discovery of information obtained by Peer Review committees.

The Act provides that:

*"The proceedings and records of a review committee shall be held in confidence and shall not be subject to discovery or introduction into evidence in any civil action against a health care professional arising out of the matters which are the subject of evaluation and review by such committee."*<sup>2</sup>

In an action against several hospitals and physicians the plaintiff's counsel filed a set of in-

terrogatories requesting information concerning appearances before any medical committees, official board of medical associations, or other like review groups concerning treatment of the plaintiff. The doctor refused to give that information and the court upheld his refusal saying:

*"The clear intent of the Peer Review Protection Act is to foster the greatest candor and frank discussion at such review meetings. The Act is prospective in its operation, but it is mandatory in its proscription of discovery. Hence, any discovery sought after the act takes effect is barred."*<sup>3</sup>

Thus, there are more grounds for optimism about the purview and protection of the Peer Review Protection Act. □

1. *Schwartz v. Tri-County Hospital*, 74 D&C 2d 52 (Phila. 1975).  
2. 63 P.S. § 425.4.

3. *Id.* at 54.





**RECENT CHANGES**

**federal register**

**Providing  
Drug Information  
to Physicians**

**Informational  
Bulletin #433-76**

**National  
Health  
Insurance**

**special report**  
**Malpractice  
insurance:**

**drug  
bulletin**

**Health care doesn't  
need more red tape**

**Drug firms challenge  
'MAC' rules**

**Drug  
Substitution**

**RESEARCH**

**Mailgram 1**

# THERE ARE A LOT OF PEOPLE GETTING BETWEEN YOU AND YOUR PATIENT.

Medicine today is in the spotlight, subjected to all kinds of scrutiny. Your control over patient therapy is being monitored, judged and occasionally abrogated, sometimes by unknown third parties.

The worry is that in the wake of this focus, the relationship between you and your patient will be weakened, without offsetting benefits. Consider three examples:

**Drug substitution** In most states, pharmacy laws, regulations or professional custom stipulate that your on-generic prescriptions be filled with the precise products you prescribe. But in the last five years, a dozen or more State laws have been changed, permitting the pharmacist in most cases to select a product of the same generic drug to fill any prescription.

Ironically, this dilution of physician control has taken place against a background of growing evidence that purportedly equivalent drug products may be inequivalent, since neither present drug standards nor their enforcement are optimal. In fact, the FDA itself says it has not enforced the same standards for hundreds of "follow-on" products that it had applied to the original FDA approvals. Thus physician control over patient therapy is being eroded with a risk that patients may be exposed to drugs of uncertain quality.

The major advertised claim for substitution is reduced prescription prices for consumers. Yet no documentation of any significant savings has been produced.

**MAC** Maximum Allowable Cost, MAC for short, is Federal regulation designed to cut the Government's drug bill by setting price ceilings for drugs dispensed to Medicare and Medicaid patients. Unless the prescriber certifies on the prescription that a particular product is medically necessary, the Government intends to pay only for the cost of the lowest-priced, purportedly-equivalent,

generally-available product. The effect of the program may be that elderly and indigent patients will be restricted to products which someone in Washington believes are priced right. Practicing doctors will have little to say about administration of the program, since Government will have absolute authority to make its choices stick.

**The drug lag** The future of drug and device research depends upon a scientific and regulatory environment that encourages therapeutic innovations. The American pharmaceutical industry annually is spending more than \$1 billion of its own funds and evaluating more than 1,200 investigational compounds in clinical research. Disease targets include cancer, atherosclerosis, viruses and central nervous system disorders, among others. But there is a major barrier to the flow of new drugs to your patients: The cost of the research is more than ten times what it was, per product, in 1962; and whereas governmental clearance of new drug applications took six months then, it commonly consumes two years now.

The FDA needs adequate time, of course, to consider data. But it is equally clear that the present approval process contributes to needless delay of needed therapy. That's why the increased efficiency of the drug approval process is vital to all our futures.

If these issues concern you, we suggest that you make your voice heard—among your colleagues and your representatives in State legislatures and in Washington.

It could make a difference in your practice tomorrow.



Pharmaceutical Manufacturers Association  
1155 Fifteenth Street, N.W., Washington, D.C. 20005



# Health education—southwestern Pennsylvania style

LOIS G. MICHAELS  
LAWRENCE D. ELLIS, M.D.  
Pittsburgh

“**T**hey never tell you anything” is a common lament of patients. “They never listen to anything I tell them” is a frequent complaint of physicians. In reality, physicians give their patients a great deal of information, but the patients either don’t remember or don’t understand it. Patients often misinterpret or fail to act on their doctors’ advice for a variety of social, economic, and psychological reasons. Doing something about this situation is one task of the current health education movement. Health education of the public is moving toward the top of a list of national health priorities that emphasize prevention of disease and disability.

In predicting changes in medical education of the future, 88 deans of the nation’s medical schools thought the “most desirable” change would be for the “medical profession to involve itself more with public health and preventive medicine.” The next most desirable change was the need for public education, particularly as it relates to use of the health care system.<sup>1</sup> These concerns for letting the public know that “nothing that emerges from a clinic or a test tube will contribute nearly so much to better health generally as a little individual self-care in the form of wiser living,”<sup>2</sup> are receiving increased attention in the scientific as well as lay press.

The Allegheny County Medical Society has been involved for several years in a community health education project aimed at promoting healthy behavior and the most effective use of the health care system when it is

needed. This involvement has been of benefit to the community as well as to the society.

## Health education needs defined

In 1971, a Citizens Task Force

of the Health and Welfare PLANNING Association (HWP), a United Way affiliated agency with long established credibility in the human service field, identified a need for improved opportunities for health education. Medical



*Richard Moriarity, M.D., head of the Poison Control Center at Children's Hospital is greeted by John McCormick, executive director of the Health and Welfare Association at the Health Education Center.*



*THE AUTHORS ARE SHOWN ABOVE at a meeting at the Allegheny County Medical Society Headquarters in Pittsburgh. Dr. Ellis is immediate past president of the Allegheny County Medical Society. He is a practicing hematologist and clinical professor of medicine at the University of Pittsburgh School of Medicine. Mrs. Michaels is director of the Health Education Center. She is married to Milton M. Michaels, M.D., Pittsburgh hematologist.*





Many community organizations provide volunteer operators for Tel-Med, at the Health Education Center in Pittsburgh.



William Cooper, M.D., chairman of the Continuing Education program at the University of Pittsburgh School of Medicine, monitors a tape as Mary Buckholz, administrative secretary at the Health Education Center, serves a caller.

society members on the Task Force—Drs. Robert J. Carroll, Robert O'Conner, and Donald M. Medearis, Jr., then dean of the University of Pittsburgh School of Medicine—concurred with the recommendation that “there must be a community-wide program educating the population on ways and means to promote

good health.”<sup>3</sup>

Hearings of the President's Committee on Health Education, held in Pittsburgh in January 1972 confirmed the feeling that too little attention was being paid to systematic health education program planning by schools, health services, public and private agencies, the media, business

and industry. This committee, under the chairmanship of Pittsburgh industrialist, R. Heath Larry, called attention to the potential of health education to promote well-being, prevent certain diseases and disabilities, and help meet the need to contain the ever rising costs of medical care.<sup>4</sup>

The public's right to health education, and the physician's duty to help provide it, were recurring themes in speeches to the 1974 Association of American Medical Colleges meeting.<sup>5</sup> Economist Victor Fuchs in his book *Who Shall Live?* dramatically called attention to ideas already accepted by alert clinicians, that “the greatest current potential for improving the health of the American people is to be found in what they do or don't do to and for themselves. Individual decisions about diet, exercise and smoking are of critical importance—and collective decisions affecting pollution and other aspects of the environment are also relevant.”<sup>6</sup>

#### Community response

In response to these findings, hundreds of local health professionals and other citizens organ-



Alexander Vijon, M.D., and Frances Cohen, Tel-Med project coordinator, review scripts for tapes.





*Vicki Dixon, of the ACMS staff, receives instruction in CPR from Jesse Weigel, M.D.*

ized to explore the role of health education. Data was collected on who was doing what to educate the public about health. Meetings and conferences were held to

bring together national and local leaders familiar with the problems. A plan for local action was developed that called for a mechanism to foster cooperation

among public and private agencies concerned with promoting health.

In January 1976, the Richard King Mellon Foundation granted funds to the Health and Welfare PLANNING Association for a three year demonstration project in community-based health education. The Health Education Center of Southwestern Pennsylvania was born.

Allegheny County Medical Society leadership had been part of the HWPAs program efforts over the years so it was natural for the two organizations to work together. There was strong physician support for a center to bridge the gap between what people know and what people do about their health.

The Center is located in downtown Pittsburgh and is led by a policy-making Citizens Commission. Functional commit-

*(Continued on page 13.)*



*At Allegheny County Medical Society Headquarters, scripts of Tel-Med tapes are reviewed by, left to right, Michael P. Levis, M.D., Lawrence Ellis, M.D., Frances Cohen, Jesse Weigel, M.D., and Ralph Stalter, M.D.*



# When **impotence** due to androgenic deficiency is driving them apart



**Android®-5**

Buccal  
Tabs

**Android®-10**

Oral  
Tabs

**Android®-25**

Oral  
Tabs

Methyltestosterone U.S.P. – 5, 10, 25 mg.

## New Double-Blind Study ANDROID-25 vs. Placebo\*

\* **WRITE FOR REPRINT:** R. B. Greenblatt, M.D.; R. Witherington, M.D.; I. B. Sipahioglu, M.D.: Hormones for Improved Sexuality in the Male and Female Climacteric. *Drug Therapy*, Sept. 1976.

Is there a true aphrodisiac? How effective are androgens in the management of the male climacteric and male impotence? Article discusses the psychophysiological and hormonal changes in the elderly male and female and therapeutic considerations. The effectiveness of methyltestosterone in the management of male impotence was confirmed by a cross-over, double-blind study using a placebo and Android-25

(methyltestosterone 25 mg.), on 20 males, 50 years of age or older who complained of secondary impotence. Patients received a series of placebo then Android-25, or Android-25 then placebo as follows: 1 tablet/30 days; 2 tablets/30 days; 3 tablets/30 days. Sexual response was evaluated: 0 = no change; + = 25% improvement; ++ = 50% improvement; +++ = 75% improvement. Placebo effectiveness was + or ++ in 12.7% of trials. Android-25 elicited a +, ++ or +++ response in 47.2% of trials. There was often a dose related response not observed with the placebo. This effect was not observed in younger patients (age 28-45 years).

**DESCRIPTION:** Methyltestosterone is 17 $\beta$ -Hydroxy-17-Methylandroster-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunichism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Post-pubertal cryptorchidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric,

avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE**

**REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. **In the male:** Eunuchoidism and eunichism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpubertal cryptorchism, 30 mg. **REFERENCE:** Robert B. Greenblatt, M.D., and D. H. Perez, M.D.: "The Menopausal Syndrome," *Problems of Libido in the Elderly*, pp. 95-101. Medcom Press, N.Y., 1974. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250. Rx only.

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This potent broad-spectrum antibacterial provides overlapping action to help combat infection caused by common susceptible pathogens (including staph and strep). The petrolatum base is gently occlusive, protective and enhances spreading.

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*Haemophilus*  
*Klebsiella*  
*Aerobacter*  
*Escherichia*  
*Proteus*  
*Corynebacterium*  
*Streptococcus*  
*Pneumococcus*

### Bacitracin

*Staphylococcus*  
*Corynebacterium*  
*Streptococcus*  
*Pneumococcus*

### Polymyxin B

*Pseudomonas*  
*Haemophilus*  
*Klebsiella*  
*Aerobacter*  
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*In vitro* overlapping antibacterial action of Neosporin<sup>®</sup> Ointment (polymyxin B-bacitracin-neomycin).



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## Neosporin<sup>®</sup> Ointment

(Polymyxin B-Bacitracin-Neomycin)

Each gram contains: Aerosporin<sup>®</sup> brand Polymyxin B Sulfate 5,000 units; zinc bacitracin 400 units; neomycin sulfate 5 mg (equivalent to 3.5 mg neomycin base); special white petrolatum qs; in tubes of 1 oz and 1/2 oz and 1/32 oz (approx.) foil packets.

**WARNING:** Because of the potential hazard of nephrotoxicity and ototoxicity due to neomycin, care should be exercised when using this product in treating extensive burns, trophic ulceration and other extensive conditions where absorption of neomycin is possible. In burns where more than 20 percent of the body surface is

affected, especially if the patient has impaired renal function or is receiving other aminoglycoside antibiotics concurrently, not more than one application a day is recommended.

When using neomycin-containing products to control secondary infection in the chronic dermatoses, it should be borne in mind that the skin is more liable to become sensitized to many substances, including neomycin. The manifestation of sensitization to neomycin is usually a low grade reddening with swelling, dry scaling and itching; it may be manifest simply as failure to heal. During long-term use of neomycin-containing products, periodic examination for such signs is advisable and the patient should be told to discontinue the product if they are observed. These symptoms regress quickly on withdrawing the medication. Neomycin-containing applications should be avoided for that patient thereafter.

**PRECAUTIONS:** As with other antibacterial preparations, prolonged use may result in overgrowth of nonsusceptible organisms, including fungi. Appropriate measures should be taken if this occurs.

**ADVERSE REACTIONS:** Neomycin is a not uncommon cutaneous sensitizer. Articles in the current literature indicate an increase in the prevalence of persons allergic to neomycin. Ototoxicity and nephrotoxicity have been reported (see Warning section).

Complete literature available on request from Professional Services Dept. PML.

Health education

(Continued from page 10.)

tees of the commission oversee staff activities in the areas of pro-

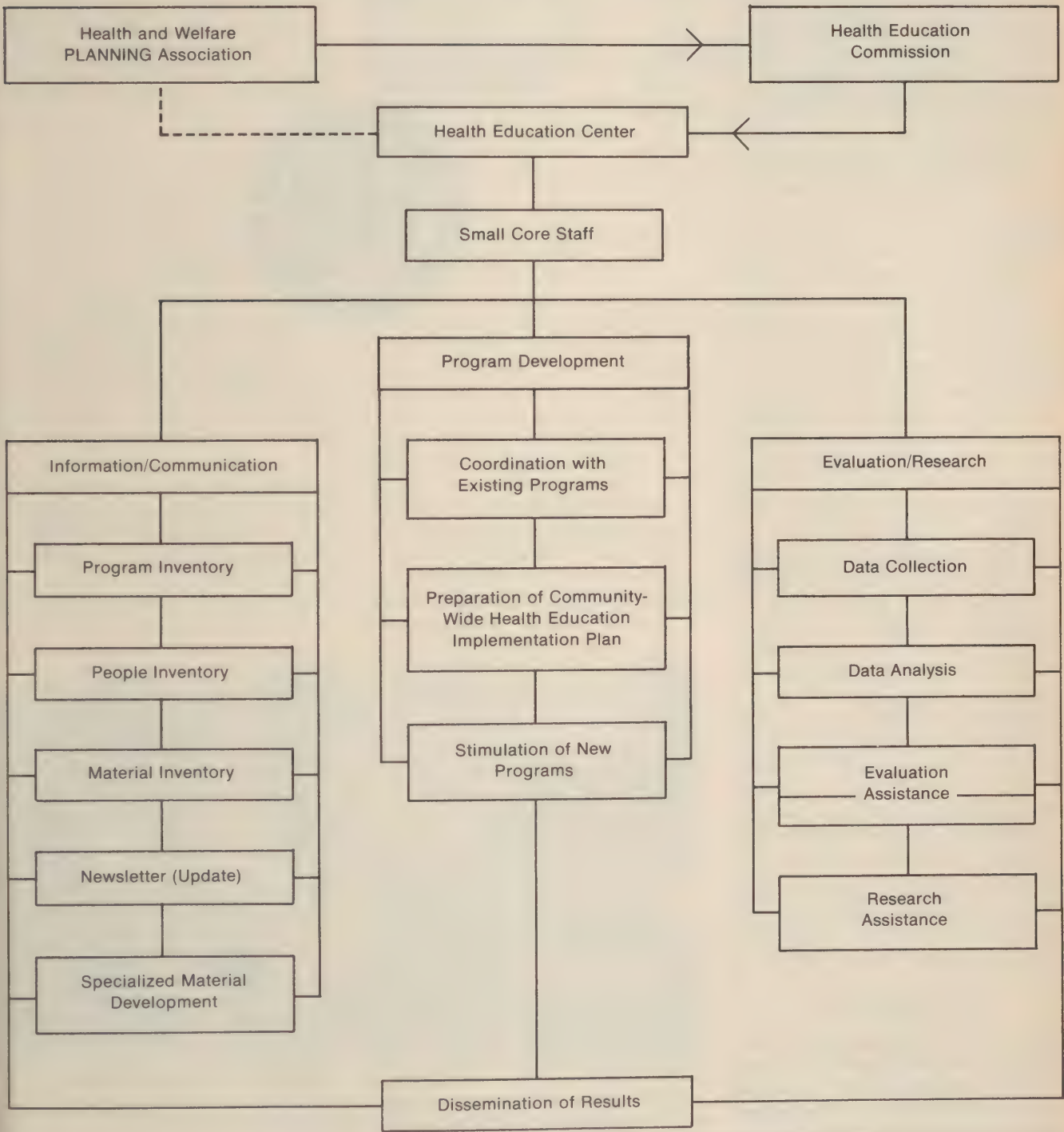
gram development, evaluation, and communication (See Charts A and B). In its first year of operation, professional and volunteer staff had contact with over 250 agencies and 2,500 individuals in promoting health through the use

of planned educational activities.<sup>7</sup>

Medical society response

Physicians sense the American public expressing a desperate need for improved health educa-

CHART A  
Health Education Center Functional Chart





tion and information opportunities. The consumer movement has increased people's sophistication about health matters. The popularity of self-care courses, do-it-yourself medical manuals, health food stores, spas, and self-help groups for smokers, dieters, and alcoholics illustrate this point. Daily newspapers print health columns and national publications feature health news on subjects ranging from bio-feedback to the latest in esoteric cancer research.

The Allegheny County Medical Society made a conscious decision to respond to this clamor in a constructive way by recognizing that physicians should take the lead in emphasizing preventive aspects of human disease.<sup>8</sup> This recognition served a two-fold purpose. First it served patients, because as Dr. William Cooper explained it, "the educated patient is a better patient, able to understand the course of his or her disease and take helpful actions." The second purpose serves the medical profession who are often criticized for not doing an effective job of communicating with the health consuming public.

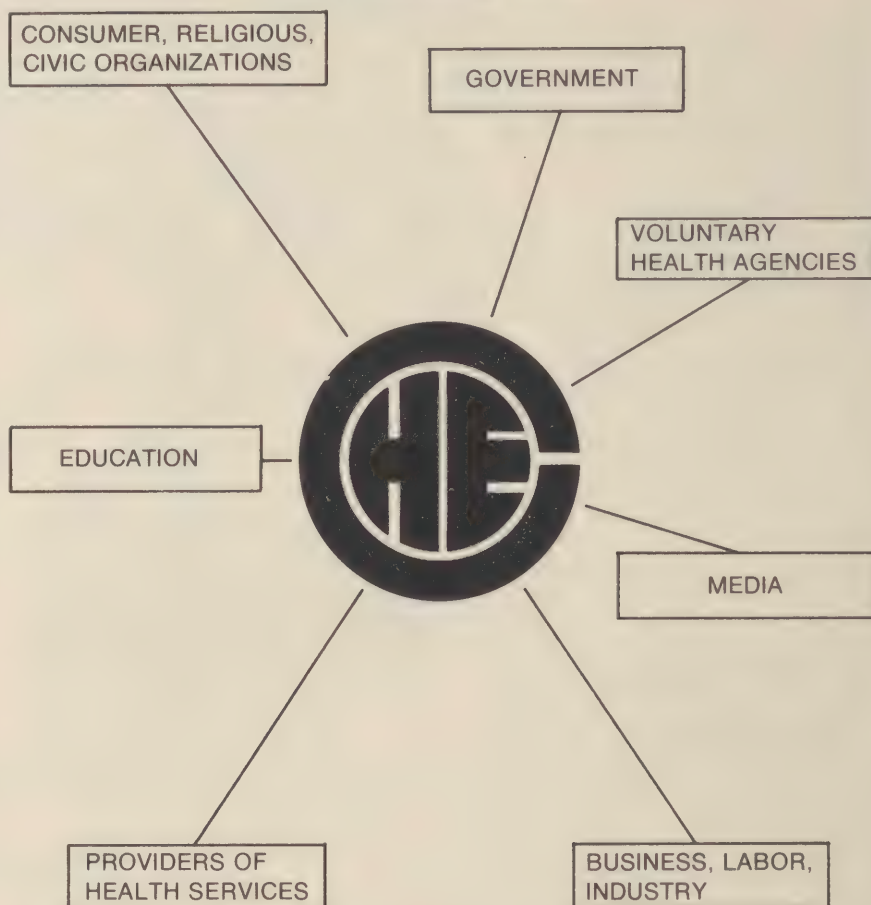
A visible opportunity for medical society action came when developing health and medical informational materials was identified as one of the functions of the new Health Education Center.

Several programs for using a taped telephone information system for health messages were explored. One was Health Line developed at the University of Wisconsin. Another was Tel-Med which originated in 1972 as a project of the San Bernadino, California Medical Society. The decision to select Tel-Med was influenced by its built in requirement for local physician support.

### How Tel-Med works

A fifteen-line tape console purchased from Teletronix Company operates twelve hours on weekdays and six hours on Saturday. One volunteer operator can an-

**CHART B**  
**Linkages between the Health Education Center and Community Groups**



*PATIENT EDUCATION—part of the total picture of health education—can begin in the physician's office. Joseph Maroon, M.D., Pittsburgh neurosurgeon, center, and David Bisenette, clinic assistant, meet with a patient in the office.*



swer a maximum of 150 calls per hour. Callers are anonymous and request tape subjects by number from a printed brochure distributed free throughout the community. The system is toll free only in the Pittsburgh area. Tape messages are from three to five minutes long and recorded by professional actors and actresses. Most tape messages suggest sensible health behaviors and refer listeners to local services. When further information is asked for, listeners are requested to call the Health Education Center for staff consultation.

### HEC approach to Tel-Med

Tel-Med systems are in use at 70 different locations throughout the country, but the Pittsburgh operation averages the greatest volume on record—1,300 calls per day. When center staff reviewed the reasons for this success with the Public Relations Committee of the medical society, they came to the following conclusions:

**1. Tel-Med is part of a community-based approach to health education.** This approach calls attention to the fact that information alone does not change human behavior. Other opportunities are available for Tel-Med listeners to be motivated to make



*PATIENTS also can learn more about staying healthy through the Health Education Center. Daniel Diamond, M.D., chief resident in general surgery, explains this to patients at Surgical Specialties, a surgical group practice at the University Health Center in Pittsburgh.*

use of the information they receive over the telephone.

**2. Health leaders were involved in all phases of investigating and establishing the program.** In addition to physicians, dentists and other practitioners, public health officials and voluntary health agency leaders participated in all phases of planning and implementing Tel-Med.

**3. An organized script review process was designed and used.** Scripts from the California headquarters were rigorously examined by at least two and sometimes as many as ten professionals familiar with the subject. Many

of the scripts were rewritten for greater clarity and accuracy. In many instances, new scripts were prepared for desired topics not found in the original Tel-Med library. A special tape explaining Allegheny County's Swine Flu immunization program was heard by 2,275 callers. Another tape describing the thyroid cancer screening program instituted by local hospitals received 651 calls.

**4. Volunteers set policy, operate Tel-Med and record utilization data.** In keeping with the philosophy that healthy behavior is essentially a voluntary action, the Center and its Tel-Med program encourage volunteering. In addition to volunteer script reviewers and writers, thirty men, women and young people provide an average of eighty hours of service each week.

**5. Audio, visual, and print material is continuously available to the public.** Over 550,000 brochures describing Tel-Med and listing the tape library were distributed in the first six months of operation and public service announcements are continuously played on radio and television and printed in newspapers.

**6. Funding for Tel-Med is shared.** The medical society, the Christmas Seal League of Southwestern Pennsylvania, Pennsylvania Blue Shield, Blue Cross of



*PATIENTS often hesitate to ask busy physicians questions about their health. John Lloyd, M.D., Pittsburgh general surgeon, is shown above overcoming that situation.*





*Student nurses use HEC resources to improve patient teaching skills.*

Southwestern Pennsylvania, and the United Way of Allegheny County contribute funds. This mix of money, plus purchase of tapes by agencies receiving referrals provided \$34,000 of the \$44,000 first year operating costs.

**7. Evaluation and updating is built into the program.** Before Tel-Med began operation, a random sample of the population was surveyed by telephone to determine where people received

their health information. It will be repeated in one year. Operators periodically request callers to respond to short questions that show the majority of Tel-Med callers are women, live in the Pittsburgh area and are calling Tel-Med for the first time. Callers include health practitioners, social workers, students, and business men. Meticulous records enable staff and others to recognize health topics of greatest in-

terest to the public (Chart C).

Brochures are being revised to include over sixty additions to the library. New tapes added between brochure printings are announced on a special information tape.

### Conclusion

What is the role of the physician in the effort to educate the public regarding health? The Health Education Center of Southwestern Pennsylvania is proof that physicians are vital to the success of such operations. First, they provide the best source of knowledge in health matters. Second, they are in the very best possible position to encourage people to get educated about their health and to use the right sources of information. Without the Allegheny County Medical Society and its members such a project could be only partially successful at best. Everywhere today is heard the comment that health care costs could be lowered if the public were better educated regarding health. Whether or not this is true remains to be seen, but health education efforts will be receiving more and more emphasis because of this. Only the involvement of physicians can provide quality assurance and maximum utilization by the public.

### CHART C

#### Twenty Most Requested Tapes

(Total Tel-Med Calls from June 1, 1976 to February 28, 1977—242,626)

<i>Tape Title</i>	<i>Times Requested</i>
1. Masturbation	22,754
2. Homosexuality	4,609
3. Diaphragm, Foam and Condom	4,551
4. Vasectomy	3,692
5. Where Did I Come From, Mama?	3,118
6. The Pill	3,073
7. Syphilis	2,903
8. Natural Methods	2,780
9. Fears of the After 40 Man	2,759
10. Vaginitis	2,707
11. Tension	2,650
12. Gonorrhea	2,574
13. When Do I Need a Psychiatrist?	2,543
14. Acne	2,323
15. Brothers and Sisters Getting Along	2,316
16. The Flu-1976 (Swine Flu)	2,275
17. Menopause	2,249
18. Baldness and Falling Hair	2,245
19. Seeing Spots and Floaters	2,187
20. Warning Signs of Pregnancy	2,142

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TABLETS, 20 mg.

**\*Indications:** Based on a review of this drug by the National Academy of Sciences-National Research Council and/or other information, the FDA has classified the indications as follows:  
Possibly Effective:  
1. For the relief of symptoms associated with cerebral vascular insufficiency.  
2. In peripheral vascular disease of arteriosclerosis obliterans, thromboangiitis obliterans (Buerger's Disease) and Raynaud's disease.  
Final classification of the less-than-effective indications requires further investigation.

**Composition:** Vasodilan tablets, isoxsuprine HCl, 10 mg. and 20 mg.  
Vasodilan injection, isoxsuprine HCl, 5 mg., per ml.

**Dosage and Administration:** Oral: 10 to 20 mg., three or four times daily.  
Intramuscular: 5 to 10 mg. (1 or 2 ml.) two or three times daily. Intramuscular administration may be used initially in severe or acute conditions.

**Contraindications and Cautions:** There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding.

Parenteral administration is not recommended in the presence of hypotension or tachycardia.

Intravenous administration should not be given because of increased likelihood of side effects.

**Adverse Reactions:** On rare occasions oral administration of the drug has been associated in time with the occurrence of hypotension, tachycardia, nausea, vomiting, dizziness, abdominal distress, and severe rash. If rash appears the drug should be discontinued.

Although available evidence suggests a temporal association of these reactions with isoxsuprine, a causal relationship can be neither confirmed nor refuted.

Administration of single dose of 10 mg. intramuscularly may result in hypotension and tachycardia. These symptoms are more pronounced in higher doses. For these reasons single intramuscular doses exceeding 10 mg. are not recommended. Repeated administration of 5 to 10 mg. intramuscularly at suitable intervals may be employed.

**Supplied:** Tablets, 10 mg., bottles of 100, 1000, 5000 and Unit Dose; Tablets, 20 mg., bottles of 100, 500, 1000, 5000 and Unit Dose; Injection, 10 mg. per 2 ml. ampul, box of six 2 ml. ampuls.

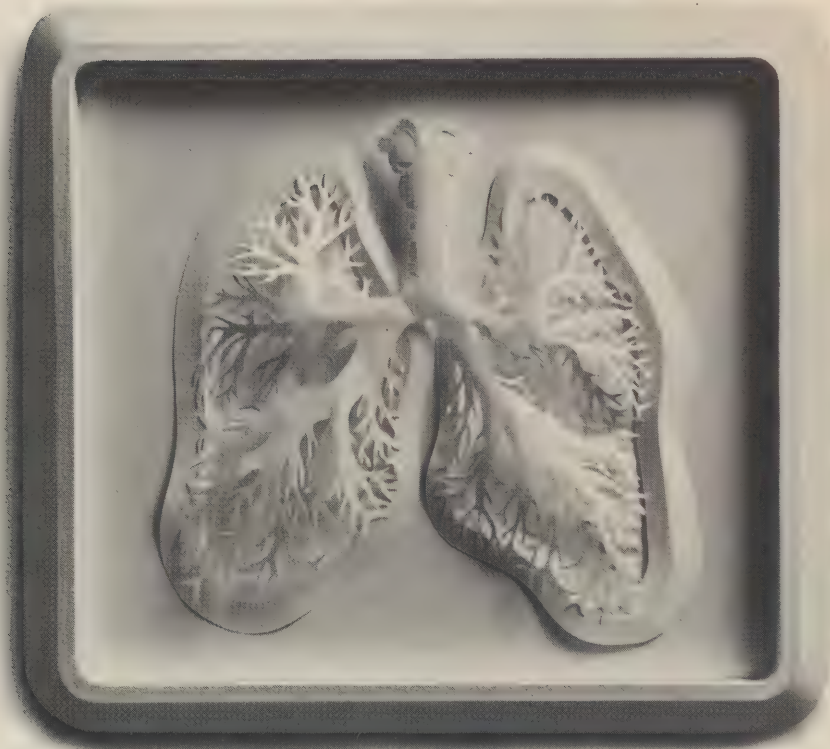
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**PRECAUTIONS:** With Bronkotabs therapy sympathomimetic side effects are minimal. However, frequent or prolonged use may cause nervousness, restlessness, or sleeplessness. Bronkotabs should be used with caution in the presence of hypertension, heart disease, or hyperthyroidism. Drowsiness may occur. Ephedrine may cause urinary retention, especially in the presence of partial obstruction, as in prostatism.

**RECOMMENDED DOSAGE:** One tablet every 3 or 4 hours, not to exceed five times daily. Children over 6: one half adult dose.

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## Camera reviews recent Society activities



HENRY H. FETTERMAN, M.D., chairman of the Society's Council on Medical Service, left, appeared before the Senate Health and Welfare Committee February 25, at the invitation of Senator W. Louis Coppersmith, chairman, and the committee, at the right above. On the agenda were health care cost containment, utilization review, copayment requirements, and medicaid reimbursement schedules. Dr. Fetterman said that "future health care economies will probably depend on physician, hospital, and patient controls." He urged the committee to be concerned with reimbursement for care given Pennsylvania's medicaid patients, "one of the lowest reimbursement levels in the entire country."



AT THE HEALTH and Welfare Committee hearing, Robert H. Craig, Jr., director of governmental activities for the Society, in the top photograph facing away from the camera, is shown conferring with Senator Coppersmith. Below, Craig, Senator Coppersmith, and Dr. Fetterman are shown discussing testimony after the hearing.



County society executive secretaries and directors, some of whom are shown above, met in March in Harrisburg for a regular quarterly meeting. They are as follows: H. David Moore, Allegheny County; Luann Croyle, Armstrong County; Nancy P. Moyer, Beaver County; Sherwood C. Young, Berks County; Pauline L. Bowers, Blair County; John S. Detweiler, Bucks County; Michael P. Kohler, Cambria County; William B. Harlan, Dauphin County; John Kotik, Delaware County; Robert B. Stuart, M.D., Erie County; Walter A. Lion, Jr., Fayette County; Wilma Carlson, Jefferson County; Ruth O. Banks, Lackawanna County; Janice C. Dunlevy, Lancaster County; Robert R. Parsons, Lehigh County; Leona O. Franey, Luzerne County; Paul P. John, Lycoming and Union Counties; Arthur Whitehair, Montgomery County; William H. Kilpatrick, Northampton County; Richard M. Nelson, Philadelphia County; Edyth T. Upson, Washington County; Carolyn Gilchrest, Westmoreland County; and Kathryn M. Fourhman, York County.





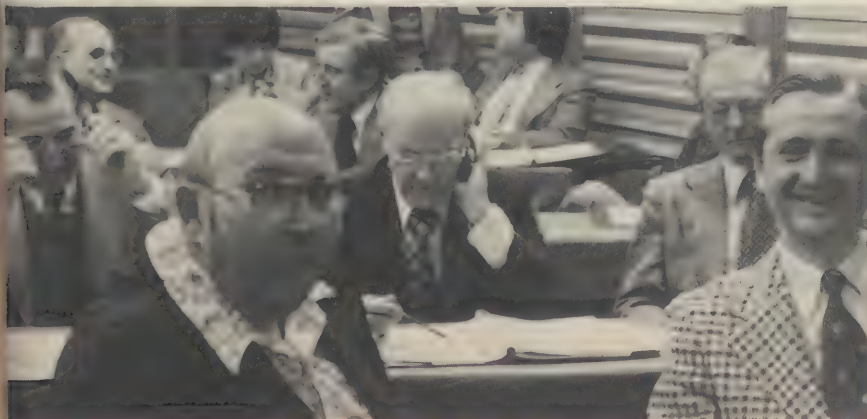
*THE COMMISSION on Professional Liability Insurance has held regular meetings to review the Argonaut Insurance Co. filing for an increase in malpractice insurance premiums. Chairman Robert L. Lasher, M.D., is shown above to the right, presiding over a recent meeting.*



*SOCIETY PRESIDENT William J. Kelly, M.D., joined his counterpart in the Pennsylvania Bar Association at a joint meeting of the Mercer County Medical Society in Sharon March 10. Shown at the left, left to right, are Theodore L. Yarboro, M.D., president of the Mercer County Medical Society; Dr. Kelly; George H. Rowley, president of the Mercer County Bar Association; and Joseph E. Gallagher, president of the Pennsylvania Bar Association.*



*THE AD HOC committee to study malpractice insurance, shown at the left, has met several times already in 1977 to study countersuits and to formulate PLAN, a grassroots organization for legislative activity. PLAN, Physicians' Legislative Action Network, has asked each county medical and specialty society to appoint a physician as PLAN representative to coordinate contacting Legislators. David S. Masland, M.D., ad hoc committee chairman, is shown presiding over the last meeting.*



*THE STATE SOCIETY sponsored a negotiating seminar in February to give interested officers an opportunity to learn how and when to bargain. In the photograph to the right are some of those who attended. In the foreground are George A. Rowland, M.D., chairman of the Board of Trustees and Joseph C. Donnelly, Jr., M.D., chairman of the Interspecialty Committee. In the second row are Raymond C. Grandon, M.D., Fifth District trustee; Richard L. Huber, M.D., Third District trustee; and G. Winfield Yarnall, M.D., Society secretary.*





## MDs in the news

**H. Craig Bell, M.D.**, Abington, was installed recently as president of the Medical Club of Philadelphia. Dr. Bell teaches psychiatry and neurology at the University of Pennsylvania School of Medicine and is in the psychiatry department at the Abington Memorial Hospital.



**DR. BELL**



**DR. HARTFORD**

**C. Edward Hartford, M.D.**, Palmerton, was appointed recently as co-director of the burn treatment unit at the Crozer-Chester Medical Center in

Upland. He will maintain a general surgery practice at the medical center additionally. Previously Dr. Hartford was a professor at the University of Iowa College of Medicine and associated with the university's hospitals and clinics.

The new book, *Sex and the Life Cycle*, contains a chapter by **Dorothea D. Glass, M.D.** It is entitled "Sexuality and the Spinal Cord Injured Patient." Dr. Glass is coordinator of the sexual attitude reassessment program at the Moss Rehabilitation Hospital in Philadelphia.

During the 93rd annual dinner of the Luzerne County Medical Society, **Joseph A. Drapiewski, M.D.**, Nanticoke, and **Irving O. Thomas, M.D.**, Wilkes-Barre, received awards for 50 years in the practice of medicine.

The following physicians were recently named fellows of the American Academy of Orthopedic Surgeons: **Thomas B. Dickson, Jr., M.D.**, Allentown; **J. Dale Howe, M.D.**, Allentown; **Barry A. Silver, M.D.**, Lansdale; **L. Nicholas Sotos, M.D.**, Kittanning; **Carl R. Steindel, M.D.**, Scranton; and **James A. Strite, Jr., M.D.**, Gettysburg.

**Nellie C. Heisley, M.D.**, formerly of Honesdale, was honored recently by the State Society for 50 years of medical service. Dr. Heisley graduated from the Woman's Medical College in 1927. She spent the years 1928-33 as a medical missionary in India, where for a time she served as medical director of a 150 bed hospital for women and children. From 1933 until she retired to Crescent City, Florida, in 1969, she practiced family medicine in Honesdale.

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**Indications:** Nutritional supplementation in conditions in which water-soluble vitamins are required prophylactically or therapeutically.

**Warning:** Not intended for treatment of pernicious anemia or other primary or secondary anemias. Neurologic involvement may develop or progress, despite temporary remission of anemia, in patients with pernicious anemia who receive more than 0.1 mg of folic acid per day and who are inadequately treated with vitamin B<sub>12</sub>.

**Dosage:** 1 or 2 tablets daily, as indicated by clinical need.

**Available:** In bottles of 100 and 500.



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Four members of the Berks County Medical Society were recently presented with State Society 50 year medical service awards. They are: **Charles B. Bertolet, M.D.**, Mount Penn; **Roland M. Brickbauer, M.D.**, Mohnton; **E. Karl Houck, M.D.**, Reading; and **F. Lee Terry, M.D.**, Muhlenberg Park.

The American Board of Family Practice recently named the following physicians as diplomates: **Robert C. Dix, Jr., M.D.**, Milton; **Vorrie B. Macom, M.D.**, Lansford; **John P. Pagana, M.D.**, Sunbury; **Gregory J. Salko, M.D.**, Carbondale; and **Thomas M. Bryan, M.D.**, **Donald G. Crawford, M.D.**, and **F. Samuel Farber, M.D.**, of Harrisburg.

**Richard J. Miraglia, M.D.**, Pocono Lake, was recently elected president of the Pocono Family Practice Society, which is the northeastern chapter of the Pennsylvania Academy of Family Physicians.

**F. Susan Cowchock, M.D.**, through a grant from the Easter Seal Society, has been involved in a prenatal diagnosis program at the Thomas Jefferson University Genetic Counseling Center, Philadelphia. The research involves measuring the alpha-fetoprotein level in the mother's blood followed by amniocentesis or ultrasound tests in order to check the accuracy of the blood test.

During a recent meeting of the Cambria County Medical Society, **James E. Miller, M.D.**, received the organization's physician of the year award for his outstanding contributions to medicine. At the same meeting, fifty year awards were presented to **Paul McCloskey, M.D.**, Johnstown; **Charles Tredennick, M.D.**, Johnstown; and **Frederick Sloan, M.D.**, Pittsburgh.

*Jonathan E. Rhoads, M.D., professor of surgery at the University of Pennsylvania School of Medicine, recently received the Philadelphia Award for 1976. The award, established in 1921 by publisher Edward W. Bok, is presented yearly to one who has advanced the largest and best interests of the community.*

*Dr. Rhoads has a long record of service to the Delaware Valley and the nation. Current president of the American Philosophical Soci-*

*ety, he is a past president of the Philadelphia County Medical Society, American Surgical Association, and the American College of Surgeons. In 1975 he was chosen to receive the State Society's Distinguished Service Award.*

*Former national president of the American Cancer Society, he is editor of the society's monthly journal, Cancer, and chairman of the National Cancer Advisory Board of the National Cancer Institute.*





## MDs in the news

**Donald Kaye, M.D.**, Gladwyne, was recently elected to the committee on infectious diseases of the American Board of Internal Medicine. Dr. Kaye is professor and chairman of the department of medicine at the Medical College of Pennsylvania.



**DR. KAYE**



**DR. ADAMS**

**Colonel Fae Adams, M.D.**, of the U.S. Army Reserve, was named recently as commander of the 1800 officers and enlisted personnel of the 338th medical group, which covers hospitals in Folsom, Wilkes-Barre, Harrisburg, Lancaster, Chester, and Kearney, New Jersey. Dr. Adams, associate professor of obstetrics and gynecology at the Medical College of Pennsylvania, entered the Army Medical Corps in 1952 as the first female doctor to be commissioned in the regular army and the first woman to become a resident at Walter Reed Hospital.

**J. Pat Tokarz, M.D.**, a second year resident in family medicine at The Milton S. Hershey Medical Center, The Pennsylvania State University, was elected recently as a member at large of the seven-member governing council of the American Medical Association Resident Physician Section (RPS). The section, evolved from the Intern and Resident Business Section, plans to make education and health policy proposals to the AMA House of Delegates through a delegate from the RPS.

**S. Luther Savidge, M.D.**, was named recently as Sunbury's Citizen of the Year for his "unselfish public spirit." Dr. Savidge has practiced medicine in Sunbury since 1935. He is a past president of the Northumberland County Medical Society.

**James R. McShane, M.D.**, retired recently as medical director of the Reading Hospital and Medical Center in order to move with his wife to Bantry, County Cork, Ireland. He had been associated with the hospital since 1954 and served as medical director for sixteen years.

**William Lightfoot, M.D.**, Philadelphia, was appointed recently as director of the emergency department and the surgical compensation clinic at Temple University Hospital. Dr. Lightfoot is professor of surgery at Temple University School of Medicine.

## New county officers

### Berks County Medical Society

**James F. Welsh, M.D.**, Mohnnton, president

**Mark S. Reed, M.D.**, Reading, president elect

**Arlington A. Nagle, M.D.**, Womelsdorf, secretary

**Lewis Pollack, M.D.**, Reading, treasurer

### Cambria County Medical Society

**Donald D. Mitchell, M.D.**, Johnstown, president

**Ferdinand Soisson, M.D.**, Richland Court, president elect

**E. B. Hill, M.D.**, Johnstown, vice president

**Igor Islamoff, M.D.**, Johnstown, secretary

**William Hughes, M.D.**, Johnstown, treasurer

### Columbia County Medical Society

**David R. Campbell, M.D.**, Berwick, president

**R. W. Meldrum, M.D.**, Bloomsburg, president elect

**J. F. Gegwich, M.D.**, Berwick, vice president

**J. Campbell Martin, M.D.**, Bloomsburg, secretary treasurer

### Dauphin County Medical Society

**Bernard Margolis, M.D.**, Harrisburg, president

**Thomas Fletcher, M.D.**, Camp Hill, president elect

**Lewis Patterson, M.D.**, Harrisburg, first vice president

**Patrick Forsythe, M.D.**, Camp Hill, second vice president

**David A. Smith, M.D.**, New Cumberland, secretary treasurer

### Fayette County Medical Society

**Cataldo Corrado, Jr., M.D.**, Uniontown, president

**Roldan Medina, M.D.**, Uniontown, president elect

**A. J. Oliverio, M.D.**, Uniontown, first vice president

**J. P. O'Connell, M.D.**, Uniontown, second vice president

**Gertrude Blumenschein, M.D.**, Uniontown, secretary treasurer

### Lehigh County Medical Society

**Indru T. Khubchandani, M.D.**, Allentown, president

**David A. Tilly, M.D.**, Allentown, president elect

**Clifford G. Vernick, M.D.**, Allentown, vice president

**Walter J. Dex, M.D.**, Allentown, secretary

**David O. Williams, M.D.**, Allentown, treasurer

### Lycoming County Medical Society

**Galal Ahmed, M.D.**, Williamsport, president

**Charles Cipolla, M.D.**, Williamsport, president elect

**Edward N. Moser, M.D.**, Williamsport, vice president

**Donald Shearer, M.D.**, Montoursville, secretary

**Chan Yoon, M.D.**, Williamsport, assistant secretary treasurer

### York County Medical Society

**J. Joseph Danyo, M.D.**, York, president

**Kenneth Ehrhart, M.D.**, Hanover, president elect

**Kirk Pandelidis, M.D.**, York, vice president

**John P. Whiteley, M.D.**, York, secretary treasurer



# Childline receives 3,699 calls in first six months

In its 1975-76 annual report, the Bureau of Child Welfare, Department of Public Welfare reported that in the first six months of operation, the Childline hotline received 3,699 calls reporting suspected cases of child abuse or neglect. Additionally, 1200 calls were handled through counseling or by providing information or referral to the caller.

According to the annual report, when Childline receives an allegation, information about the child involved is checked in the central registry and transmitted by phone to the correct County Children's Protective Services Unit. Investigations are begun within 24 hours and completed within 30 days. When investigation supports the allegation, the information is entered into the

central register, and assistance is provided for the child and the abusing adult.

## Hemophilia symposium slated

A hemophilia symposium will be presented 8:30 a.m. to 5:30 p.m. April 21 in Scaife Hall at the University of Pittsburgh.

The symposium, which precedes the 20th annual Pennsylvania Association of Blood Banks meeting at the Hilton Hotel, April 22-23, is sponsored by the Hemophilia Center of Western Pennsylvania, Central Blood Bank of Pittsburgh, Western Pennsylvania Chapter of the National Hemophilia Foundation, and the University of Pittsburgh School of Medicine.

Childline opened officially on March 25, 1976, under the Child Protective Services Act of 1975.

The program will include discussions of sub-unit structures, synthesis, genetic regulation, therapeutic products, Pennsylvania hemophilia program, psychosocial aspects of treatment, and orthopedic rehabilitation.

Tuition is \$10. The University of Pittsburgh School of Medicine certifies that the program is accredited for six hours of Category I credit toward the Physician's Recognition Award of the American Medical Association. For further information contact the Division of Continuing Medical Education, University of Pittsburgh School of Medicine, 1022 Scaife Hall, Pittsburgh, PA 15261; (412) 624-2653.

## PAOO to hold annual meeting

The annual meeting of the Pennsylvania Academy of Ophthalmology and Otolaryngology (PAOO) will be held May 18-21 at the Bedford Springs Hotel, Bedford.

The program, which is acceptable for 15 Category I credits toward the Physician's Recognition Award of the American Medical Association, will include scientific sessions, instruction courses, films, and study clubs. Some of the major topics will be cranial facial emergencies,

trauma to the globe, midfacial trauma, visual disturbances and the paranasal sinuses, problems of caring for the patient with glaucoma, facial plastic surgery and trauma, and surgery of head and neck cancer.

Registration is free for Pennsylvania members and residents; \$5 for out-of-state members, and \$35 for nonmembers.

For more information contact Donald B. Kamerer, M.D., Secretary, 1501 Locust St., Pittsburgh, PA 15219.

## Clinical chemistry group to meet

The Philadelphia Section, American Association for Clinical Chemistry (AACC) will hold its fourth annual symposium May 9-10 at the Hershey Motor Lodge, Hershey.

Entitled "A Multifaceted Approach to the Evaluation of Liver Function," the symposium is designed to provide a comprehensive and up to date coverage of selected areas of liver pathology, morphology/anatomy, biochemistry, and laboratory diagnosis. Among the speakers will be Baruch S. Blumberg, M.D., recent Nobel Prize recipient, and Drs. F. W. Schmidt and E. Schmidt of Hanover, West Germany.

For registration forms and other information contact Dr. R. B. McGovern, Holy Spirit Hospital, N. 21 St., Camp Hill, PA 17011.

## Project USA seeks volunteers

Project USA, the American Medical Association's program to recruit physicians for short-term service (usually two weeks) has vacancies throughout the year at Indian Health Service facilities and National Health Service Corps rural communities.

Volunteer physicians receive \$500 a week plus round trip air coach fare. Family housing accommodations are provided.

Malpractice insurance coverage is furnished under the Federal Torts Claims Act for service in Indian reservations; but the physician must provide his own insurance at a National Health Service Corps site.

Interested physicians may contact John Naughton, American Medical Association, 535 N. Dearborn St., Chicago, IL 60610; (312) 751-6388.



# Medical practice management guide published

*The Physician's Office, a guide to planning and managing a successful medical practice*, by Leif C. Beck, 170 pages, Excerpta Medica, Princeton, New Jersey, 1977. \$14.95.

"Take the time to make the practice run smoothly and you will save untold amounts of time and frustration in return," is the message of *The Physician's Office, a guide to planning and managing a successful medical practice*, by Leif C. Beck.

Beck, president of Management Consulting for Professionals, Inc., Bala Cynwyd, states in the introduction that because of the increasing pressures on physicians, particularly private practitioners, they must "organize and manage their work well. . . if they don't, doctors may find the going tougher and tougher as pressures continue to develop."

In following chapters, Beck discusses such essential topics as selecting and obtaining the best office, hiring and managing lay personnel, medical office routines, billing and collecting for services, financial management, practice insurance, hiring a new physician, and forming a group practice. Each chapter is accompanied by a chapter outline and appropriate appendices illustrating or complementing the text.

Chapters are presented in a simple, logical way with ample details and examples—sample employment form, job description, and personnel policy manual; acceptable form letters for fee collection; sample monthly financial statements for a solo practice, a partnership, and a corporation; and an example of an efficient practice budget format.

In conjunction with Vasilios J. Kalogredis, a principal consultant of Management Consulting for Professionals, Beck writes a monthly practice management article for this journal. Additionally, he is author of a series for the

journal, *Group Practice*, an editorial consultant for *Medical Economics*, and a lecturer on medical management, taxation, and professional corporations. In the past few years he has served as a faculty member for "Principles of Medical Practice Management" seminars sponsored by the State Society Council on Education and Science.

*The Physician's Office* can be a useful guide in avoiding management problems. As Beck states in the introduction:

"Practice management is not some unique, highly specialized talent which requires training and

## TV medical show aired

"Talk With Your Doctor," a television series featuring panel discussions with Allentown area physicians, premiered Saturday, February 26 on WFMZ-TV, Channel 69, Allentown.

Scheduled to be aired the fourth Saturday of each month at 8:00 p.m., the hour-long program consists of a panel discussion followed by a telephone question period for viewers.

The first segment was entitled "Physical Examination—A Rip-off?" and featured Dean F. Dimick, M.D., Bruce M. Viechnicki, M.D., Forrest G. Moyer, M.D., and Headley S. White, M.D., all of Allentown.

Future programs will deal with emergency care, headaches, and venereal disease.

## Clinical engineering journal introduced

The premier issue of the *Journal of Clinical Engineering*, a new quarterly journal, has been published.

For a complimentary copy of the first issue of the *Journal of Clinical Engineering* write Mrs. Charlene Whitney, Quest Publishing Company, P.O. Box 4141, Diamond Bar, California 91765.

education that many doctors protest they lack. It is the careful application of *common sense*. This book is intended to provide those guidelines—the important facets of each business aspect that will enable the physician to organize and practice his chosen profession as well and with as much satisfaction as possible."

See page 31 for details about obtaining copies of the book.

## Patient referral guide revised

The Clinical Center, research hospital of the National Institutes of Health in Bethesda, Maryland, has issued a revised edition of the booklet, "Current Clinical Studies and Patient Referral Procedure."

Designed for physicians, the booklet describes the clinical research studies now in progress and outlines the procedure to be followed by physicians who wish to refer patients to the center for study.

Copies of the booklet are available from: Chief, Office of Clinical Reports and Inquiries, The Clinical Center, Building 10, Room 1N-242, National Institutes of Health, Bethesda, Maryland 20014.

## Allergists to meet

The Pennsylvania Allergy Association will hold its annual spring meeting June 9-12 at the Hershey Hotel, Hershey.

Officers of the association for 1976-77 are: Charles W. Woodcock, M.D., Harrisburg, president; D. Lee Miller, M.D., Pittsburgh, president elect and secretary; and Charles Blumstein, M.D., Jenkintown, treasurer.

For further information write P. J. Dowdell, M.D., Publicity Chairman, Medical Center Clinic, 90 Shenango St., Greenville, PA 16125.





## Education an unfair practice—what next?

Currently, accreditation of American medical schools is the responsibility of the Liaison Committee on Medical Education (LCME), a joint endeavor of the American Medical Association and the Association of American Medical Colleges. LCME is officially recognized by the U.S. Commissioner of Education and the Council on Post Secondary Education. Recently, the Federal Trade Commission has challenged this procedure by opposing LCME's petition for continued acceptance in this role.

A Federal Trade Commission (FTC) memorandum stated that "there is no learned profession exemption to the antitrust laws" and officially began investigations of LCME's files to determine whether activities related to accreditation of medical schools or supply of physicians may constitute unfair practice or restraint of trade. The FTC, in a letter to the United States Office of Education regarding the accreditation process, claims that "the issue is whether there is a conflict, an incentive to act improperly which might be perceived by the public as undermining the fairness of the process." Daniel C. Schwartz, acting director of the Bureau of Competition (FTC) explains, "We believe the LCME's petition should be denied. The basis for this position is not complicated. It rests on the simple—and we believe indisputable—premise that LCME suffers from a conflict of interest inappropriate for an accrediting agency. This conflict of interest stems from the considerable influence over LCME exercised by AMA and its Council on Medical Education."

This argument is predicated upon an assumption of what *could* happen and, furthermore, has shown a total disregard of the facts. No evidence has been produced on which a specific accusation can be made of misfeasance in the accreditation process. The criteria upon which medical schools are accred-

ited are based upon two documents which are available from LCME. One hundred and seven United States and 16 Canadian schools were accredited as of October 1975. By October 1976, 112 American and 16 Canadian schools were approved. Since 1968-1969, there has been an *increase* of 20,411 medical students attending United States medical schools. Although the facts clearly indicate that "restraint of trade" is not being practiced, the FTC has accused LCME/AMA of conflict of interest. They have intimated that the conflict is an economic one, that the AMA "vigorously pursues the economic interests of its members."

While founding their claim of incentive to act improperly on a monetary level, the FTC has committed a basic error of both definition and reasoning. A profession is not a trade and a professional organization is not a union. The AMA lets component societies concern themselves with all aspects of medical services dedicated to the public good. Through the Committee on Medical Education, low grade medical schools have decreased and thus the number of incompetent physicians has decreased. The intent has not been to limit the number of physicians but rather to insure that those who graduate will have the skills necessary to provide high quality medical care. Since American Medicine is recognized as the best world-wide, it would seem that the AMA has succeeded in its goal.

The FTC should be asked to validate its position on the LCME's accreditation procedure on a more substantial level than nebulous reasoning and innuendo. Pennsylvania physicians must support this effort to thwart a bureaucratic takeover of a sector that has a proven track record.

David A. Smith, M.D.  
Medical Editor

## Why pay dues?

*Reprinted from the January 1977 Bulletin of the Luzerne County Medical Society.*

Another year, and another age, added to our rapid rush toward the inevitable pack branded as senior citizens. Though we, of course, wish all of you a happy new 1977, the ominous signs of difficult times for our profession loom in the horizon with the inauguration of Mr. Carter, our new president, who has

promised to the American people most everything, including the kitchen sink. The attitude of the new administration is certainly ambiguous and obviously dangerous, indeed. To combat this inevitable danger, unity is the only answer.

How often, in the coffee shops of the various hos-



pitals we are privileged to visit, we hear the grumbling cracks about the bureaucrats in medicine, the do nothings in organized medicine, the rising dues to the national, state and county medical societies, the angry retorts—"Well, I've had it. I am not going to any more meetings. No more paying dues to the AMA or the State Society. No sir, what have they done for me? Nuts. The hell with it all." The questions we would like to ask at the beginning of the new year are: "When was the last time you went to a county society meeting?" "When was the last time you rose and in no uncertain terms raised your voice in protest?" "When did you last attend the election of officers and instruct them to represent your views at decision making bodies of our various societies?" It is easy to criticize, but difficult to be a loner. Raise your voice in anger and get nowhere. In unity lies overt action and only by gathering together with your fellow colleagues at stated meetings, in unison, lies the strength of democratic action. Dropping your memberships from your professional organizations, not attending regularly all meetings called for, dropping dues payments and drawing yourself into the shell of your office, your growing practice, your increasing revenues, your visits to your hospitals, solve no problems at all. We forget easily that organized medicine has given us our magnificent American medicine, the envy of the world. We forget how many benefits of modern medicine, available to us all, were made possible by our various organizations which work tirelessly for our benefits. We forget so soon and are so ready to resort to unjustified criticisms. A strong organization can be buttressed only by unified membership. Our Nation, State and County, have the moxie, the expertise, the experience to fight our joint battles. Lack of interest, absence from meetings, failure to express opinions, resentments, criticisms, accomplishes nothing except adding to the bad taste already in our mouths. Let us be honest for a change and get down to brass tacks! First, let us cite some of the accomplishments of our State Society. You are familiar with the issues. You confront them daily in your practice. By **active** membership in your State Society you help to fight for:

1. Suing the Argonaut Insurance Company for breach of contract.
2. Testing in court the constitutionality of Act 111.
3. Resisting the entry of optometrists, chiropractors into Blue Shield, Blue Cross, Social Security.
4. Suing the State Health Department on the licensing of office laboratories.
5. Expelling unqualified expert witnesses.
6. Fighting the malpractice crisis by countersuing attorneys and plaintiffs.
7. Upgrading health care quality, slashing office supply costs through the Pennsylvania Medical Cooperative.

And what about the AMA? Just take a look at the new changes in the forced HEW utilization regulations, hospital-physician relations, maximum allow-

able drug costs, negotiations with third parties, medicare regulations, health planning regulations, fighting federal planned license and relicensure.

The justification for quality medical care to which we and our organized groups are so devoted are threatened by the new administration's gimlet eyes. Our goals will be diluted unless your AMA, State and County societies have the strength of great numbers. Dropping membership here and yon, for some carpy reason, unjustified personally, merely saps the strength from a planned, well organized group in the battle ring. Calling for unity against our common danger is not a case of the boy crying "wolf" against make believe wolves, as the AMA aptly puts it. The wolves are real. For instance: the former Georgia governor has made it clear that he will take full control of matters dealing with health issues. The newly elected young radical members of Congress are ready for reform, ready to pounce on our profession, the only one isolated from other organizations in our land, preparing for the hunt. These newly elected inexperienced reformers will go to any length, since there is no longer any fear of a presidential veto. You can expect a big bang—**FEDERALIZED NATIONAL HEALTH INSURANCE** with the Social Security Administration as its mismanager. Wow! Allied health professionals, with slight of hand, will take over your profession and give the public what they think it deserves—**ROTTEN MEDICINE**. Don't throw up your hands and explode in disgust and say, "Oh what the hell is the use! It is coming anyway, and there is nothing we can do about it." The hell there isn't! That was not the way the battle of Concord was carried on against the British mercenaries. That was not the way the soldiers at Valley Forge reacted. Crossing the Delaware was not an act of desperation. There is a lot we can do, not individually, but as a strong unified group, one for all, all for one. How? Make a new year's resolution. Join or continue your membership in the County, State, and AMA. Go to every meeting scheduled. Stand up and fight for your rights. **ACT LIKE A DOCTOR NOT LIKE A SLAVE. HOLD YOUR HEAD HIGH. YOUR PATIENTS WILL LOVE YOU. FIGHT FOR THEM.** For that is your dedication to your profession—to care for those who need you. Robert Louis Stevenson said it better than anyone else:

there are men and classes of men that stand above the common herd: the lawyer, the clergyman, etc. But above all, the physician. He is the flower of our civilization.

Remain true to your profession. Medicine's achievements are your advantages. Its future and yours are one and inseparable. Continue your membership in the AMA, in the Pennsylvania Medical Society, in the Luzerne County Medical Society. These are the solid pavement in your own sure road to a good 1977.

Edward R. Janjigian, M.D.  
Kingston





### Praise for 'superbill'

To the editor:

Thank you for the excellent article, "Insurance form system critical for non-participants," by Leif C. Beck, LL.B., and Vasilios J. Kalogredis, J.D., in the February 1977 issue of *PENNSYLVANIA MEDICINE*. It is refreshing to see others aware of the demands placed by third parties on already overburdened physicians. It is my belief that if third party intervention were stopped, fees could be lowered. Thus, physicians can contribute greatly to one of the most common ailments, that of worry about finances.

We have used the "superbill" for three and a half years with regular insurance companies and one year as a non-participating doctor in Blue Shield. There are two employees in our office—a full time assistant and a full time medical secretary/receptionist. Without using the "detailed receipt" (as referred to in our office) four employees would be needed. This saving is passed on to patients.

When patients call for an appointment involving possible surgery, they are informed that we are non-participating with any insurance company and all fees are payable at the time services are rendered. Should patients question the cost, we state our minimum charge and arrange a consultation, stating that if it is a surgical procedure, we can usually do the procedure at that time and all cost will be explained before any work is done. When cost is discussed with a patient, it is pointed out that no consultation charge is made if the surgery is done that day. If only a consultation takes place, a patient is given an allowance on subsequent surgery charges.

Patients are asked to complete forms leaving the receipt attached and send to the insurance company. Sometimes companies demand the doctor's signature and social security or ID numbers. These companies are told that the doctor's signature is all that is necessary, because the doctor has already declared it as income having received payment directly from the patient. The misuse of these numbers can show double income to the physician and can cause a red flag for the IRS.

If a company threatens not to pay a patient unless the form is completed, we state that unless that claim is paid within two weeks, a complaint will be registered with the Insurance Commissioner's office. Legally, no insurance company can withhold payment because physicians do not complete forms. Signatures are required because of falsification of claims; however, with a doctor's signature stamp, the requirement has been eliminated. All other information, excluding what, when, where lo-

cated, size, and how done, can be furnished by the subscribers.

On the whole, we have lost few patients with our method of handling insurance.

The time taken to complete a proper receipt is less than five minutes compared to the time involved in completing a form after drawing a patient's chart and trying to decipher the notes on that chart. A receipt has detailed information about the type of visit, milligrams of medication or strength, name of medication, diagnosis, and name of referring doctor. The receipt is all that is necessary for medicare or major medical claims.

In the December issue of *Blue Shield Bulletin*, an article, "Maverick Claim Forms Foul Up Processing, Delay Payment," describes our method of claim submission as "maverick." A paragraph taken from that article states:

When 'maverick' claim forms are received at Blue Shield, the information must be transcribed onto DSRs so that all administrative and data processing procedures can be followed precisely. This takes time, increases the likelihood of errors and adds to claims processing costs.

Who has been absorbing these costs until "maverick?" The physicians. The physicians whose fees are cut or fixed at the Blue's discretion. What other carrier can cut an insured coverage allowance by 50 to 75 percent without notification to the subscribers? What other carrier can state to an insured that he does not owe a participating doctor a fee not picked up in full by the carrier—pathology that is paid "out of pocket" expense incurred by the physician, for example.

Insurance interference has been a clamp on the doctor-patient relationship for too many years. Hopefully, the article by Leif C. Beck and Vasilios J. Kalogredis will bring an awareness to all physicians and ease the judgment cast on others who refuse to follow the "pied piper" and the antiquated Oath of Hippocrates. Without fees, there would be no office in which to practice, but "May it be Granted to me to enjoy Life and my Art."

Robert R. Tompkins, M.D.  
Camp Hill

### Tip on lab reports

To the editor:

After forty years in medicine it is not difficult for me to notice the drastic change in the practice of medicine.

The doctor never had it easy but he worked with less tension. Today, medical practice is becoming a chore instead of a pleasant occupation.

I have been thinking of steps that doctors should



take to keep up with the present demands on the profession. One thing which doctors can do, and should do, is to give a copy of all laboratory findings to their patients, and, at the same time, explain the findings to them. If the doctor is getting his laboratory work from a clinical lab, or even a hospital lab, he should ask that all reports be mailed to him in duplicate. I have had no problem in getting good cooperation from the clinical lab, and patients are very happy they get this information.

N. A. Karakashian, M.D.  
Philadelphia

## Reprint from *Psychiatric News*

To the editor:

I would like to call attention to the tragic condition of a Soviet colleague, Dr. Semyon Gluzman. About four years ago, when Dr. Gluzman was a recent Kiev Medical School graduate, he refused assignment to the staff of a Soviet mental health institution renowned for its abuse of psychiatric practice to suppress and torture political dissidents.

Subsequently, he publicly challenged the official diagnosis of a Soviet general, Pyotr Grigorenko, by joining a team of psychiatrists in writing an alternative *in absentia* forensic psychiatric diagnosis judging Grigorenko not to be mentally ill.

In 1972, convicted of anti-Soviet activities, Dr. Gluzman began a ten year prison sentence in Perm Prison camp, a strict regime labor colony several hundred miles east of Moscow near the Ural Mountains.

Sometime later, he and Vladimir Bukovsky—who had himself spent 20 months in Soviet psychiatric hospitals for possessing copies of a book by Milovan Djilas—wrote a *Manual of Psychiatry for Political Dissidents*. The manual was smuggled out of Dr. Gluzman's prison camp, was circulated as an underground publication in the Soviet Union, and found its way to the West where it was published by Amnesty International.

In prison, the 29 year old psychiatrist has provided medical treatment for fellow inmates contrary to camp regulations. He has refused to perform any labor that could be used to oppress other prisoners such as digging punishment ditches. In addition, he led a month-long hunger strike protesting inhumane conditions in the camp.

For these activities, Semyon Gluzman now faces an additional ten years imprisonment. I believe it is imperative that we speak out in defense of our colleague and in condemnation of Soviet abuse of psychiatric practice for political suppression.

I urge concerned individuals to write Dr. Gluzman's prison camp commander at the following address: Major Pimenov, Camp Commandant, p/ya VS-389/35, p/o Vsesvyatskaya, Chusovkoi raion, 618810 Permakaya Oblast, USSR.

Lawrence Bryskin, M.D.  
New York, N.Y.

## Audiotape Program On Office Management Available

- ☐ A128: TALKING WITH PATIENTS: USE OF THE TELEPHONE—Karen Zupko, Department of Practice Management, American Medical Association. 1 hour, 50 minutes.

Please make check payable and mail to Pennsylvania Medical Society, 20 Erford Road, Lemoyne, PA 17043.

## Audiotape Programs Available "The Role and Impact of State Regulatory Agencies on Health Care Delivery"

### Check Program Desired:

- ☐ A122: IS PUBLIC PROTECTION KEEPING PACE WITH TECHNOLOGICAL INNOVATIONS?—Thomas M. Gerusky, Director, Bureau of Radiological Health, Department of Environmental Resources, Commonwealth of Pennsylvania. 35 minutes.
- ☐ A123: MEDICAL BOARD'S CONTROL OF ALLIED HEALTH PROFESSIONS — STIMULANT OR DETERRENT—Richard C. Lyons, M.D., Chairman, State Board of Medical Education and Licensure, Commonwealth of Pennsylvania. 20 minutes.
- ☐ A125: SHOULD HEALTH PROFESSIONALS BE REGULATED?—Edward W. Robinson, Jr., Commissioner of Professional and Occupational Affairs, Commonwealth of Pennsylvania. 20 minutes.

Please make check payable and mail to Pennsylvania Medical Society, 20 Erford Road, Lemoyne, PA 17043.

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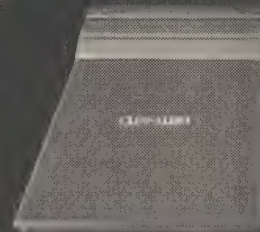
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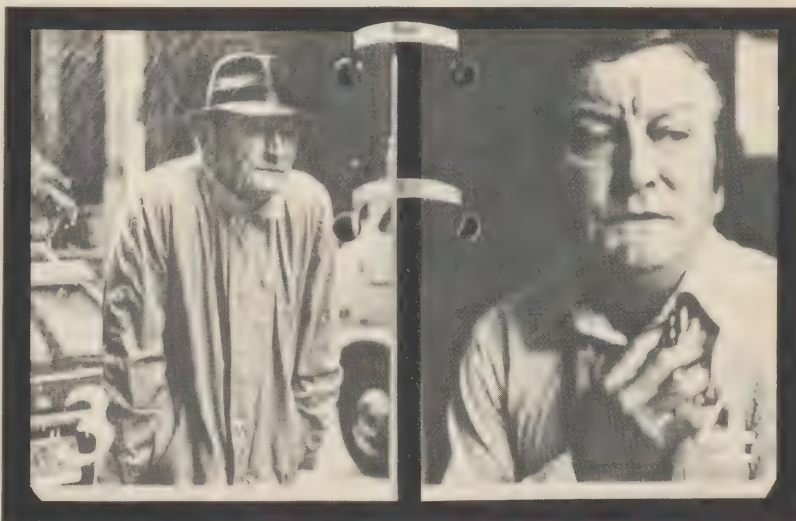
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(Continued on page 65.)

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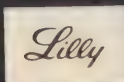
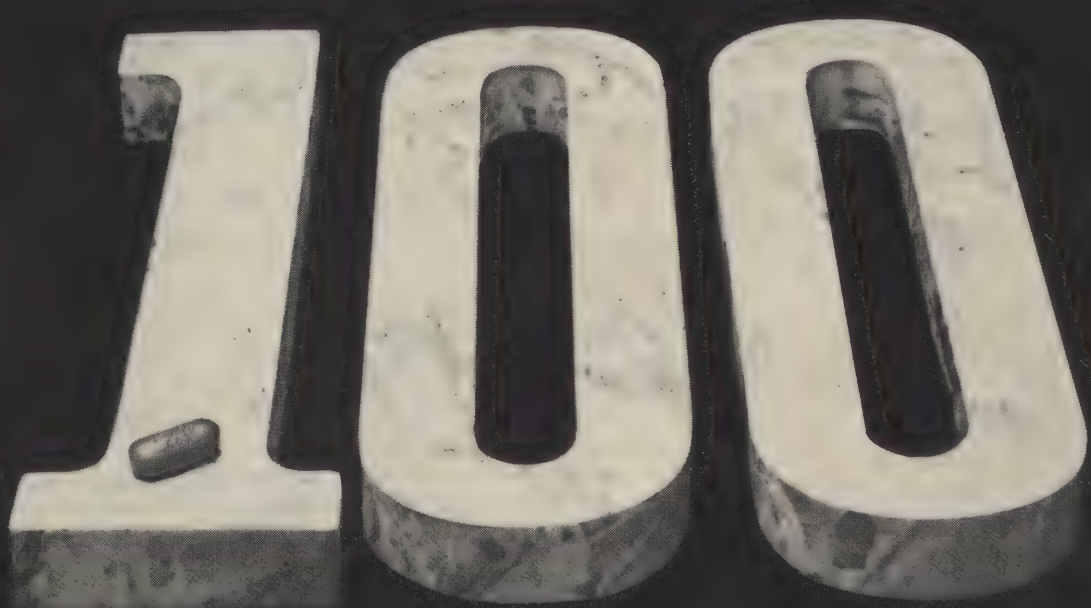


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## Collection agency viewed as extension of practice

LEIF C. BECK, LL.B.

VASILIOS J. KALOGREDIS, J.D.

Bala Cynwyd

In today's world, debtors have more and stronger legal safeguards than ever before. The law is indeed concerned and interested in the way medical practices collect their fees. While a medical practice may still apply pressure on patients owing it money, physicians must be careful in dealing with those people.

### General considerations

It is unfortunately true that overly aggressive collection processes by medical offices have helped trigger malpractice suits. Some of the suits have been due to patients' frustration over feeling that they have not been treated decently by the doctor, even though the medical care itself may not have been at fault. This situation has developed even when the doctor's office itself had not been the direct aggressor, but used a collection agency or collection letter service which had been overly aggressive in dunning its patients.

Physicians must remember that a collection agency or letter service is acting as the agent of the practice. It will be viewed as an extension of the practice by the patient being confronted. The practice itself may be professional in its direct attempts to collect from the patient, but if its outside agency is not performing professionally the reflection will fall back on the practice itself.

In engaging a collection letter service, all of the service's letters should be reviewed in advance. Such a summary review would help the practice determine which ones are appropriate to it, upon which it must assure that they will be the only ones sent.

### Federal and state collection laws

There are a variety of important legal points regarding collections which are unknown by many doctors. Some of the key ones are listed here.

**Be truthful**—Federal and state law prohibits a creditor (a doctor or practice in this situation) from threatening any action against an individual which the creditor does not in fact take or intend to take.

For example, an assistant might call a patient and say, "If we are not paid by the end of the month, we

will sue you." If the office did not intend to follow through with that threat and did not in fact follow through, a practice could encounter legal problems. A federal regulation expressly forbids telephone calls which falsely threaten a debtor with legal action.

Therefore, an office should not threaten something which it has no intention of pursuing. If one does not mean it, the threat should not be made.

**Defamation**—Although it is admittedly rare, there have been defamation of character suits brought against creditors.

Truth is a defense in a defamation case, but the difficulty in litigation may be determining the truth. The fact that a practice's ledger card indicates a delinquent account does not permit that practice to tell others that the patient is a "deadbeat."

Several creditors have been sued on such grounds and some have lost. Even where the creditor prevailed, the publicity and embarrassment of a full-fledged trial did not warrant the original action.

The lesson here is to be careful what is said to others. Say nothing to others regarding those who owe a practice money. One can, of course, transfer bad debt claims to a collection agency, attorney, small claims court or collection letter-type system, but broadcasting the situation should be avoided.

**Various federal rules**—The Federal Trade Commission has adopted rules to curb scare tactics. It forbids deceptive representations or actions intended to collect debts or to obtain information for the collection process. The Federal Communication Commission (FCC) has also entered the field, primarily to prevent the misuse of telephones "for a call or calls, anonymous or otherwise, in a manner reasonably expected to frighten or torment another." The FCC also bans nuisance calls at late (or early) hours, unjustified calls to the debtor's employer, relatives, neighbors, or friends and calls falsely threatening court action.

These federal rules apply to medical offices. Any business or practice that deals "interstate" is covered, but that term has been interpreted so broadly that little remains exempt. For example, "interstate phone use" has been defined to include all telephones whose lines connect to phones in another state (which essentially encompasses all phones!).

These federal rules are extensive and may merit a

*The authors are the principal consultants of Management Consulting for Professionals, Inc., Bala Cynwyd.*



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review with a practice's legal advisors to assure that present collection procedures are not overstepping the legal bounds.

**State laws**—Although the Pennsylvania legislature has not gone as far as other states, the increased emphasis on consumer protection is a warning to all that discretion is essential. Therefore, restrictions presently in force in other states may soon find their way to Pennsylvania. Many of them are already endorsed by the Pennsylvania courts despite the lack of state statutes on them.

Many state laws (New York and Massachusetts, for example) expressly prohibit communication or threatened communication of a debt's existence to the debtor's employer. Massachusetts law goes even further, prohibiting the communication or threatened communication to anyone without the express written permission of the debtor. That same law even states that the use of language on an envelope indicating that the communication relates to the collection of a debt is equivalent to communicating the debt.

### Selecting a collection agency or letter service

Tremendous care must be taken in selecting a collection agency. The agency selected must be known to use legitimate methods only and it must operate with the dignity worthy of the medical profession. The referring medical office must take responsibility for what its collection agency does and says. It is essential that the office take pains to assure itself that the agency it selects is a good one with a good reputation.

We strongly recommend that the selected collection agency specialize in collecting debts only for the medical and dental professions. Such agencies

will usually best understand the physicians' feelings of professional responsibility. Even in dealing with medical-dental agencies, however, references should be obtained and checked carefully.

In the eyes of the patient (and in reality) the collection agency serves as an agent of its medical practice client. Therefore, if the agency duns or otherwise deals with the patient poorly, there can be unfortunate results. At worst, there may arise an otherwise unwarranted malpractice suit, while at the least some bad publicity and/or bad will may develop in the community.

Furthermore, collection agencies are not inexpensive, with fees ranging from one-third to as much as one-half of the amount collected on various accounts. We believe that a practice should maintain an effective collection system within its own office, leaving little to pass on to the outside agency. Even adding personnel costs for this purpose may thus be good business in saving the agency fees. The collection agency may still have a role to play, but it should be involved only after real in-office systems have failed.

Collection letter systems are similarly to be used carefully. They typically sell series of letters to practices for set fees, usually in the \$5 to \$10 range, which are payable whether or not the patient pays. Once again, one must be sure to review the letters used to determine whether they meet the required professionalism. If severe dunning or other unreasonable letters are sent, they reflect poorly upon the practice and can lead to troubles.

### Fair Credit Reporting Act

In many areas credit bureaus will compile lists of bad credit risks. Some physicians have been asked

to provide the names of their non-paying patients. Providing the information is not in and of itself illegal, and in some situations it may help others avoid deadbeats. However, involvement with a credit bureau can have some serious legal and practical implications.

Under the Federal Fair Credit Reporting Act, if a patient named as a "bad debt" is denied credit because of the credit information, he may obtain the names of those who supplied that information. That could expose the physician to a possible damage suit.

So long as the information supplied was truthful (remembering the question what is "truth"?), the

it may result in non-collection of even the previously mailed amount.

As another approach, the check marked "payment in full" might be held, although not cashed or even endorsed, while a certified letter is sent to the debtor. That letter could state that the check is being retained while confirming the total balance. It would continue that the doctor does not intend to cash the check until the debtor remits the balance owed.

### **Bankrupt patients**

The Federal Bankruptcy Laws are complex and extensive. A doctor encountering a patient bank-

*... physicians are usually reluctant to take a patient-creditor to court. They feel either that the action will bring "bad will" or that it is not worth the cost and bother, or both. More physicians are, however, recognizing that it is not such a bad alternative after all.'*

physician should not be liable for supplying it. However, we believe he should clear matters with his own attorney before forwarding information to a credit bureau. There are many state laws as well as federal laws in this area that can have far reaching implications.

### **"Payment in full"**

Occasionally a patient will deliver a check marked "payment in full" even though it is for less than the balance he really owes. If the doctor is nevertheless determined to collect the whole fee, recognizing the patient's ability to pay and the doctor's entitlement to the fee, the check should not be deposited in that form. Courts have generally held that the cashing of such a check is an acceptance of the debtor's words—his "offer." Thus, the balance of the account would not thereafter be legally collectable.

Some people have recommended that physicians merely cross out the words "payment in full," cash the check, and bill the patient for the difference anyway. We are skeptical of this advice since the unilateral action may not be enough to keep the balance collectable. If a physician wants to consider such a step, recognizing our skepticism, he should ask his attorney's view under the specific patient situation before him.

One might instead return the check (unendorsed) with a certified letter to the debtor stating that the check sent (listing the amount) was not "payment in full" and requesting payment of the specified full amount. This is the "safest" route to take, although

ruptcy situation should contact his attorney to determine the best way to handle things. We have a few general comments.

If a patient goes into bankruptcy, payments will be made (out of whatever assets exist) to those who have filed valid claims. A claim form can be obtained from the bankruptcy section of the local federal district court, filled in by the doctor and returned to the court. When notice of a hearing arises, the physician himself need not attend. Such action may result in only partial payment, depending on the assets and debts involved, but we believe it is usually worth the effort of a few postage stamps and a little preparation time.

If a patient has filed for bankruptcy and the physician had not known or been notified of the action, the doctor (an "unlisted creditor") might still be able to collect after the bankruptcy action. In some situations, the physician may then be able to collect in full since the "discharged" debtor may be in better financial condition than before.

### **Domestic squabbles**

We often hear of difficulties in attempting to collect for services to a spouse or child involved in a marital break-up situation.

We feel strongly that the physician should avoid being placed in the middle of squabbles over which spouse owes him his fee. He should insist on its payment by the parent or individual with whom he is directly involved. Any question as to the ultimate responsibility between the husband and wife should



## Preliminary Call to the 1977 Annual Session House of Delegates

The 1977 Annual Session of the House of Delegates of the Pennsylvania Medical Society will be called to order at the Host Farm Resort Motel, Lancaster, Pennsylvania, on Tuesday, October 25, 1977. The second session of the House of Delegates is scheduled for Wednesday, October 26, 1977. The third and concluding session of the House of Delegates will be held Thursday, October 27, 1977. Since the third session may last into mid-afternoon, delegates should plan accordingly.

All proposed amendments to the Constitution must be submitted to the office of the Secretary of this Society on or before June 25, 1977. Such amendments may be proposed

upon the written petition of 15 Active, Senior/Active, or Intern/Resident members of the Society, or by the Committee on Constitution and Bylaws. While there is no specific requirement that Bylaws amendments be submitted in advance or published in the Official Call, this is preferable when possible. Written resolutions to be considered by the House may be submitted to the Secretary by a delegate acting in his own behalf or for the component county medical society or specialty society he represents. If received prior to September 25, 1977, they will be published in the *Official Reports Book*.

G. Winfield Yarnall, M.D.  
Secretary

---

be resolved between them after the doctor has been paid.

The doctor might nevertheless discreetly inquire as to who is specifically responsible. But he must make it clear that the medical services are provided to the individual who is before him and that ultimate responsibility is not his office's concern.

### Legal action

Not surprisingly, physicians are usually reluctant to take a patient-creditor to court. They feel either that the action will bring "bad will" or that it is not worth the cost and bother, or both. More physicians are, however, recognizing that it is not such a bad alternative after all.

In Pennsylvania, the statute of limitations (time limit on collection of bad debts) is six years. Even that time period can sometimes be extended. For example, a bill can be "revived" by the patient's part-payment or written acknowledgement of the debt. In light of this, soliciting partial payment or written acknowledgement of old accounts may help keep collection possibilities alive.

A court judgment can be of tremendous advantage in collecting from an even moderate income patient. In Pennsylvania, the judgment might be sought in the small claims court with minimal cost

and effort. The filing fee is modest (usually in the \$10 range) and the physician will generally not have to appear at the hearing. The form involved is simple to prepare (usually the magistrate or his assistants will help) and an attorney is not needed. In most cases, the patient with no real defense to the claim will not appear, upon which a "default judgment" can be entered against him.

A default judgment can be recorded in the county court house, effectively preventing him from selling his home or other local real estate without "clearing the title." Furthermore, in cases that warrant it, action can be taken to satisfy the judgment, perhaps including to "attach" certain assets or even "garnish" the patient's wages. Such action, admittedly rather harsh in some circumstances, are available where determined appropriate.

### Conclusion

There are a variety of complex legal aspects to the collection process. A medical practice should be sure to deal with its own local attorney before taking any steps involving any area of uncertainty. The law in this area is becoming still more complex and more consumer oriented as time goes on, and hence one must be more careful than ever to be sure that he stays within the law. □

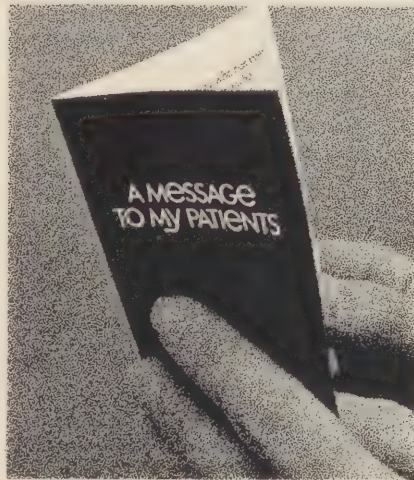


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## **A brief look at the Tax Reform Act of 1976**

**EDWARD H. ACHORN, M.A., C.P.A.**

**DONALD L. DeMUTH, M.B.A., C.P.A.**

**T**he Tax Reform Act of 1976 represents a far reaching change to the Federal Tax System. This article deals with some of the more common features likely to impact the physician in the income tax area. The field of estate and gift tax has been drastically changed. That topic is left for later articles. To keep the discussion brief, the items below apply to individuals and are not necessarily all inclusive. There may be variations for professional corporations.

**Minimum tax**—Previously, a 10 percent tax had been imposed on tax preference items, reduced by a \$30,000 exemption, carryover of taxes not used to offset preferences of prior years, and taxes for the current year. Tax preference items included: (1) capital gains (the 50 percent portion excluded); (2) accelerated depreciation on real property; (3) accelerated depreciation on personalty subject to a net lease; (4) excess amortization; and (5) percentage depletion in excess of cost.

Effective after 1975, the rate increased to 15 percent and the exemption is now the greater of \$10,000 (\$5,000 if married filing separately) or 50 percent of income taxes for the year less certain credits.

New preference items to be taxed are: (1) itemized deductions (other than medical expenses and casualty losses) in excess of 60 percent of adjusted gross income; (2) accelerated depreciation on all leased personal property; and (3) excess intangible drilling costs.

**Maximum tax**—The progressive

tax rates—reaching as high as 70 percent—have caused many taxpayers to seek avenues to minimize the impact. To relieve the pressure, Congress had previously placed a ceiling of 50 percent on the tax rate for earned income (as contrasted with investment income).

Effective after 1976, earned income was expanded to include pensions, annuities, and deferred compensation (as long as not a lump sum). Eligible income was reduced by current year's preferences.

**Investment tax credit**—Congress previously had provided a direct credit against the income tax in the amount of 10 percent of the qualified investment in certain depreciable personal property. (If seven year life, or more, this could represent a full 10 percent credit.) The major change is that the credit has been made permanent for assets acquired and placed into service before 1981. Certain other technical changes have been made. This is an excellent tax savings device and should be understood thoroughly. If not conversant, seek out your tax ad-

visor for an explanation.

**Corporate tax rates**—The temporary reduction of corporate rates is extended through tax years ending before 1978. These are 20 percent of the first \$25,000, 22 percent of the next \$25,000, and 48 percent of the excess over \$50,000 of taxable income.

**Work incentive program credit**—The "WIN" credit under the Act is liberalized to permit credit from date of hiring to a tax liability of \$50,000. This program provides an employer with a credit against tax equal to 20 percent of "Work Incentive Program Expenses," paid or incurred during the tax year. These expenses are "cash wages or salaries attributable to employees who are certified by the Secretary of Labor..."

**Per capita tax credit**—This feature enacted in 1975 is extended through the balance of 1976 and 1977 and expanded to the greater of \$35 for each taxpayer and claimed dependent or 2 percent of up to \$9,000 of taxable income (\$4,500 if married filing separately).

**Child care credit**—Previously an itemized deduction was permitted for this type expenditure. Now a direct credit against the tax for qualified child care expenses is allowed equal to 20 percent thereof. The credit allowed has a maximum of \$400 for one child, or \$800 for two or more, with no phase out based on higher earnings. It is now also permitted if one of the spouses is a full time student and the other works. Fur-

*This article is the second in a series dealing with federal income tax and the new regulations under the Tax Reform Act of 1976. Mr. DeMuth is assistant professor of accounting and Mr. Achorn is assistant professor of accounting and management at The Pennsylvania State University's Capitol Campus, Middletown.*



ther, payments made to relatives (who are not dependents) may also qualify.

**Retirement income credit**—This credit is liberalized and increased. However, it probably will not apply if you are on Social Security.

**Standard deduction**—If you take the standard deduction, the upper limit is increased to \$2,400 or \$2,800 for single and joint returns respectively. The low income allowance is increased, as well, to \$1,700 and \$2,100 respectively.

**Tax tables**—The procedure is now changed so that people having less than \$20,000 in taxable income (Adjusted Gross Income less personal exemptions and standard or itemized deductions) must use the tax tables.

**At risk**—The "At Risk" provisions have been expanded to limit deductions for losses in certain activities. The deduction may not exceed the amount for which the taxpayer is at risk in: (1) certain types of farming; (2) oil and gas exploration; (3) movie or video tape production and distribution; and (4) equipment leasing. There are varying dates and transitional rules.

**Depreciation recapture—real property**—For tax years ending after 1975, when residential real estate is disposed of at a gain, all excess depreciation over straight line will be recaptured (i.e., taken into ordinary income).

**Construction period interest and taxes**—No longer can individuals, Sub-S Shareholders, or Personal Holding Company Shareholders deduct construction period interest and taxes in full. For 1976 only 50 percent can be deducted. The balance must be amortized over 3 years. Special phase in rules apply, so that by 10 years, all of these types of expenditures must be amortized over a period of 10 years.

**Farming changes**—Substantial changes have been made affecting: (1) limitations on deductions for syndicates; (2) accrual accounting for corporate farms; (3) excess deduction treatment; (4) livestock sold on account of drought; and (5) crop disaster payments. They are merely noted in the event that the physician is involved in such activities. The changes are quite extensive.

**Intangible drilling cost recapture**—For costs paid or incurred after 1975 any excess deductions over those, had costs been capitalized and had they been cost depleted, will be recaptured when the property is disposed (i.e., they will be taken into ordinary income.)

word of caution: Be sure you know how to count days; better to have one day in excess than not enough.

**Capital loss offset against ordinary income**—Non-corporate taxpayers in 1977 may offset losses against ordinary income to the extent of \$2,000. (In other words, \$4,000 in long term capital losses may be offset against \$2,000 in ordinary income.) For 1978 it jumps to \$3,000.

**Sale of residence by the elderly**—For tax years beginning after 1976 a taxpayer 65 or older may exclude any gain from the sale of his residence attributable to the first \$35,000 of adjusted sales price. If in excess of

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**The federal tax system underwent far reaching changes at the hands of the 94th Congress. The authors here discuss some of the more common features likely to impact the physician. Subsequent articles will discuss such matters as the drastic change in the estate and gift tax area.**

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**Percentage depletion rules**—Several clarifying rules changes have been made for "Small Producers" in connection with oil and gas properties.

**Investment interest**—Noncorporate taxpayers are limited for the investment interest deduction to \$10,000 per year plus net investment income (i.e., they may not take as a loss an amount greater than \$10,000). The prior Act limitation was \$25,000. This does not have an effect on the deductibility of home mortgage interest.

**Capital gain and loss holding periods**—For tax years beginning in 1977, the holding period is increased from six to nine months, and for 1978 to one year, to qualify for long term treatment. A

\$35,000, there is a proportionate amount excluded.

**Alimony**—This deduction no longer needs to be itemized. It can be taken as a deduction in arriving at adjusted gross income. In other words, if you are in the range where taking the standard deduction is to your advantage, it should be a help.

**Deductions—business use of homes**—Commencing in 1976 an individual will not be allowed a deduction for the cost of the use of part of his personal residence for business purposes unless part of the home is used *exclusively and regularly*: (1) as the taxpayer's principal place of business; (2) as a place where taxpayer meets with patients, in the normal course of business; or (3) in connection with his trade



or business, in the case of a separate structure not attached (e.g., an artist's studio).

For an employee, in addition to

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## **The Tax Reform Act of 1976—**

**learn on these pages of**

**changes in child care credit,**

**investment tax credit, deduc-**

**tion for business use of the**

**home, and many more.**

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the above, it must also be for the convenience of the employer. Further, the deduction will be limited to the income generated therefrom (in other words, no loss). The change is for years beginning after 1975.

**Vacation home rentals**—For tax years beginning after 1975 new rules are established to determine allowable deductions.

A vacation home will be treated as a residence if the taxpayer's personal use exceeds the greater of 14 days or 10 percent of the number of days the home is rented. If use exceeds these limitations, in general, deductions cannot exceed income. If any personal use, deductions will be allocated.

Those limitations will apply also to mobile homes and boats.

**Moving expenses**—For tax years beginning after 1976, pre-move househunting and temporary living expenses at the new location may be deducted to \$1,500 instead of \$1,000 at present. For

qualifying expenses incurred in the sale, purchase or lease, the maximum is increased from \$2,500 to \$3,000. Other features of the provision remain essentially as they are at present.

**Foreign conventions**—Potentially a very controversial new feature is the restriction placed on foreign travel. After 1976 it applies to any place outside the U.S., its possessions, or the trust territory of the Pacific.

Specifically, it provides that: (1) expenses for meals, hotels and other living expenses will not be deductible in full if taxpayer does not attend at least two-thirds of the activities (these are spelled out to be at least six hours per day); (2) expenses will be limited to the per diem allowance for U.S. employees (in Toronto, for example, this would be \$40 per day); (3) transportation will not be allowed in full if a majority of the time abroad is not devoted to business related activities; (4) transportation expenses cannot exceed the lowest airfare based on coach or economy rates; and (5) attached to the taxpayer's return must be statements by the sponsoring organization to certify that attendance standards were met by the taxpayer and to furnish specific information about the convention.

### **Pre-publication expenditures**—

The present IRS position regarding capitalization of pre-publication expenses (for books, teaching aids, etc.) has been suspended until IRS drafts new rules. In other words, the taxpayer may continue to deduct these expenses as incurred or paid.

### **IRAs extended to non-working**

**spouses**—For tax years after 1976, the maximum deduction is increased to \$1,750 where separate accounts (or sub-accounts) are maintained for the benefit of taxpayer and his non-working spouse.

**Sick pay exclusion**—After 1975, the sick pay exclusion has been restricted to taxpayers under 65

who have retired because of permanent and total disability. Commencing with adjusted gross income of \$15,000, this exclusion is reduced on a dollar for dollar basis. Thus, if adjusted gross is greater than \$20,200, this exclusion is not available.

**Group legal services**—Similar to third party medical insurance, this type of service may be provided on a group basis after 1976. There are many restrictions. Seek advice from your tax advisor.

**Partnership changes**—For tax years beginning after the date indicated, the following changes are made:

12-31-75. Income or losses may be allocated to partners only for the period during which the partner was a member. This has an effect where members are added or dropped.

12-31-75. To allocate partnership income, the allocation must have "substantial economic effect" to the taxpayer receiving that allocation.

12-31-75. Additional first year depreciation is restricted to 20 percent of \$10,000 for the partnership, and not to each partner as in the past.

12-31-75. Partnership syndication and organization fees must be capitalized and amortized over at least 60 months.

There are a substantial number of added changes which have only limited application.

### **Certain hospital services**—TRA

'76 exempts related services provided for other tax exempt hospitals from the unrelated business income tax. This is true where each hospital does not have facilities for more than 100 in-patients and the price charged does not exceed actual cost—including straight line depreciation and a reasonable rate of return. This change is retroactive to the 1954 Code.

For tax years ending in 1977 or later, clinical services are added to the list of services specifically exempt. □



## Medicine indicted for job too well done

ABRAHAM J. TWERSKI, M.D.

Pittsburgh

Just as an individual's maladjustive behavior may be due to feelings of which he is unaware, so can social maladjustment be a consequence of mass "unconscious" feelings. And just as in the individual, the unawareness of certain feelings is generally due to his reluctance to accept such feelings as existing within himself, so in the mass psyche, feelings which we would rather disown may be the ones which are not permitted to come to our awareness. As a psychiatrist, I would like to bring them out of the mass unconscious to the surface where we can at least deal with them, even though we may not like them.

In the past several decades, there has been a significant change in attitudes toward doctors, as indicated in the enormous number of malpractice suits against them, and in the attempt to subjugate them to federal control. What has brought about the marked decline in favor? High medical charges? Hardly that. Most physician's fees are reasonable and although there are a handful of physicians whose fees are excessive, it in no way com-

pares to the generally outrageous prices charged by auto-repair people or air conditioning repairmen for example; in the latter cases, the individual must pay out of his own pocket since he has no insurance coverage. Yet, I hear no one advocating turning the repair industry over to government management. I seriously doubt that reasons like these are responsible for the attitudinal change.

### Overpopulation

The truth is quite simple and obvious, yet something we hesitate to admit. **There is one major problem confronting the world today and that is overpopulation**, or as it has been known, the population explosion. On any one day you can't avoid seeing, hearing, or reading something in the mass media—whether radio, TV, newspapers, or periodicals—relating to the population problem. There are constant references to the spectre of food supplies running short of universal demand. Every day there are pictures of lean, starving children in areas that are overpopulated in relation to their food supply. The media prophets tell us that this is where we are all headed and we don't like it at all.

In the United States, which does not yet have the food problem, there is a massive problem of a large elderly population whose proportion of our total census increases by a few percentage points each year. In a society where productivity is the criterion whereby everything is judged, including human life, this segment of the population presents a massive social problem. There are inadequate facilities to care for them when they become

feeble and there is an unspoken resentment of the galloping increase in the social security taxes which the younger segment must pay to support them.

The liberalized attitude toward abortions is not really an outgrowth of greater sophistication. Abortion could never have been tolerated in the pioneering and growing days of our country, when the human being was an essential commodity upon whose increase in number the survival of the community was dependent. **We have liberalized abortion because we can afford to; because the human being is now dispensable**; because zero population growth is the current goal of our society. The same attitude underlies the pressing drive for legalization of euthanasia, sometimes deceptively concealed under the euphemism of "death with dignity." There is just no question that overpopulation has now become public enemy number one, manifesting its real or fantasied dangers in many ways.

### Balance of nature

Overpopulation is a relatively new phenomenon. Until the twentieth century, nature had things pretty well under control. Any student of biology is aware of the "balance of nature" wherein an equilibrium is established by a complex of natural forces. The human being was not exempt from the balance-of-nature phenomenon. The latter was cruel and vicious, but population was controlled.

Just a hundred years ago infant mortality was exceedingly high. Childhood epidemics and infantile diseases left some families

*This is the eighth and final part in Dr. Twerski's series, "Go to hell, Washington, and take Harrisburg with you," in which he has related some of his often frustrating experiences with state and federal government. Dr. Twerski is clinical director of psychiatry at St. Francis General Hospital and medical director of the Gateway Rehabilitation Center, Pittsburgh.*



with two or three surviving children out of eleven pregnancies. Childbed fever was a widespread killer of young mothers, and the reproductive population was thus reduced. Tuberculosis took an enormous toll of young people. Infectious epidemics spread like

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**'We are now being maligned for having done our work too well. This has implications far beyond the issues of malpractice suits and the like.'**

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wildfire among all age groups.

Elderly people were particularly vulnerable to infections. Pneumonia in the young might be survived, but in the elderly it was almost always fatal. At both ends of the age spectrum natural forces, with all their cruelty, kept the population in check.

Then entered modern medical science: hygiene and antisepsis, and epidemics of childbed fever were eliminated; knowledge of transmission of disease, and away went malaria, yellow fever, and plague; vaccination, and smallpox was eliminated along with whooping cough, tetanus, diphtheria, and polio; anti-tuberculosis medication, and virtually all tuberculosis sanatoria were converted for other purposes; penicillin and a host of other antibiotics, and pneumonia and many other infectious diseases were brought under control. With all those advances and then the advent of accurate diagnostic instruments and previously undreamt-of surgical procedures, man, from infancy to old age, has become the victor in the

battle of life against death.

There you have it. **Man has upset the balance of nature;** he has tampered with those forces that had kept the population from expanding. The horrors of universal starvation expounded by the media are direct consequences of man's intruding on the delicate balance of nature.

### Physicians indicted

Who is responsible for the problem? The auto repairman? The plumber? The farmer? The gas station attendant? The lawyer? Obviously not. The people who are the representatives of medical science have done it, have unleashed the force which is threatening to devastate humanity—the doctors, that's who!

To the individual, the doctor may still be the hero when he saves "my life" or health, or that of someone close to "me." But as an abstract group, **doctors are seen as responsible for what some consider to be the most serious threat ever confronting mankind.** It is hardly surprising that they have become the target for the collective hostility.

If the indictment against me is that I have preserved life, I not only plead guilty, but also vow to continue the practice along with my colleagues, although we recognize that it will only increase the feelings toward us.

I recall that while working at the state hospital, I was awakened at 2 a.m. to examine a febrile patient. I found that he had lived in the hospital longer than any other patient there; he had been admitted there forty-seven years earlier, under the diagnosis of *dementia praecox* (the term schizophrenia had not even gained usage then). According to his chart, he had been catatonic when he was admitted, and in his forty-seven years there had never spoken one word. His life consisted of sitting on a bench all day, staring straight ahead into space; he left the bench only to eat and sleep. For over thirty years, no one had visited or in-

quired about him. On examination, I found that he had pneumonia, administered an injection of penicillin, and prescribed further treatment.

On the way back to my room, I began reflecting whether my actions would have merited universal approval. Why did I treat this man? So that he could occupy the same spot on the bench for ten more years, doing nothing except eating up taxpayers' money, without the remotest possibility of ever contributing anything to society?

My actions, however, were those which every physician would have taken. **It is not for us to determine who shall live and who shall die. It is not for us to set up standards of usefulness to society.** If we have the ability to treat illness, then we do so blindly. This does not in any way mean that we must prolong the agony of a dying person, as by forcing him to breathe mechanically; there is a difference between prolonging life and prolonging the act of dying. But when and where life can be preserved, we do so without questioning its productive capacity.

We are now being maligned for having done our work too well. This has implications far beyond the issues of malpractice suits and the like. It may be well to recognize that medicine is making strides in its conquest of cancer, which is a major killer. If my thesis regarding the balance of nature and the attitude toward medical science for its part in vanquishing deadly illnesses is correct, then it should not be a surprise to discover that support for the battle against cancer and other major killers is all but enthusiastic. We are then not shocked that **the federal government spent more in one week waging the Vietnam conflict, than it has in one year in the battle against cancer.** It is to this government that some advocate we surrender the care of our health and the maintenance of our lives. Every day that I grow older, this thought becomes more ominous. □



# American medicine—socialize or capitalize?

GARY A. MOHR

Philadelphia

**M**edicine is one of several American enterprises being acted upon by two opposing ideological forces. One I shall call capitalism, the spirit of progress, innovation, and creativity. Though far from perfect, it has allowed us to develop the highest standard of medical care in the world. It allows a man to follow his own conscience and moral ideals, to profit from his talents, and to suffer for his mistakes.

Opposing capitalism is the ideology of socialism. Applied to medicine, it would entail government ownership of hospitals, mandatory service by physicians, and a system of taxes to pay for "free" care. By this definition, America does not and may never have socialized medicine, but there are people who feel that this is the direction in which we must move.

Both forces are viable and must be reckoned with. Let us identify five basic problem areas in American medicine today, and then examine how capitalism and socialism would treat them:

1. Part of the impetus for the campaign to socialize medicine is **simple ire at the medical profession** based on a suspicion and disrespect earned by a few doctors for the detriment of many.

2. Cost is an obvious objection. While the growth and sophistication of medical technology has been astounding, so has its price. **Inflation of health care costs** consistently leads other economic indicators.

3. Another concern is **the number and distribution** of doctors. They are concentrating in the specialties and in the cities.

4. Patients silently object to the

**dehumanization of medicine.** Depersonalizing technical procedures interject lab values between a patient and his doctor.

5. Finally, patients are seldom in a position to evaluate the necessity or the value of the treatment they receive. The busy physician is frequently at a loss to provide fully informed consent. Because of this and a seemingly unlimited demand for



*Mr. Mohr is a second year medical student at Jefferson Medical College, Thomas Jefferson University, where he conducted an in-depth study of the development of national health insurance in the United States. This paper is a reduced form of the original study, carried out under the guidance of E. M. Kuhinka, Ph.D., the Department of Community Health and Preventive Medicine at Jefferson.*

medical attention, **medicine does not obey all of the laws of a free market commodity.**

So, American medicine has some inherited shortcomings. We as physicians must not become so defensive that we destroy our credibility by claiming that nothing is wrong with the current system. Neither must we become so smug as to assume that these sores will heal themselves before the socialists march in to heal them for us.

Marching they are, and marching they have been for more than half a century. National health insurance has been an election issue since Theodore Roosevelt ran for President. The plans have been waiting many years and are being realized bit by bit as medicare, medicaid, and dozens of other programs that have sprung, fully formed, from the head of Social Security. At a given time there are any number of health bills pending in the national and state legislatures.

In principle and in fact, how would the proposed measures deal with the problems just cited?

1. Foremost perhaps would be the final expression of the resentment so many feel for doctors, who are seen as money grubbing lechers, amassing personal fortunes at the expense of the sick and helpless. **Socialized medicine will signal the demise of the independent professional.**

2. "Economic stabilization" measures would contain the cost of medicine—for a short while. Then those who gloat that medicine does not respond to *all* the factors operating in a free market would find that it does respond to *some*. Forcing an



unlimited demand on a limited supply without the restraints provided by cost would send tax bills skyrocketing.

3. Socialization would deal successfully with one problem: physician maldistribution. By assigning medical students to specialties and training, and by assigning graduates to underserved areas, maldistribution could be dealt with. Never mind the quality of the specialists produced or the commitment of the doctor to the population he serves.

4. Socialization would only aggravate the status quo as far as dehumanization is concerned. **The rushed**

to practice because their colleagues are too timid to make waves. By creating a meaningful peer review system, doctors can restore their tarnished image and earn again the confidence of their patients.

2. **By working with the insurance industry instead of as its adversary,** cost can be more realistically managed. Reorientation of policies to cover the costs of regular physicals, outpatient care over inpatient care, and the maintenance of health rather than the perpetuation of illness could have profound effects not only on the cost but the delivery of health care.

disease well enough that a followup visit becomes unnecessary. What is required of the physician is the ability to communicate to his patients the concept that diseases are not mysterious spirits which invade his body, but are the results of processes which can be dealt with and managed rationally even when they are not fully understood. Successful management requires knowledge and understanding; faith and obedience are insufficient.

In summary, American medicine stands at a vital crossroads. Serious shortcomings exist in medicine which can no longer be ignored or tolerated. **Socialize medicine, and we will sacrifice all that is of value in medicine for no value at all. Or we can develop the strengths of the current system by capitalizing on those strengths, by directing our energies toward overcoming our weaknesses, and by establishing new values which more accurately reflect the society in which we live.**

Our attitude is responsible for the threat of socialized medicine. We have impressed ourselves with our successes and have been content to pat ourselves on the back. But there are problems to be solved and more successes to be won. This is not the time to be complacent; it is the time to be concerned and involved.

We as physicians were the only ones who could allow this situation to come about. We are also the only ones who are strong enough, wise enough, and concerned enough to reverse the trend. While at times the specter of socialized medicine seems so mockingly imminent, we must not bow our heads to await the collar around our necks. Until the day that the law is signed, we must take full advantage of the opportunities which remain to prevent its enactment.

Of greater importance, we must act to eliminate its necessity. □

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## **'While the specter of socialized medicine seems so mockingly imminent, we must not bow our heads to await the collar around our necks.'**

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physician would have even less time than he does now to spend with his patients, due to the staggering load of paperwork that accompanies every "social" program.

5. Finally, doctors would be even less willing to help patients understand the care they receive and provide fully informed consent. Why should they? The government would provide malpractice insurance for any errors of judgment he may make, and that government would certainly never fire him; he's too valuable. The so-called induced demand that every "free" lunch program generates has demonstrated time and again the free market is not dead, only dying.

So, socialization won't solve anything and will cost a bundle. You knew all this before. What's the alternative?

Capitalization.

By critically and objectively identifying the strengths of American medicine, and *capitalizing* on them, we can solve the problems we face, without the cost in dollars and freedoms required by *socialization*.

1. **Organized medicine must swallow some pride** and admit there are incompetent physicians who con-

3. **Medical schools can deal more effectively with physician maldistribution than any Washington bureau.** By selecting students on the basis of aptitude and ability rather than just grades, medical schools could rapidly provide the shift to primary care that is cried for so desperately. By selecting students on the basis of family and social background, the schools can be reasonably assured that underserved areas would soon be adequately served.

4. Medical schools are also in the best position to overcome the depersonalization of the man we call "patient." Without de-emphasizing technical facility, the curriculum can be modified to rehumanize medicine. We can do much to enhance the roles of the patient and physician as persons, rather than diseased organ systems with sophisticated, paternalistic caretakers.

5. The American people are wise and sophisticated enough many times to understand what is wrong with their bodies when they are ill. We simply don't give them enough credit. By forcing ourselves to "give up" a few of our ever so precious minutes, we can many times explain



# Current capsule of forensic psychiatric services

MELVIN S. HELLER, M.D.

Philadelphia

**'Forensic psychiatry and medicine represent a great challenge to the Commonwealth and its physicians. Shortages of full or part time generalists, medical and surgical specialists of all types, and psychiatrists in particular, are experienced in many facilities which serve the Commonwealth's mentally ill offenders and defendants.'**

As in other states and jurisdictions, delivery of public-sector forensic psychiatric services in Pennsylvania has been undergoing change reflective of increasing judicial, professional, and public attention to patients' rights and due process considerations in involuntary commitment and the needs of mentally ill persons involved with the criminal justice system.

With respect to its specific interrelationships with the criminal justice system, forensic psychiatry is called upon to provide subspecialty expertise in the diagnostic evaluation of pre-trial defendants, assessments of competence to proceed in the face of criminal charges (present sanity), pre-sentence psychiatric assessments and recommendations when requested by individual courts in their sentencing deliberations, and a variety of evaluations and recommendations concerning convicted offenders in response to the needs of probation, parole and followup court assessments.

Because of trial delays and criminal court backlogs, tens of thousands of defendants who cannot post bail or who face particularly serious, "non-bailable" charges are detained for variable periods of time in county jails. There are 23,000 such deten-

tioners admitted just to Philadelphia County prisons each year. Such detentioners come off the streets with varying degrees of physical and mental disability, and may require such treatment as drug detoxification for pre-existing involvement in methadone programs, or prompt medical intervention for agitated psychoses or a variety of emotional problems requiring emergency management in an unstable detentioner population, uncertain of its pending problems and disposition in criminal court.

Sentenced prisoners within the

Commonwealth's Bureau of Corrections generally represent a more stable and "settled" population, but this is only relative. The forensic psychiatric needs of the Bureau of Corrections vary within each State Correctional Institution, depending on the program and types and classification of its sentenced prisoners. No state prison facility, however, is immune from having to cope with acute nervous breakdowns among its inmates. Accordingly, qualified psychiatric personnel are required in the Commonwealth's prisons, as they

*Dr. Heller is director of the division of forensic psychiatry in the Office of Mental Health of the Commonwealth. He is clinical professor of psychiatry and lecturer in law at Temple University and serves as chief psychiatric consultant for the Court of Common Pleas, Philadelphia; psychiatric consultant for the Philadelphia County Prison System; and consultant for the State Maximum Security Forensic Diagnostic Hospital at Holmesburg Prison, Philadelphia.*





are in state prisons and large county jails throughout the country. The basic correctional need for psychiatric service is a purely medical one, in contrast to other psychiatric contributions which might be made to both inmate and staff alike in the interests of general institutional adjustment and consultative input regarding the overall prison program.

The need to provide for a number of effective-security beds within state hospitals has often resulted in the designation of a single state hospital for mentally disabled offenders and defendants. The correctional, rather than medical, image of such institutions and the quality of treatment provided has varied somewhat from state to state and time to time, but has generally been reflected in a nationwide pattern of inadequate treatment and patient warehousing. Pennsylvania has not been immune from these problems and until recent years has had to rely on a single institution, remote from professional and population centers, to house such persons.

The primary difficulties in developing effective, regional forensic facilities have been singularly reflective of local, community, and political resistance. Even if multimillion dollar funding were available for new construction, or security modification of pre-existing regional treatment facilities, experience has demonstrated that while many of Pennsylvania's citizens and their political representatives desire proper facilities for mentally disabled offenders and defendants, they desire, and would tolerate, such facilities only in someone else's county. The result has been that Wayne County, in which Farview State Hospital has constituted a major industry, remains the only geographic and political entity which has thus far been receptive of large numbers of such mentally ill persons to date.

The Department of Public Welfare and the Office of Mental Health have been aware of the enormity of these problems, and have been pressed to provide solutions. The director and assistant director of forensic

such relevant community agencies as the Citizen's Crime Commission, the Pennsylvania Prison Society, and the American Foundation for Research in Corrections.

By bringing together an increasing number of Commonwealth agencies and professional resource persons in Pennsylvania and other states, the Division of Forensic Psychiatry has provided the Office of Mental Health with a number of consulting forensic psychiatrists available for the independent examination of mentally ill offenders and defendants and for planning of both emergency and long-term responses to problems which concern jointly the criminal justice and mental health systems of the Commonwealth.

Forensic psychiatric issues are encountered as seemingly separate problems in a number of individual bureaus and agencies in the public sector of human services. The relationship among various agencies, departments, bureaus, and individuals encountering separate aspects of forensic issues in their work is at best loosely coordinated. For example, individual agencies, departments, institutions, and practitioners work in such areas of combined mental health, criminal justice, and legal concerns as: juvenile delinquency, family law and the battered or neglected child, alcohol/drug addiction and crime, corrections, probation and parole, state hospital and community clinic psychiatry, courts' diagnostic and evaluation services.

Thus, a variety of mental health and criminal legal problems present themselves as seemingly isolated problems in quite unrelated places throughout the Commonwealth: battered children appearing in hospital emergency rooms; neglected children identified through school systems and social agencies; truants and delinquents presenting in family and juvenile courts; mentally ill offenders and defendants as seen in criminal courts, jails and penitentiaries; juveniles and adults with both serious criminal charges and profound degrees of mental deficiency; and so on. The final common pathway which all of these cases eventually take involves the search for politically and economically feasible ways to de-

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**' . . . while many of Pennsylvania's citizens and their political representatives desire proper facilities for mentally disabled offenders and defendants, they desire, and would tolerate, such facilities only in someone else's county. The result has been that Wayne County, in which Farview State Hospital has constituted a major industry, remains the only geographic and political entity which has thus far been receptive. . . . '**

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Within the past several years, Pennsylvania has begun to develop a series of regional forensic facilities. These are limited both in size and scope, and are designated as "medium" security facilities in contrast to Farview State Hospital, the single institution which provides maximum security.

psychiatry provide departmental input and recommendations on a variety of forensic psychiatric issues which have rapidly developed in the past few years. The division has developed liaison resources with appropriate academic and professional colleagues, judges, prosecutors and members of the defense bar, and



velop effective facilities which provide both secure safety for concerned communities and humane treatment facilities for involuntarily committed mentally ill persons, including mentally ill offenders and defendants.

The following hospital facilities exist for mentally ill offenders and defendants within the Commonwealth:

- Farview State Hospital. This institution opened in 1912 and now houses approximately 360 patients. It is the only state hospital designated as a maximum security treatment facility. It has had long-standing difficulties obtaining and holding qualified psychiatric staff. Pending a search for long-term solutions to the combined security and treatment needs of this type of population, Farview State Hospital has assembled an improved interim staff of physicians, including a part time psychiatrist, two full time physicians, and several part time physicians, including a surgeon.

- Norristown State Hospital has a current capacity of approximately 87 medium-security treatment beds. Because of its proximity to population and referral centers, the forensic unit at Norristown benefits from the consultative services of academically affiliated psychiatrists, as well as from the full time methods of its own professional staff.

- Mayview State Hospital's forensic unit has a current capacity of 56 beds for mentally ill offenders and defendants and also benefits from proximity to the Pittsburgh area, as well as from the special interests of Mayview's superintendent in forensic psychiatric issues. Mayview's forensic unit is designated as medium-security.

- Warren State Hospital has a medium-security forensic unit of similar size to that at Mayview. While the professional staff at Warren State Hospital is a considerable asset to the forensic unit, none of the Commonwealth's forensic units have been entirely successful in recruiting a satisfactory complement of qualified psychiatrists.

- Philadelphia State Hospital's Ward N-8 has 44 forensic beds, which are also designated as medium-security. In addition to a full time psychiatrist and psychologist, this unit

has a number of supportive treatment staff, but is a physically limited facility which provides for a small fraction of the diagnostic and treatment needs of Philadelphia's mentally ill offenders and defendants.

systems. Liaison is also provided with the Bureau of Corrections which shares a number of common problems with the Office of Mental Health pertaining to sentenced prisoners.

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**'Because of the lack of physician interest and response to the medical and psychiatric treatment needs of both state and county prisoners, administrative and court delays in the transfer of such patients, and the lack of sufficient treatment facilities, the psychiatric and sometimes medical management of Pennsylvania's sentenced prisoners and defendants borders on neglect.'**

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- The State Maximum Security Forensic Diagnostic Facility at Holmesburg Prison is a temporary attempt to answer metropolitan Philadelphia's needs for maximum-security diagnostic facilities for the Court of Common Pleas. This unit was established ten years ago on a 100-bed cell block within the county prison system, and is staffed by Temple University psychiatrists and mental health professionals under a three-way contract among the Commonwealth, the City of Philadelphia, and Temple University. It also provides emergency psychiatric services and treatment for several thousand Philadelphia prisoners each year, many of whom would require commitment to state hospitals were these psychiatric services not available within the county prison.

The Office of Mental Health, through the director and assistant director of forensic psychiatry, provides liaison consultative services with selected prosecutors, members of the defense bar, the Defender's Association, individual courts, and a variety of academic colleagues and community agencies concerned with the criminal justice and mental health

Forensic psychiatry and medicine represent a great challenge to the Commonwealth and its physicians. Shortages of full or part time generalists, medical and surgical specialists of all types, and psychiatrists in particular, are experienced in many facilities which serve the Commonwealth's mentally ill offenders and defendants. Because of the lack of physician interest and response to the medical and psychiatric treatment needs of both state and county prisoners, administrative and court delays in the transfer of such patients, and the lack of sufficient treatment facilities, the psychiatric and sometimes medical management of Pennsylvania's sentenced prisoners and defendants borders on neglect. Interested physicians, surgeons, and psychiatrists who wish to provide part or full time services may obtain further information by writing to Robert Daly, M.D., Deputy Secretary for Mental Health and Mental Retardation, Department of Public Welfare, Room 308, Health and Welfare Bldg., Harrisburg, PA 17120; and Commissioner William Robinson, Pennsylvania Bureau of Corrections, P.O. Box 98, Camp Hill, PA 17011. □



# Minor wounds in the hemophiliac patient

RAYMOND J. JOEHL, M.D.

STEPHEN H. MILLER, M.D.

THOMAS S. DAVIS, M.D.

M. ELAINE EYSTER, M.D.

WILLIAM P. GRAHAM, III, M.D.

Hershey

It is a generally accepted dictum that tidy uncomplicated wounds and lacerations are best managed by conservative cleansing and debridement followed by primary closure with sutures. Some physicians prefer to use skin tapes for wound closure, but all agree that coaptation of the wound edges is preferable to allowing the wound to heal by secondary intention.

Primary wound closure reduces the risk of infection, restores early function, and increases the opportunity for a good cosmetic result. Unfortunately, those benefits are often denied to the patient afflicted with hemophilia because of the fear that wound manipulation and suture repair may result in uncontrollable bleeding. In an attempt to control bleeding, pressure dressings may be applied to wounds of the hemophiliac and these allowed to heal by secondary intention. We are of the opinion that this method of treatment is not ideal for the following reasons:

1. Effective pressure dressings are difficult to apply in some anatomic regions such as the face and may result in ischemic necrosis of tissue if applied too tightly. Pressure dressings are rarely as effective for controlling hemorrhage as is wound coaptation.

2. The risk of infection is greater in open wounds.

TABLE I	
Appropriate Treatment of Cutaneous Wounds in the Hemophiliac	
1. Local cleansing and debridement	
2. Administration of Factor VIII	
3. Meticulous approximation of injured tissues in layers	
4. Delayed removal of sutures	
5. "Prophylactic" antibiotics	

3. Healing by secondary intention results in the development of well vascularized granulation tissue which is friable, easily injured, and subject to hemorrhage.

4. Large wounds which are left open require a skin graft and subject

*Drs. Joehl, Miller, Davis, and Graham are in the department of surgery, division of plastic and reconstructive surgery, and Dr. Eyster is in the division of hematology at The Milton S. Hershey Medical Center, The Pennsylvania State University, Hershey.*

the patient with hemophilia to the risk of bleeding from a donor site as well.

5. Early function and acceptable cosmesis are less likely than when primary wound closure is performed.

Illustrative of the complications which may result from failure to close wounds in the hemophiliac primarily are the following case histories:

1. An 8 year old boy with hemophilia A sustained a 1 cm laceration of his right eyelid treated with ice compresses and pressure dressings. The wound continued to bleed and nine days later, he was hospitalized for debridement and wound closure. No Factor VIII was required.

2. An 8 year old boy with hemophilia A sustained a 1 cm laceration of the dorsum of the distal phalanx of his left thumb. He was treated with dry dressings but hemorrhage continued. Sixteen days later, a large hematoma was present in a circular wound with a diameter of 1½ cm. He was admitted to the hospital, treated with local compresses, systemic antibiotics and Factor VIII. Three days after admission, the wound was debrided and sutured. A wound infection developed requiring premature suture removal and allowing the wound to heal by secondary intention (Figures 1a and b).

3. A 7 year old boy with hemophilia A sustained a 2 cm laceration of the palm of his left hand. The wound was

partially coapted by skin tapes and a pressure dressing applied. Eleven days after the injury, the wound was covered by bleeding, hypertrophic granulation tissue and his palm was edematous and erythematous (Figure 2). He was admitted to the hospital, given systemic antibiotics and Factor VIII, and the wound treated with local compresses. Two days later, the wound was excised and sutured. Healing occurred primarily.

4. A 37 year old male with hemophilia A was assaulted in a bar and beaten about the face. Several facial lacerations were incurred (Figure 3). The initial treatment included ice compresses and bed rest. Three days later extensive hematomas had developed in all of the wounds. Ultimately, these required excision and primary closure. Factor VIII was not given. The wounds healed without further incident.

To avoid these complications we suggest that clean wounds in patients with hemophilia be treated in much the same fashion as in normal patients. Primary wound closure should coapt skin edges to reduce the risks of infection and bleeding from open granulating wounds. Short term or outpatient hospitalization may be necessary to repair the wound and to administer Factor VIII. By such prompt "aggressive" treatment, the complications of prolonged bleeding, infection, and the need for large amounts of Factor VIII can be avoided. □



Figure 1A. Sixteen days after a laceration of the dorsum of the distal phalanx of the left thumb.



Figure 1B. Two weeks following healing by secondary intention.

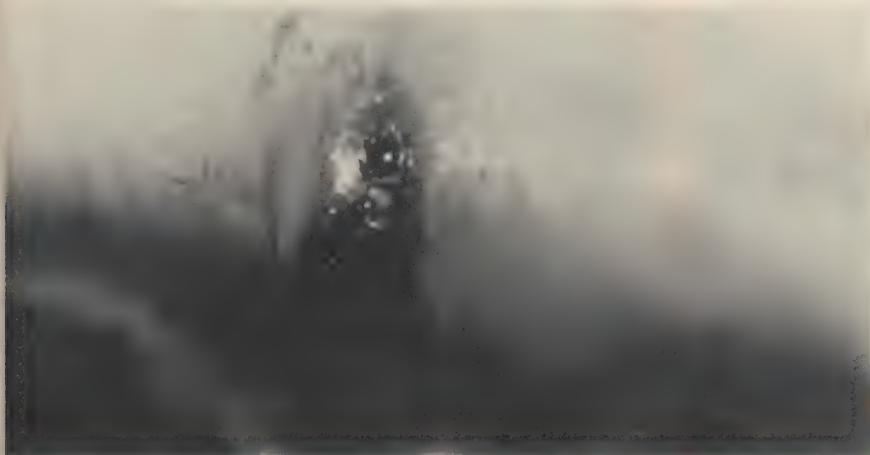


Figure 2. Eleven days post-injury to the left palm with hypertrophic bleeding granulation tissue.



Figure 3. Laceration of the lip with hypertrophic granulation tissue seen several days following the injury.



## Case report

# Liver scan in the diagnosis of congenital diaphragmatic hernia

ARTHUR D. MAGILNER, M.D.  
Philadelphia

**Diagnosis of right sided congenital diaphragmatic hernia is usually not difficult from clinical and radiographic findings. This paper reports a case in which liver scans were used to confirm the pre-operative diagnosis and the post-operative location of the liver.**

Less than 20 percent of congenital diaphragmatic hernias occur on the right. Plain film evaluation of the chest and abdomen, together with clinical evidence, is usually sufficient to establish the diagnosis. We recently had experience with a newborn with this type of diaphragmatic hernia in whom the diagnosis was confirmed by liver scan. A post-operative scan showed the liver in its normal position.

Two recent papers have described the use of the liver scan in eventration of the diaphragm and in post-traumatic diaphragmatic hernia.<sup>1,2</sup> Its use in confirmation of congenital diaphragmatic hernia has not been described in previous pediatric literature.

### Case report

A 4 pound, 11 ounce male was born to a GII, PI mother at 36 weeks' gestation. Pregnancy and delivery were uncomplicated and the baby had no difficulty for 4 days. On the fifth day he became dusky and cyanotic, especially after feedings. A chest x-ray showed complete opacification of the right hemithorax with shift of the heart and mediastinum towards the left. The right side of the abdomen was flat and no liver shadow could be seen (Figure 1).

Although the diagnosis of congenital diaphragmatic hernia on the right, with the liver in the right hemithorax, was almost certain from the roentgenologic and clinical findings, a liver scan was obtained for confirmation.

After injection of 100 uCi of <sup>99m</sup>Tc-S-colloid, the chest and abdomen were scanned. This confirmed the location of the liver in the right hemithorax (Figure 2).

At surgery, the liver occupied most of the right hemithorax. The right lung was completely collapsed. The liver was returned to its normal position and the right hemidiaphragm reconstructed with difficulty.

The postoperative course was complicated by persistent opacification of the right hemithorax and continuous drainage of serosanguineous fluid. Due to little improvement in these findings in the following ten days and concern that the diaphragmatic repair might have separated,



Figure 1. Chest x-ray at four days of age showing opacified right hemithorax with heart shifted to left.

to be in its normal position (Figure 3). The serosanguineous drainage eventually stopped, and although the chest x-ray revealed continuing opacification of the right hemithorax, and the hypoplastic right lung did not expand, the child was discharged from the hospital in fair condition.

### Discussion

Although the diagnosis of congenital diaphragmatic hernia is usually not difficult, the use of the liver scan is a simple method of confirmation. This would be especially true in atypical cases where there may be a small defect in the diaphragm and only a portion of the liver enters the thorax. As in our present case, the liver scan may also be a rapid method for establishing the position of the liver in the abdomen after surgery, if there is some doubt of its postoperative location.

The radiation dose to the liver using 100  $\mu$ Ci of  $^{99m}\text{Tc-S-colloid}$  is estimated to be 250 m Rad per scan. The dose to the whole body is estimated to be 18 m Rad per scan. These figures are considered well within the acceptable range.

### Summary

The use of the liver scan in the diagnosis of congenital diaphrag-



Dr. Magilner is clinical assistant professor of radiology in the Temple University School of Medicine and attending physician in the division of radiology in Albert Einstein Medical Center, Northern Division, Philadelphia.

the chest was re-explored. A small defect was found at the site of the repair and a small portion of the liver had herniated through the defect. The diaphragm was again repaired. The second postoperative period was also complicated by continuous drainage from and opacification of the right hemithorax. However, a repeat liver scan demonstrated the liver

matic hernia is reported. It is a simple and safe method, both for preoperative diagnosis and postoperative confirmation of the position of the liver. □

### REFERENCES

1. Armstrong, R. G.; Stanford W. Liver scan in diagnosis of liver hernia. *Amer. Fam. Phys./GP* 1:87, 1970.
2. Spencer, R. P.; Spackman, T. J.; and Pearson, H.A. Diagnosis of right diaphragmatic eventration by means of liver scan. *Rad.* 99: 375-376, 1971.



Figure 2. Preoperative liver scan demonstrating herniated liver above diaphragm.



Figure 3. Postoperative liver scan showing liver in normal position.





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Dynamic, young program with balanced academic and clinical emphasis under the supervision of five physiatrists. Three year program and integrated internship/residency with opportunity for research and pursuit of special interests both in medical school and private hospital settings. One year's credit for four years of general practice experience or training in another specialty. Stipends from \$12,600 to \$14,400 depending on qualifications. GI schooling benefits available for veterans. We will pay for visits in selected cases. Telephone or write for information to:

John F. Ditunno, Jr., M.D., Director  
Department of Rehabilitation Medicine  
Thomas Jefferson University Hospital  
11th and Walnut Streets  
Philadelphia, Pa. 19107  
Telephone: (215) 829-6580

## CLINICAL NUTRITION SYMPOSIUM ON OBESITY

Thursday, May 5, 1977

9:30 a.m. to 4:00 p.m.

The Milton S. Hershey Medical Center  
The Pennsylvania State University

George A. Bray, M.D.      Jules M. Hirsch, M.D.  
Professor of Medicine      Professor/Senior Physician  
UCLA School of Medicine      Rockefeller University

The AMA Goldberger Award recipient  
to be announced

Sponsored by the Departments of Behavioral Science, Medicine, and Pediatrics, this program of lectures and workshops is for physicians, physician assistants and dietitians involved in the counseling of obese patients. An individual action plan will be developed and a followup session will be held in June. This course has been approved for Category I credit toward the AMA Physician's Recognition Award.

For further information:  
Continuing Medical Education  
The College of Medicine  
The Pennsylvania State University  
The Milton S. Hershey Medical Center  
Hershey, PA 17033; (717) 534-8898

## Immunology: Clinical Application in Diseases

a symposium co-sponsored by  
Jefferson Medical College and  
the Mercy Catholic Medical Center

Wednesday, May 4, 1977

Auditorium, Fitzgerald Mercy Division  
Lansdowne Avenue, Darby, Pa. 19023

Registration: 8:00-8:30 a.m.  
Lectures and Panels: 9:00 a.m.-5:00 p.m.

For further information contact: Daniel J. Hilferty, Jr., M.D., Director, Continuing Medical Education, Fitzgerald Mercy Division, Darby, PA 19023.

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## new members

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Gordon R. Gold, M.D., Internal Medicine, 151 Hunkel Rd., Pittsburgh 15229  
 Earl H. Goldstein, M.D., Neurology, 3600 Forbes Ave., Pittsburgh 15213  
 M. Gilbert Grand, M.D., Ophthalmology, 230 Lothrop St., Pittsburgh 15213  
 Robert M. Gromis, M.D., Internal Medicine, 1168 Pennbury Blvd. N., Pittsburgh 15205  
 Eung J. Han, M.D., Anesthesiology, Allegheny Valley Hosp., Natrona Heights 15065  
 Richard N. Harris, M.D., Internal Medicine, 3 Hollenden Pl., Pittsburgh 15217  
 Pablo Hong-Barco, M.D., Thoracic Surgery, 6355 Waldron St., Pittsburgh 15217  
 Barry Hootman, M.D., Orthopedic Surgery, West Penn Hosp., Pittsburgh 15224  
 Kenneth A. Hunter, M.D., Plastic Surgery, 112 Rawlins Run Rd., Pittsburgh 15238  
 Joseph E. Imbriglia, Jr., M.D., Orthopedic Surgery, 7026 Jenkins Arcade, Pittsburgh 15222  
 James R. Johnson, M.D., Family Practice, 420 Shaw Ave., McKeesport 15132  
 Jacob D. Kahmanson, M.D., Dermatology, 201 Penn Center Blvd., Pittsburgh 15235  
 Richard M. Klein, M.D., Family Practice, 101 Washington Ave., 4311, Oakmont 15139  
 James W. Krugh, M.D., Anesthesiology, 5230 Centre Ave., Pittsburgh 15232  
 Tsung-Yi Kuo, M.D., Radiology, 1400 Centre Ave., Pittsburgh 15219  
 Alan R. Lawsky, M.D., Radiology, Montefiore Hosp., Dept. Rad., Pittsburgh 15213  
 Joseph M. Lenehan, M.D., Plastic Surgery, 518 Shady Ave., Pittsburgh 15206  
 Jorge Lindenbaum, M.D., Internal Medicine, 320 E. North Ave., Pittsburgh 15212  
 Conrad Lindes, M.D., Family Practice, Central Medical Pavillion, Pittsburgh 15219  
 Oscar Lipana, M.D., Radiology, 4800 Friendship Ave., Pittsburgh 15224  
 Tun Y. Liu, M.D., Physical Medicine/Rehabilitation, St. Francis Gen. Hosp., Pittsburgh 15201  
 Edward L. Malloy, M.D., Internal Medicine, 1519 Woodstream Dr., Glenshaw 15116  
 August M. Mantia, M.D., Otolaryngology, 1463 A Spreading Dr., Pittsburgh 15220  
 Louis H. Martone, M.D., Dermatology, 12 Eastern Ave., Pittsburgh 15215  
 Mary J. McDowell, M.D., Pediatrics, Mercy Hosp., Dept. Rad., Pittsburgh 15219  
 Christopher W. Modic, M.D., Radiology, Sewickley Valley Hosp., Sewickley 15143  
 Paul B. Nelson, M.D., Neurology, 1832 Mt. Royal Blvd., Glenshaw 15116  
 Michael J. Newmark, M.D., Internal Medicine, 5513 Bryant St., Pittsburgh 15206  
 Ronald J. North, M.D., Plastic Surgery, 6744 Penn Ave., Pittsburgh 15208  
 Jay Paul, M.D., Internal Medicine, 8720 Breezewood Dr., Pittsburgh 15237  
 James E. Richey, M.D., Internal Medicine, 644-C Kelly Ave., Pittsburgh 15221

David L. Rothman, M.D., Internal Medicine, 3028 Brownsville Rd., Pittsburgh 15227  
 Paul J. Ruschak, M.D., Dermatology, 179 Main St., New Eagle 15067  
 Russell J. Sacco, M.D., Internal Medicine, 532 S. Aiken Ave., Ste. 515, Pittsburgh 15232  
 Manuel I. Salvoza, M.D., Internal Medicine, 320 E. North Ave., Pittsburgh 15215  
 Gustavo Sanchez, M.D., Internal Medicine, 920 Garden Pl., Glenshaw 15116  
 Oluyemisi Sangodeyi, M.D., Allegheny Gen. Hosp., Pittsburgh 15212  
 Joseph Schachter, M.D., Psychiatry, 3471 Fifth Ave., Pittsburgh 15213  
 Ramachandra K. Setty, M.D., Internal Medicine, 3600 Forbes Ave., Pittsburgh 15213  
 Leslie J. Silberman, M.D., Pediatrics, 100 Bryn Mawr Ct., A 502, Pittsburgh 15221  
 David J. Simon, M.D., Family Practice, 3308 Niagara St., Pittsburgh 15213  
 Samuel T. Simone, Jr., M.D., General Surgery, 1515 Locust St., Pittsburgh 15219  
 Joseph Sobieski, M.D., Internal Medicine, West Penn Hosp., Pittsburgh 15232  
 Charles V. Strimlan, M.D., Internal Medicine, 95 Woodland Dr., Pittsburgh 15228  
 Ramana K. Surampudi, M.D., Pathology, McKeesport Hosp., McKeesport 15132  
 Mallikartuna S. Swamy, M.D., Internal Medicine, 1420 Centre Ave., Pittsburgh 15219  
 Devinder L. Tandon, M.D., Internal Medicine, St. Francis Hosp., Pittsburgh 15201  
 Pradip E. Teredesai, M.D., Internal Medicine, 120 Ruskin Ave., Pittsburgh 15213  
 Virachai Theerakulstit, M.D., Thoracic Surgery, 532 S. Aiken Ave., Pittsburgh 15232  
 Steven W. Theis, M.D., Orthopedic Surgery, Carlton House Hotel, 110, Pittsburgh 15219  
 David A. Thompson, M.D., Family Practice, 619 Mt. Royal Blvd., Pittsburgh 15213  
 Gopalan Vasudevan, M.D., Internal Medicine, 3437 Fifth Ave., 405, Pittsburgh 15213  
 Thomas R. Viggiano, M.D., Internal Medicine, 1141 Portland St., Pittsburgh 15206  
 Z. Joseph Wanski, M.D., Internal Medicine, 3413 Cramlington Dr., Gibsonia 15044  
 Barbara J. Weinstein, M.D., Radiology, 2201 Bond St., Pittsburgh 15237  
 Syed A. Zafar, M.D., Internal Medicine, 4401 Penn Ave., Pittsburgh 15224

### BERKS COUNTY:

Fred D. Holford, M.D., Internal Medicine, St. Joseph's Hosp., Reading 19603  
 Vincent J. Moffitt, M.D., Pediatrics, 52 Surrey Way, Exton 19341  
 Robert L. Silverberg, M.D., Family Practice, 31 Hearthstone Dr., Reading 19606

### BUCKS COUNTY:

Thomas M. Drew, M.D., Internal Medicine, 1008 Evergreen Rd., Morrisville 19067

(Continued on page 66.)





## new members

(Continued from page 65.)

Robert J. Lavin, M.D., Family Practice, Grandview Hosp., Sellersville 18960  
Chan Chi Lee, M.D., Urology, 11829-A Academy Rd., Philadelphia 19154

### **CAMBRIA COUNTY:**

Leo E. O'Connor, M.D., Family Practice, 1748 Lyter Dr., Johnstown 15905

### **CHESTER COUNTY:**

Maria A. Bruno, M.D., Family Practice, 116 W. Dean St., Apt. C, West Chester 19380  
Edward A. Kelly, Jr., M.D., Family Practice, 203 Louis Dr., Exton 19341  
Audrey Murray, M.D., Urological Surgery, 1165 School House Ln., West Chester 19380  
Chin K. Sul, M.D., Psychiatry, Box 386, VA Hosp., Coatesville 19320

### **CUMBERLAND COUNTY:**

David W. Bryant, M.D., Family Practice, 850 Walnut Bottom Rd., Carlisle 17013

### **DELAWARE COUNTY:**

David E. Bean, M.D., Family Practice, Crozer-Chester Med. Ctr., Upland 19013  
Elsa A. Deguzman, M.D., Internal Medicine, Delaware Co. Mem. Hosp., Drexel Hill 19026  
Emlen H. Jones, M.D., Pediatrics, 822 Spruce Ave., West Chester 19380  
Eleanor S. Tiongson, M.D., Obstetrics and Gynecology, 824 Evans Rd., Springfield 19064

### **FRANKLIN COUNTY:**

Harold Y. Allen, M.D., Family Practice, 731 Cumberland Ave., Chambersburg 17201  
William C. Brewer, M.D., Family Practice, 359 E. Baltimore St., Greencastle 17225  
Thomas L. Carbo, M.D., Internal Medicine, Harrisburg Hosp., Harrisburg 17101  
Terrance P. McHugh, M.D., Family Practice, Briarcrest Gardens, Hershey 17033

### **LUZERNE COUNTY:**

Yih Shong Ko, M.D., Anesthesiology, 2000 E. Diamond Ave., Hazleton 18201  
Chung H. Lee, M.D., Anesthesiology, 200 E. Diamond Ave., Hazleton 18201  
Stanley H. Mullen, M.D., Family Practice, Box 392, R.D.4, Dallas 18612

### **LYCOMING COUNTY:**

Richard B. Miller, M.D., Family Practice, 663 Cambell St., Williamsport 17701  
Peter G. Roode, M.D., General Surgery, 27 S. Washington St., Muncy 17756  
Raghavan Vasudevan, M.D., Internal Medicine, 1001 Grampian Blvd., Williamsport 17701

### **MONROE COUNTY:**

Stephen M. Sachs, M.D., Neurology, Village of Pine Run 162, Blackwood, NJ 08012

### **MONTOUR COUNTY:**

Preecha Bhotiwihok, M.D., Anesthesiology, Geisinger Med. Ctr., Danville 17821

John H. Chapman, M.D., Internal Medicine, Geisinger Med. Ctr., Danville 17821

### **NORTHUMBERLAND COUNTY:**

Michael Cordas, D.O., Family Practice, 300 University Ave., Selinsgrove 17870

### **PHILADELPHIA COUNTY:**

Mitchell A. Anolik, M.D., Dermatology, 130 Spruce St., Philadelphia 19106  
Anthony J. Balsamo, M.D., Orthopedic Surgery, 8201 Henry Ave., T4, Philadelphia 19128  
Louis H. Barr, M.D., General Surgery, 2991 School House Ln., Philadelphia 19144  
Peter F. Binnion, M.D., Internal Medicine, 201 S. 18th St., Philadelphia 19103  
Herbert L. Blatt, M.D., Ophthalmology, 1000 Walnut St., Philadelphia 19107  
E. Sergio Blesa, M.D., Internal Medicine, Episcopal Hosp., Philadelphia 19125  
Richard P. Brenner, D.O., Internal Medicine, 2175 Knorr St., Philadelphia 19149  
David Bromberg, M.D., Otolaryngology, Timber Rg. Th. Park Ave., Lindenwold, NJ 08021  
Anthony J. Calabrese, M.D., Internal Medicine, 208 Hobart Dr., Laurel Springs, NJ 08021  
Stanton F. Carroll, M.D., General Surgery, 530 Manor Rd., Wynnewood 19096  
John R. Clarke, M.D., General Surgery, 3300 Henry Ave., Philadelphia 19129  
Gertrude Cooperman, M.D., Family Practice, 333 E. City Line Ave., Bala Cynwyd 19004  
John R. Dalton, M.D., Urology, 517 Pine St., Philadelphia 19106  
Steven J. Davidson, M.D., Family Practice, 3300 Henry Ave., Box 192, Philadelphia 19129  
Mary E. Dufner, M.D., Pathology, 9617 Leon St., Philadelphia 19114  
Harvey R. Forman, M.D., Internal Medicine, 1038 Warfield Ln., Huntingdon Valley 19006  
Allen Gaisin, M.D., Pediatrics, 39 Penath Rd., Bala Cynwyd 19004  
Lorraine M. Giordano, M.D., Family Practice, 5015 Schuyler St., Philadelphia 19144  
Stephen J. Gluckman, M.D., Internal Medicine, 6511 Wayne Ave., Philadelphia 19119  
William S. Haaz, M.D., Internal Medicine, 562 Meadowbrook Dr., Huntingdon Valley 19006  
Dick D. Harrell, M.D., Internal Medicine, 419 S. 19th St., Ste. 103, Philadelphia 19146  
Stanley R. Jacobs, M.D., Preventive Medicine, 11th and Walnut Sts., Philadelphia 19107  
William L. Jones, M.D., Family Practice, 701 N. 42nd St., Philadelphia 19104  
Yogeswary Kannangra, M.D., Anesthesiology, 202 Glen Pl., Elkins Park 19117  
Dong S. Kim, M.D., Psychiatry, 2690 Barry Ln., Huntingdon Valley 19006  
Young N. Kim, M.D., Internal Medicine, 7931 Green Ln., Wyncote 19095

Purnachandra Koganti, M.D., Anesthesiology, Albert Einstein Med. Ctr., York and Tabor Rds., Philadelphia 19141  
 Padma Krishna, M.D., Pediatrics, A17, 7949 Ridge Ave., Philadelphia 19128  
 Donato D. Larossa, M.D., Plastic Surgery, 3910 Powelton Ave., Philadelphia 19104  
 Lord A. Lee-Brenner, M.D., Psychiatry, Lincoln Dr., Ste. 602, Philadelphia 19144  
 Wen A. Liaw, M.D., Family Practice, 8th and Girard Ave., Philadelphia 19104  
 Alan H. Lieberman, M.D., Urology, 4031 Balwynne Pk. Rd., Philadelphia 19131  
 Michael Love, M.D., Radiology, 205 E. Fiedler Rd., Ambler 19002  
 James V. Mackell, Jr., M.D., Orthopedic Surgery, 7922 Bustleton Ave., Philadelphia 19152  
 Alex T. Makris, M.D., Internal Medicine, 435 Covered Bridge Rd., Cherry Hill, NJ 08034  
 Stephen C. Mann, M.D., Psychiatry, 130 S. 9th St., 7th floor, Philadelphia 19107  
 Thomas A. Marsland, M.D., Internal Medicine, 5450 Wissahickon Ave., Philadelphia 19106  
 Lucas J. Martinez, M.D., Neurological Surgery, 1025 Walnut St., Philadelphia 19107  
 Walter D. Mazzanti, M.D., Ophthalmology, 602 Washington Sq., Philadelphia 19106  
 Neeta Mitroo, M.D., Anesthesiology, 230 N. Broad St., Philadelphia 19102  
 Barbara J. Murphy, M.D., Neurological Surgery, 44 Linwood Ave., Ardmore 19003  
 Francis Naso, M.D., Preventive Medicine, 1025 Walnut St., Philadelphia 19107  
 Harvey L. Nisenbaum, M.D., Radiology, 1001 City Ave., WA 907, Philadelphia 19151  
 Joseph F. Nowoslawski, M.D., Family Practice, 575 James St., Philadelphia 19128  
 Anthony R. Paul, M.D., Internal Medicine, 614 E. Durham St., Philadelphia 19119  
 David B. Rees, M.D., Family Practice, 501 S. Narberth Ave., Merion Station 19066  
 Oscar F. Rothchild, D.O., Family Practice, 2858 N. 5th St., Philadelphia 19133  
 Marc R. Rubin, M.D., Internal Medicine, 602 Washington Sq. S., Philadelphia 19106  
 Henry Scherer, M.D., Internal Medicine, 28 Levering Circle, Bala Cynwyd 19004  
 Lewis D. Silverman, M.D., Internal Medicine, 865 N. 26th St., Philadelphia 19130  
 James M. Smith, M.D., Internal Medicine, 312 Montgomery Ave., C4, Haverford 19041  
 Viney Soni, M.D., Internal Medicine, 314 Cottman St., Jenkintown 19046  
 David M. Spratt, D.O., Family Practice, 10101 Academy Rd., Philadelphia 19114  
 Edward J. Stemmler, M.D., Internal Medicine, University of Pennsylvania School of Medicine, Philadelphia 19174  
 Franklin D. Strong, D.O., Internal Medicine, 7400 Haverford Ave., Apt. 105, Philadelphia 19151  
 Chao C. Su, M.D., Anesthesiology, 8835 Germantown Ave., Philadelphia 19118  
 Chintana Suanlarm, M.D., Internal Medicine, 938 Meadowbrook Dr., Huntingdon Valley 19006  
 James V. Tobin, M.D., Obstetrics and Gynecology, 5015 Schuyler St., Philadelphia 19144  
 Kalpana A. Vaidya, M.D., Internal Medicine, 51 N. 39th St., Philadelphia 19104  
 Martin Weisberg, M.D., Obstetrics and Gynecology, 35 Carter Ln., Elkins Park 19117



## education

*This issue carries no education course listings. The January issue contained a comprehensive list of continuing education courses being offered in all parts of Pennsylvania. Consult that issue or write for a copy of the supplement to: Council on Education and Science, Pennsylvania Medical Society, 20 Erford Road, Lemoyne, PA 17043.*

Allan B. Wolfson, M.D., Internal Medicine, 51 N. 39th Street, Philadelphia 19104  
 Arlene Yong, M.D., Internal Medicine, 2201 Bryn Mawr Ave., 315, Philadelphia 19131

### WASHINGTON COUNTY:

Tasneem S. Zafar, M.D., Pathology, 192 Cochran Rd., Mt. Lebanon 15228

### WESTMORELAND COUNTY:

Adel W. Armanious, M.D., General Surgery, 1100 Ligonier St., Latrobe 15650  
 Amarjiet Singh, M.D., Family Practice, Jeannette Mem. Hosp., Jeannette 15644  
 Miroslav Zeleznik, M.D., Internal Medicine, 204 1/2 W. Main St., Ligonier 15658  
 Dilip S. Kar, M.D., Obstetrics and Gynecology, 315 Depot St., Latrobe 15650

### YORK COUNTY:

John J. Blanch, M.D., Internal Medicine, 310K Queensdale Dr., York 17403  
 Michael J. Dobish, M.D., Family Practice, 101 N. Findlay St., York 17402  
 Max H. Goodwin, M.D., Family Practice, 1001 S. George St., York 17403  
 Dennis M. Grolman, M.D., Anesthesiology, 980 S. Queen St., York 17403  
 Leonard C. Kinland, M.D., Family Practice, 1001 S. George St., York 17405  
 David L. Massanari, M.D., Family Practice, 518 Duport Ave., York 17403  
 Thomas E. McDermott, M.D., Family Practice Center, York Hosp., York 17404



• Indicates membership in the Pennsylvania Society at time of death.

• **Homer W. Filson**, Butler; McGill University, Montreal, Quebec, Canada, 1935; age 67; died January 25, 1977. Information regarding survivors is unavailable at this writing.

• **John J. Kenny**, Pittsburgh; University of Pittsburgh School of Medicine, 1948; age 52; died January 11, 1977. He was an assistant clinical professor at the University of Pittsburgh School of Medicine. President of the Leukemia Society of America since 1965, he was a past president of the society's Western Pennsylvania Chapter and was a member of its board of directors. He was head of the division of oncology and director of the blood bank and clinical laboratory at Mercy Hospital, Pittsburgh. Chairman of the hospital's continuing medical education program since 1973, he was responsible for organizing the teaching program in the department of medicine. His wife, a son, and three daughters survive him.

• **Anthony P. Murray**, Girardville; University of Pittsburgh School of Medicine, 1924; age 81; died January 9, 1977. He had practiced family medicine for over 52 years and in 1974 received the State Society's 50 year award. He is survived by his wife.

• **Sidney A. Parsons**, Chester; Jefferson Medical College, 1961; age 48; died February 8, 1977. He was secretary of the Delaware County Medical Society and former member of the society's board of directors. A pediatrician, he was on the staffs of the Crozer-Chester Medical Center and Riddle Hospital. His wife, two sons, his parents, and a sister survive him.

• **George P. Rouse, Jr.**, Philadelphia; Cornell University Medical College, 1937; age 65; died February 7, 1977. He was chief of medicine at the Presbyterian-University of Pennsylvania Medical Center and associate professor of medicine at the University of Pennsylvania School of Medicine. His wife, a daughter, and a son survive him.

• **Joseph E. Sands**, Stone Harbor, New Jersey; University of Pennsylvania School of Medicine, 1921; age 81; died January 31, 1977. A practitioner of 56 years, he was on the staffs of the Bryn Mawr Hospital and the Burdette Tomlin Memorial Hospital in Cape May Court House, New Jersey. He is survived by his wife, a daughter, and two sons.

• **Grant Underwood**, Washington; Jefferson Medical College, 1944; age 62; died February 18, 1977. He served on the State Society's Commission on Emergency Medical Services 1970-75, and was a former president and member of the board of directors of the Washington County Medical Society. Information regarding survivors is unavailable at this writing.

• **John W. Woehrle**, Wilkes-Barre; University of Pennsylvania School of Medicine, 1925; age 80; died January 22, 1977. He was assistant surgeon for Lehigh Valley Coal Company for 25 years and was on the staff of the Wilkes-Barre General Hospital. Two sons, a daughter, two brothers, one of whom is Nelson C. Woehrle, M.D., and a sister survive him.

• **Frank J. T. Aitken**, Stowe Creek Township, New Jersey; Hahnemann Medical College and Hospital, 1927; age 73; died January 15, 1977. He was a district governor and trustee of Hahnemann Medical College. He had practiced medicine 48 years. His wife, a daughter, and a sister survive him.

• **Margaret I. Handy**, Chadds Ford; Johns Hopkins University School of Medicine, 1916; age 87; died February 5, 1977. She practiced pediatrics 52 years and from 1921-46 was chief of pediatrics at the Delaware Hospital, Wilmington. She was a former Delaware state chairman of the American Academy of Pediatrics and an honorary fellow of the College of Physicians of Philadelphia. Information regarding survivors is unavailable at this writing.

• **Frank W. W. Konzelmann**, Elizabethtown; Jefferson Medical College; age 82; died February 6, 1977. He had been an assistant professor of pathology at Jefferson Medical College and on the faculty of Temple University School of Medicine. He had served as laboratory director of Atlantic City Hospital; Emergency Hospital, Washington, D.C.; Washington Sanitarium, Potomac, Maryland; Shore Memorial Hospital, Somers Point, New Jersey; and Mercy Hospital, Sea Isle City, New Jersey. His wife survives him.

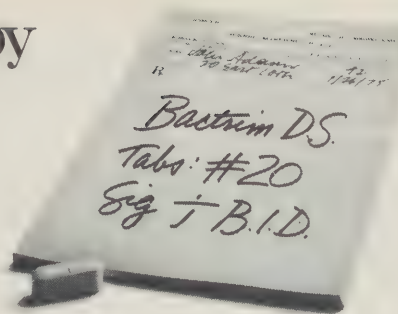
• **Edwin Polish**, Bala Cynwyd; University of Vermont School of Medicine; age 50; died January 29, 1977. He was in private practice and chief of gastroenterology at the Graduate Hospital, University of Pennsylvania. Surviving are his wife, two sons, and a daughter.

• **Charles D. Rogers**, Philadelphia; Howard University School of Medicine, 1934; age 78; died January 26, 1977. He had been in private practice and for many years served the Phipps Institution of Chest Diseases of the Philadelphia Department of Health. His wife survives him.

• **Arthur vonDeilen**, Edgewater Park, New Jersey; Hahnemann Medical College and Hospital; age 72; died January 27, 1977. Retired after 28 years in the practice of surgery, he had been on the staffs of Wills Eye, Presbyterian-University of Pennsylvania, and Graduate Hospitals. His wife and a sister survive him.



# 5-day Bactrim therapy outperforms 10-day ampicillin therapy.



A multicenter, double-blind study of patients with chronic or frequently recurrent urinary tract infection, Bactrim 10-day therapy outperformed ampicillin 10-day therapy by 27.2%, when comparing patients who maintained clear cultures for eight weeks. Criterion for "clear culture" was 1000 or fewer organisms/ml of urine.

While adverse reactions noted in this study were mild (e.g., vomiting, nausea, rash), more serious reactions can occur with these drugs. See manufacturer's product information for complete listing. Maintain adequate fluid intake; perform frequent CBC's and analyses with microscopic examination.

Bactrim tablets were used in these clinical trials. Bioequivalency studies show one Bactrim DS double strength tablet is equivalent to two Bactrim tablets.

## For chronic or frequently recurrent cystitis and pyelonephritis due to susceptible organisms.

Before prescribing, please consult complete product information, a summary of which follows:

**Indications:** Chronic urinary tract infections evidenced by persistent bacteriuria (symptomatic or asymptomatic), frequently recurrent infections (relapse or reinfection), or infections associated with urinary tract complications, such as obstruction. Primarily for cystitis, pyelonephritis or pyelitis due to susceptible strains of *E. coli*, *Klebsiella aerobacter*, *Proteus mirabilis*, *Proteus vulgaris* and *Proteus organii*.

**NOTE:** The increasing frequency of resistant organisms limits the usefulness of antibacterials, especially in these urinary tract infections. The recommended quantitative disc susceptibility method (*Federal Register*, 37:20527-20529, 1972) may be used to estimate bacterial susceptibility to Bactrim. A laboratory report of "Susceptible to trimethoprim-sulfamethoxazole" indicates an infection likely to respond to Bactrim therapy. If infection is confined to the urine, "Intermediate susceptibility" also indicates a likely response. "Resistant" indicates that response is unlikely.

**Contraindications:** Hypersensitivity to trimethoprim or sulfonamides; pregnancy; nursing mothers.

**Warnings:** Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been associated with sulfonamides. Experience with trimethoprim is much more limited but occasional interference with hematopoiesis has been reported as well as an increased incidence of thrombopenia with purpura in elderly patients on certain diuretics, primarily thiazides. Sore throat, fever, pallor, purpura or jaundice may be early signs of serious blood disorders. Frequent CBC's are recommended; therapy should be discontinued if a significantly reduced count of any formed blood element is noted. **Data are insufficient to recommend use in infants and children under 12.**

**Precautions:** Use cautiously in patients with impaired renal or hepatic function, possible folate deficiency, severe allergy or bronchial asthma. In patients with glucose-6-phosphate dehydrogenase deficiency, hemolysis, frequently dose-related, may occur. During therapy, maintain adequate fluid intake and perform frequent urinalyses, careful microscopic examination, and renal function tests, particularly where there is impaired renal function.

**Adverse Reactions:** All major reactions to sulfonamides and trimethoprim are included, even if not reported with Bactrim. **Blood dyscrasias:** Agranulocytosis, aplastic anemia, megaloblastic anemia, thrombopenia, leukopenia, hemolytic anemia, purpura, hypoproliferative anemia and methemoglobinemia. **Allergic reactions:** Erythema

# Bactrim<sup>TM</sup> DS

(160 mg trimethoprim and 800 mg sulfamethoxazole)

## Double Strength tablets Just 1 tablet B.I.D.

# Bactrim<sup>TM</sup>

(80 mg trimethoprim and 400 mg sulfamethoxazole)

## 2 tablets B.I.D.



multiforme, Stevens-Johnson syndrome, generalized skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis. **Gastrointestinal reactions:** Glossitis, stomatitis, nausea, emesis, abdominal pains, hepatitis, diarrhea and pancreatitis. **CNS reactions:** Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insomnia, apathy, fatigue, muscle weakness and nervousness. **Miscellaneous reactions:** Drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L. E. phenomenon. Due to certain chemical similarities to some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia in patients; cross-sensitivity with these agents may exist. In rats, long-term therapy with sulfonamides has produced thyroid malignancies.

**Dosage: Not recommended for children under 12.** Usual adult dosage: 1 DS tablet (double strength), 2 tablets (single strength) or 4 teasp. (20 ml) b.i.d. for 10-14 days.

For patients with renal impairment:

Creatinine Clearance (ml/min)	Recommended Dosage Regimen
Above 30	Usual standard regimen
15-30	1 DS tablet (double strength), 2 tablets (single strength) or 4 teasp. (20 ml) every 24 hours
Below 15	Use not recommended

**Supplied:** Double Strength (DS) tablets, each containing 160 mg trimethoprim and 800 mg sulfamethoxazole, bottles of 100; Tel-E-Dose® packages of 100. Tablets, each containing 80 mg trimethoprim and 400 mg sulfamethoxazole — bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 40, available singly and in trays of 10.

Oral suspension, containing in each teaspoonful (5 ml) the equivalent of 40 mg trimethoprim and 200 mg sulfamethoxazole; fruit-licorice flavored — bottles of 16 oz (1 pint).

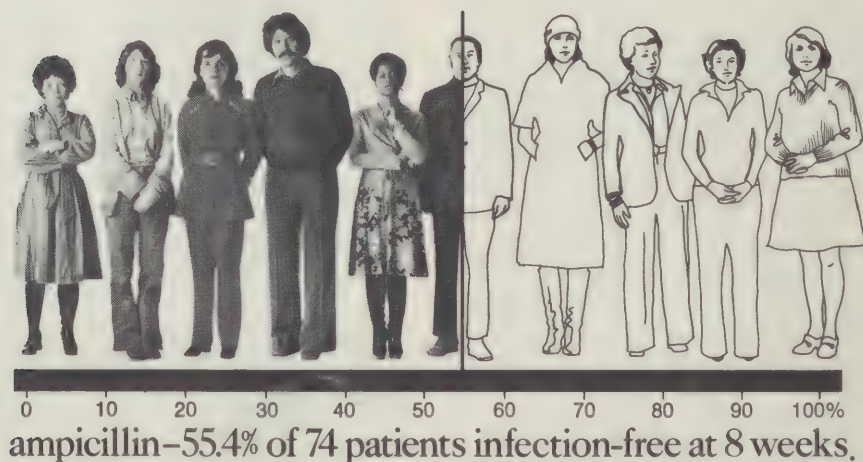
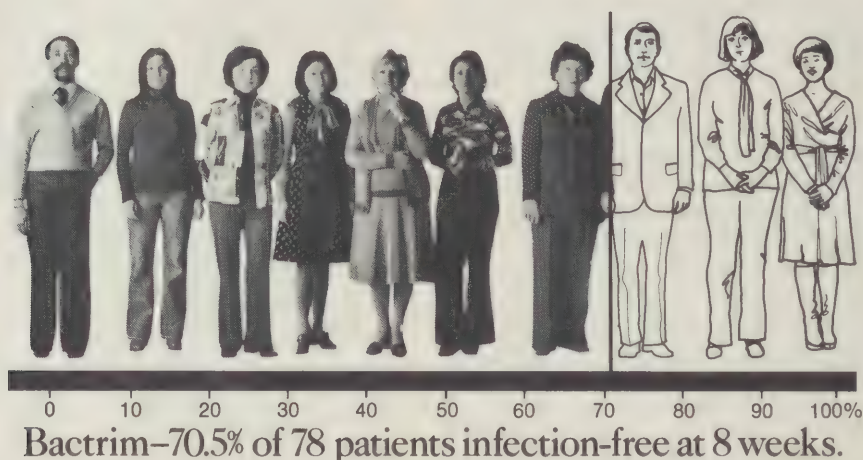


Roche Laboratories  
Division of Hoffmann-La Roche Inc.  
Nutley, New Jersey 07110



In a multicenter study of patients with chronic or frequently recurrent urinary tract infection

Bactrim was 27.2%\* more effective than ampicillin in keeping patients infection-free for 8 weeks.†



\*This percentage is arrived at by the statistical method of dividing the difference between Bactrim and ampicillin results (15.1%) by the percent of ampicillin results (55.4%).

†Data on file, Hoffmann-La Roche Inc., Nutley, New Jersey 07110

**Bactrim<sup>T.M.</sup> DS**  
(160 mg trimethoprim and 800 mg sulfamethoxazole)

**Double Strength tablets  
Just 1 tablet B.I.D.**

Note: Bactrim tablets were used in these clinical trials. Bioequivalency studies show one Bactrim DS double strength tablet is equivalent to two Bactrim tablets.

Please see summary of product information on preceding page.

ROCHE

# *Pennsylvania Medicine*

MAY 1977

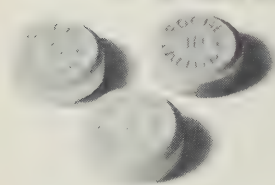
Vol. 80, No. 5

**Ethical  
Dilemmas  
in  
Medicine**





# A character all its own.



Valium (diazepam) is a benzodiazepine with a character all its own.

Pharmacologically, it has been described as more potent mg-per-mg than other available anxiolytic benzodiazepines. Pharmacokinetically, only Valium provides active *diazepam* as well as the active metabolites 3-hydroxydiazepam, desmethyldiazepam and oxazepam.

But the individual character of Valium is even more apparent clinically than pharmacokinetically. And far more significant. That's because of the patient response obtained with Valium. A response which brings a calmer frame of mind. A response which has a pronounced effect on the somatic symptoms of anxiety, particularly muscular tension. A response which helps the patient feel more like himself again because of the way Valium reduces the overwhelming symptoms of anxiety and psychic tension.

Another important aspect of the clinical character of Valium is safety. Though drowsiness, ataxia and fatigue are possible, these and more serious side effects are rarely a problem. Of course, as with all CNS-acting drugs, patients taking Valium should be cautioned against driving, operating dangerous machinery or the simultaneous ingestion of alcohol.

Unquestionably, many psychotherapeutic agents, including other benzodiazepines, have antianxiety effects. But one fact remains: you get a certain kind of patient response with Valium. It's a response you want. A response you know. A response you trust as part of your overall management of anxiety and psychic tension.

## Valium<sup>®</sup> (diazepam)<sup>IV</sup>

2-mg, 5-mg, 10-mg scored tablets  
a prudent choice in psychic  
tension and anxiety

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

**Contraindicated:** Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**Precautions:** If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

**Side Effects:** Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.



Roche Laboratories  
Division of Hoffmann-La Roche Inc.  
Nutley, New Jersey 07110

# ATE SOCIETY WINS CORPORATION TAX CASE

ate Society in April with a stipulation filed in Commonwealth Court. The question involved was whether or not contributions made to pension or profit sharing plans could be considered in determining the value of the capital stock of physician corporations. Under the stipulation such contributions are not to be so considered. All cases pending in Commonwealth Court, or before the Board of Finance and Revenue or the Resettlement Board will be settled in favor of the physicians. The stipulation does not affect those who did not protect their rights by filing proper legal papers, but petitions for refunds are possible if filed within one year of the date of the last tax payment or settlement, whichever occurred later.

# HEARING ON ARGONAUT RATE INCREASE ENDS

The second longest hearing in the history of the Insurance Department ended at 6:45 p.m. on May 4. During the 16 days of the hearing on a request for a 70 percent premium increase for malpractice insurance by Argonaut Insurance Company, State Society staff and actuaries participated and testified and legal counsel cross examined witnesses. John F. Rineman, executive vice president, testified the day after the Special Session and outlined the action taken by the House of Delegates (see below). Insurance Commissioner William J. Sheppard is expected to announce a decision on the Argonaut filing on June 15.

# GENERIC PRESCRIBING LAW EFFECTIVE MAY 23

Act 259 of 1976, Pennsylvania's new generic prescribing law, is scheduled to go into effect May 23. Publication in the Pennsylvania Bulletin of the first pharmaceutical products for which substitution is permitted occurred April 23. Under the law, physicians may grant or withhold permission to substitute a lower cost generic depending on how they sign prescription blanks. The Department of Health advises that physicians may use their present supply of blanks, but must indicate "do not substitute" under the signature. Otherwise tacit permission to substitute will be presumed. A sample of the new prescription form is shown at the right. The Department of Health will mail copies of the formulary to all physicians and pharmacists prior to May 23.

NAME _____		DATE _____
ADDRESS _____		
_____		
_____		
R		
Dr _____	Do Not Substitute	Dr _____
		Substitution Permissible

# HOUSE APPROVES ARGONAUT CHANGES, VETOES INCREASE

At the Special Session April 17 in Camp Hill, the Society's House of Delegates voted to approve that part of the Argonaut Insurance Company rate filing dealing with changes in territories and relativities, but disapproved the 70 percent rate increase request. Delegates endorsed the concept of four territories to replace the present two. They are: Territory One-Philadelphia, Montgomery, and Delaware Counties; Territory Three-Allegheny County; Territory Four-Bucks and Chester Counties; and Territory Two-the remaining counties. These territory changes, if sanctioned by the Insurance Department, will result in lower malpractice insurance premiums in



Territories Two and Four and higher premiums in Territories One and Three. The change in relativities between classes would reduce the difference in premiums paid by Class I and Class V Argonaut insureds from fourteen to one to seven to one. This change would increase Argonaut premiums for low risk specialties and decrease them or minimize any increase for high risk specialties.

**PMS TO SUPPORT COUNTY SOCIETIES' BATTLE** The Society's Board of Trustees, at a special meeting April 17, voted to support action by the county medical societies in the five-county Philadelphia area to battle against a single Health Systems Agency (HSA) for the area. Society representatives will meet with county medical society officers on May 10 to plan a course of action. Originally HEW ordered three HSAs for the five counties. A court suit resulted in the reversal of that decision.

**DR. MCCOY RECEIVES SUSPENSION NOTICE** Orlo G. McCoy, M.D., of Canton, Twelfth District Trustee, received notice April 30 of suspension from practice for failure to purchase professional liability insurance. The suspension has been expected ever since early December, when the State Board of Medical Education and Licensure conducted a hearing on Dr. McCoy's refusal to purchase malpractice coverage. Legal counsel for the State Society filed an appeal from the state board's decision in Commonwealth Court on the day the notice was received, and on May 4, Dr. McCoy was notified of a stay of the suspension until the suit can be heard. Any other physician receiving notice of suspension for failure to have malpractice coverage should file immediately for a hearing with the State Board of Medical Education and Licensure. Dr. McCoy's case is being considered a test of the constitutionality of mandatory malpractice insurance.

**PENNSYLVANIA'S AMA DELEGATION PLANS FOR SAN FRANCISCO** The Pennsylvania Delegation to the AMA met April 13 to prepare for the June 1977 meeting of the AMA House of Delegates. The delegation voted to reintroduce its resolution on the expert witness, which was withdrawn at the December 1976 meeting, but with minor editorial changes. William Y. Rial, M.D., of Swarthmore, currently vice speaker of the AMA House, will be a candidate for speaker in June. James B. Donaldson, M.D., of Philadelphia, will be a candidate for membership on the Council on Medical Education. Matthew Marshall, Jr., M.D., of Pittsburgh will serve as chairman of Reference Committee H, one of two dealing with miscellaneous resolutions, and Paul S. Friedman, M.D., of Philadelphia, has been appointed a member of the Reference Committee on Rules and Order of Business.

**PHYSICIANS' OFFICE LABS EXEMPTION BILL IN** The State Society has caused to be introduced S.B. 233, an amendment to the Clinical Laboratories Act, which would specifically exclude office laboratories operated by physicians solely for the diagnosis and treatment of their own patients. Regulations written for the original Act included physicians' office laboratories except for a very few tests. Implementation of the Act was stopped when the State Society sued the Department of Health in Commonwealth Court. Passage of the just introduced amendment would mandate the desired change in the regulations.

**CHIROPRACTORS INCLUDED IN "FREE CHOICE" BILL** A "free choice of healing arts practitioner" amendment (H.B. 711) to Pennsylvania's Workmen's Compensation Act would, if passed, permit both chiropractors and Christian Science practitioners to be paid for treating injured workers. Presently workers have a free choice of physician unless employers present a panel of at least five physicians, in which case the injured worker must choose from among those on the panel. The State Society is vigorously opposing this legislation. Michael Levis, M.D., of Pittsburgh, chairman of the Council on Governmental Relations, urges that members contact their senators to explain their opposition to H.B. 711.

# Pennsylvania Medicine



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MAY 1977

Volume 80, Number 5

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## PENNSYLVANIA MEDICINE

20 Erford Road  
Lemoyne, Pennsylvania 17043  
Telephone (717) 238-1635

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consider the effect on  
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you prescribe a vasodilator\*



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# VASODILAN<sup>®</sup>

(ISOXSUPRINE HCl)

the compatible vasodilator

TABLETS, 20 mg.

\***Indications:** Based on a review of this drug by the National Academy of Sciences-National Research Council and/or other information, the FDA has classified the indications as follows:

Possibly Effective:

1. For the relief of symptoms associated with cerebral vascular insufficiency.
2. In peripheral vascular disease of arteriosclerosis obliterans, thromboangiitis obliterans (Buerger's Disease) and Raynaud's disease.

Final classification of the less-than-effective indications requires further investigation.

**Composition:** Vasodilan tablets, isoxsuprine HCl, 10 mg. and 20 mg.  
Vasodilan injection, isoxsuprine HCl, 5 mg., per ml.

**Dosage and Administration:** Oral: 10 to 20 mg., three or four times daily.

Intramuscular: 5 to 10 mg. (1 or 2 ml.) two or three times daily. Intramuscular administration may be used initially in severe or acute conditions.

**Contraindications and Cautions:** There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding.

Parenteral administration is not recommended in the presence of hypotension or tachycardia.

Intravenous administration should not be given because of increased likelihood of side effects.

**Adverse Reactions:** On rare occasions oral administration of the drug has been associated in time with the occurrence of hypotension, tachycardia, nausea, vomiting, dizziness, abdominal distress, and severe rash. If rash appears the drug should be discontinued.

Although available evidence suggests a temporal association of these reactions with isoxsuprine, a causal relationship can be neither confirmed nor refuted.

Administration of single dose of 10 mg. intramuscularly may result in hypotension and tachycardia. These symptoms are more pronounced in higher doses. For these reasons single intramuscular doses exceeding 10 mg. are not recommended. Repeated administration of 5 to 10 mg. intramuscularly at suitable intervals may be employed.

**Supplied:** Tablets, 10 mg., bottles of 100, 1000, 5000 and Unit Dose; Tablets, 20 mg., bottles of 100, 500, 1000, 5000 and Unit Dose; Injection, 10 mg. per 2 ml. ampul, box of six 2 ml. ampuls.

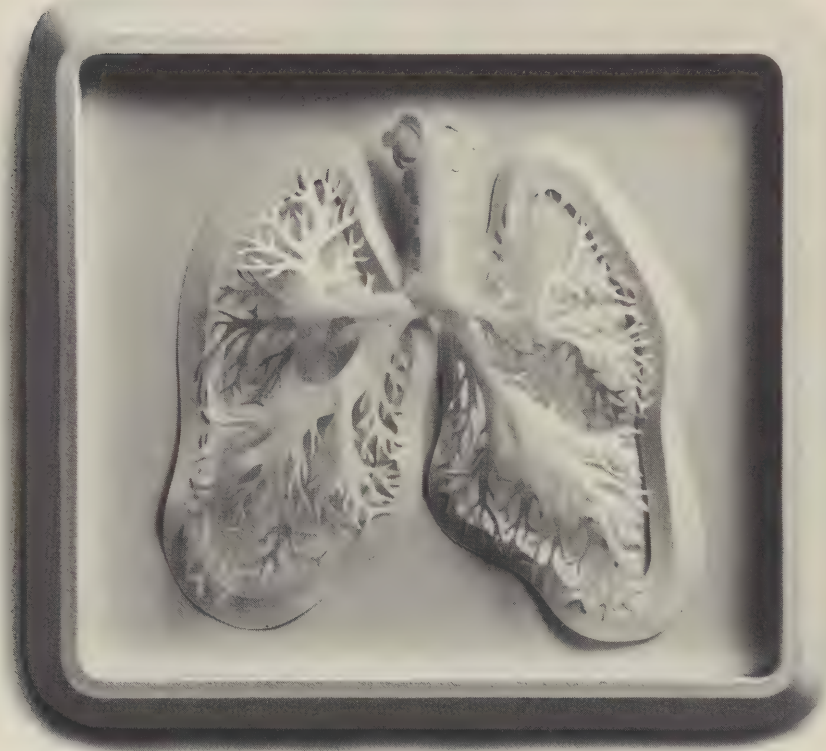
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ephedrine/theophylline/guaifenesin (*glyceryl guaiacolate*)/phenobarbital



Potent bronchodilation and rapid reduction of bronchial edema.

Efficient expectorant action thins and loosens tenacious  
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Gentle sedation produces mild calming action.

*To prevent or relieve symptoms in asthma, chronic bronchitis, emphysema*

## **BRONKOTABS<sup>®</sup>**

Each tablet contains ephedrine sulfate 24 mg; guaifenesin (*glyceryl guaiacolate*) 100 mg; theophylline 100 mg; phenobarbital 8 mg (warning: may be habit-forming).

**PRECAUTIONS:** With Bronkotabs therapy, sympathomimetic side effects are minimal. However, frequent or prolonged use may cause nervousness, restlessness, or sleeplessness. Bronkotabs should be used with caution in the presence of hypertension, heart disease, or hyperthyroidism. Drowsiness may occur. Ephedrine may cause urinary retention, especially in the presence of partial obstruction, as in prostatism.

**RECOMMENDED DOSAGE:** One tablet every 3 or 4 hours, not to exceed five times daily. Children over 6: one half adult dose.

**SUPPLIED:** Bottles of 100 and 1000 scored tablets.

**BREON**

**BREON LABORATORIES INC.** • 90 Park Avenue, New York, N.Y. 10016

# If your angina patient\* isn't having 3 out of 4 better days than usual... try Cardilate® (ERYTHRITYL TETRANITRATE)

\*Please note: unstable angina patients may be refractory to all long-acting nitrates

**INDICATIONS:** For the prophylaxis and long-term treatment of patients with frequent or recurrent anginal pain and reduced exercise tolerance associated with angina pectoris, rather than for the treatment of the acute attack of angina pectoris, since its onset of action is somewhat slower than that of nitroglycerin.

**PRECAUTIONS:** As with other effective nitrates, some fall in blood pressure may occur with large doses.

Caution should be observed in administering the drug to patients with a history of recent cerebral hemorrhage, because of the vasodilatation which occurs in the area. Although therapy permits more normal activity, the patient should not be allowed to misinterpret freedom from anginal attacks as a signal to drop all restrictions.

**SIDE EFFECTS:** No serious side effects have been reported. In sublingual therapy a tingling sensation (like that of nitroglycerin) may sometimes be noted at the point of tablet contact with the mucous membrane. If objectionable, this may be mitigated by placing the tablet in the buccal pouch. As with nitroglycerin or other effective nitrites, temporary vascular headache may occur during the first few days of therapy. This can be controlled by temporary dosage reduction in order to allow adjustment of the cerebral hemodynamics to the initial marked cerebral vasodilatation. These headaches usually disappear within one week of continuous therapy but may be minimized by the administration of analgesics.

Mild gastrointestinal disturbances occur occasionally with larger doses and may be controlled by reducing the dose temporarily.

**SUPPLIED:** 10 mg chewable tablets, bottle of 100. Also 5, 10 and 15 mg scored tablets in bottles of 100. 10 mg scored tablets also supplied in bottle of 1,000.

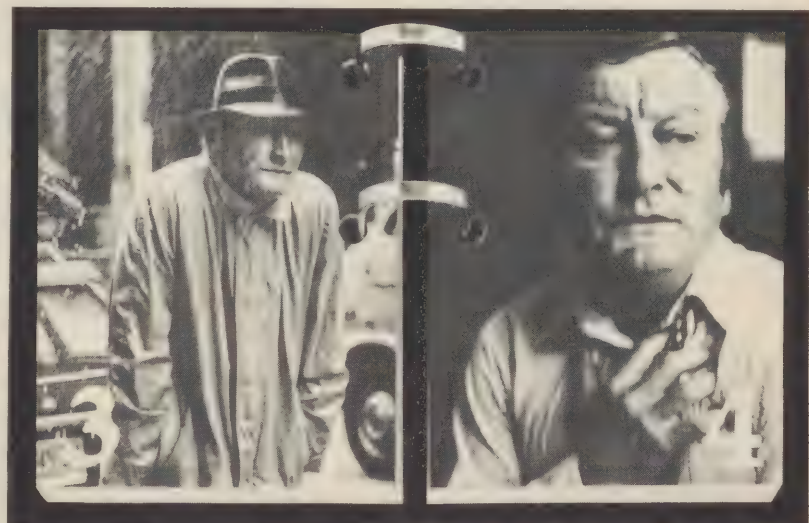
Also available: Cardilate® P brand Erythryl Tetranitrate with Phenobarbital\* (\*Warning: may be habit-forming).

1. Russek HJ: AM J M Sc 239:478, 1960



**"Pain days" significantly reduced with Cardilate®** (erythryl tetranitrate) in 48-patient study.<sup>1</sup> Patients on placebo experienced same pain as usual or increased pain 2 days out of 3...compared to 1 day out of 4 while on Cardilate.

**Rapid-acting chewable tablets** (10mg) preferred by many patients. Should be given before anticipated periods of stress to produce an action within 5 minutes and lasting up to 2 hours. Sublingual tablets also available.



**Effective prophylaxis against attacks;** increases exercise tolerance. Serious side effects have not been reported in 20 years' clinical use.

**Cardilate can save patients money;** is less expensive than many popular long-acting nitrates. 20% to 30% savings not uncommon...also helps reduce need for nitroglycerin.



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# Board of Trustees authorizes Scandinavian study tour

Can American physicians learn from a study of health care delivery in other nations?

The Society's Board of Trustees and Councilors at its March meeting approved plans for a workshop study tour of Scandinavia, to be sponsored by the Council on Education and Science as a continuing education activity.

The study tour, September 25 to October 3, will focus on two main areas—health planning and emergency health systems. Study will include orientation about the culture of each country and extended visits to various health facilities.

The United States' drive to provide equal access to health services and reduce costs has set the pattern for much recent legislation—implementation of PSRO and HSA. Congress' attempt to develop a national health insurance program has prompted the State Society to sponsor the Scandinavian tour. Scandinavian health systems provide health services and health insurance for all their citizens. The study of the Scandinavian systems may help participants to anticipate development of health policy in the United States and benefit from the mistakes and successes of other countries.

The tour of Sweden will include a visit to the National Board of Health and Welfare where the study group will hear about national health planning, the regional and local organizations of medical services, industrial and emergency medical services, and preventive medicine. The group will visit facilities such as a typical "doctor's house" or local clinic as well as some of the major hospitals such as Karolinska and Hudeinge hospitals to see the trauma and surgery departments and discuss latest advances in or-

thopedic surgery. The study group will also visit the Greater Stockholm Medical Computer Center.

In Norway the Health Directress

stitute and Den Gamles By, the old people's town.

The Tax Reform Act of 1976 has tightened up the criteria for deducting for foreign travel; in-



The Council on Education and Science

of the Ministry of Social Affairs will explain the organization of Norwegian medical services including the role of public health officers who act as primary care physicians in remote country and coastal areas. The group will learn about the work of emergency services such as sea rescue and voluntary ski injury teams which use dogs and sleds in winter. There will be opportunities to visit group practice clinics, child care centers, and special institutions such as the Nic Waal Center for Emotionally Disturbed Children.

In Denmark the group will have opportunities to discuss similarities and differences in Scandinavian health systems. The schedule will include free time for professional visits to various hospitals and well known Danish institutions such as the Sinsen In-

cluded are stricter standards regarding the number of hours of educational activity required to receive a tax deduction for the cost of the foreign trip. Because of the new regulations the Council on Education and Science, along with the Scandinavian Airlines System, has designed a program rich in educational activities.

Balancing the heavy schedule is free time for exploring some of the sights. One of the leisure time activities will be an evening boat cruise from the Oslo Fjord across the Skageraak and Kattegat to Copenhagen.

For details about the Scandinavian tour contact LeRoy C. Erickson, Council on Education and Science, Pennsylvania Medical Society, 20 Erford Rd., Lemoyne, PA 17043; (717) 238-1635.

## Magazine subscription program ends

The magazine subscription program of Periodical Publishers' Service Bureau, Inc., has been terminated due to the lack of Society members' interest. The program had been offered in January 1976 as a State Society membership benefit. Currently existing subscription contracts will be carried on until their conclusions. Physicians may renew subscriptions at their own discretion but will not receive the original discount rates.



# Trust revises medical student loan program

Trustees of the Educational and Scientific Trust met in March to change certain requirements of the Society's medical school loan program. The goal of the loan program is to provide additional physicians to serve the residents of the state, particularly as family physicians in rural and other physician shortage areas. Major changes have been made in interest rates and payment schedules in order to accomplish the loan program's objective.

Effective April 1, the basic interest rate on a loan is six percent simple interest per year from the time the loan is granted and paid to the medical school. Interest will be assessed from January 1 of the school year in which the loan is granted through June 30, one year following graduation, and will be included on the promissory note signed at the time the loan is granted. Six percent interest will be assessed and payable on the full amount during residency or other graduate training following the first year required for licensure; however, *if graduate training is taken in Pennsylvania, interest charges will be waived for up to five years.*

Principal repayments must begin one year after entering practice but no later than five years after graduating from med-

ical school. Interest at the rate of six percent per year will be charged on the unpaid balance during the payout period. *If practice is maintained in Pennsylvania, the principal amount to be repaid will be the amount of the final promissory note less the interest charged during the time the borrower was enrolled in medical school; the interest rate during the payout period will be reduced to 4.5 percent per year.*

Loans to medical students will be granted only on the basis of the degree of financial need of the applicant as established by the medical school and only to the extent of funds available. The program is designed to meet a portion of the deficit in a student's budget after aid has been

received from the school and through the Pennsylvania Higher Education Assistance Agency (PHEAA).

Preference will be given to applicants who: (1) cannot receive a maximum PHEAA loan in any given year because of the policy of their lending institution; (2) are committed through admission to a medical school to a family practice track or to practice in a physician shortage area of Pennsylvania; and (3) are residents of an area of Pennsylvania that has a physician shortage.

For loan applications or details about the loan program write Mr. Alex Stewart, executive director, Educational and Scientific Trust, Pennsylvania Medical Society, 20 Erford Rd., Lemoyne, PA 17043.

## Nurses seek mandatory education law

Legislation which would make continuing education mandatory for registered nurses was introduced in the State Senate March 30.

Senate Bill 684, drafted by the Pennsylvania Nurses Association, sets November 1, 1983, as the date the education requirement would go into effect. The State Board of Nurse Examiners, assisted by an advisory commit-

tee on continuing education of specialty nursing interests, would have authority to establish regulations governing the requirements for relicensure.

Sponsors of the bill are Senators: Joseph F. Smith, Philadelphia; Quentin R. Orlando, Erie; Eugene F. Scanlon, Pittsburgh; H. Craig Lewis, Feasterville; and Paul McKinney, Philadelphia



**DURING THE financial aid seminar, sponsored by the Society's Committee on Aid to Education, Manuel A. Bergnes, M.D., committee chairman, talks with Mrs. Gaye W. Sheffler, administrative assistant at the Milton S. Hershey Medical Center, The Pennsylvania State University, Hershey.**



**FINANCIAL AID officers of the state's medical schools (above) met in Harrisburg April 19 for a seminar on the Society's loan program. The following American Medical Association Education Relief Foundation grants were distributed to the officers for use by their schools: University of Pennsylvania School of Medicine, \$12,976; Jefferson Medical College, Thomas Jefferson**

**University, \$12,015; Medical College of Pennsylvania, \$3,845; Hahnemann Medical College and Hospital, \$8,863; University of Pittsburgh School of Medicine, \$10,203; Temple University School of Medicine, \$15,145; Pennsylvania State University College of Medicine, \$2,601; and Philadelphia College of Osteopathic Medicine, \$100.**



# Society's Environmental Awards presented

The Shawville-Hamlin Coal Company of Clearfield, the Youth for America Club of Riverside High School in Ellwood City, and Mr. Hal Clark of Doylestown received the Pennsylvania Medical Society's Environmental Improvement Recognition Awards during the 1977 Officers' Conference banquet April 13 at the Hershey Motor Lodge, Hershey.

Clark, 87, received the individual award for his efforts in creating park lands, banning billboards on interstate highways, and having electric powerlines placed underground. President of the Delaware Valley Protective Association for the past fifteen years, he was active in causing the Delaware Canal to be declared a national scenic historical area.

The company environmental award was presented to the Shawville-Hamlin Coal Company for its program to recondition land scarred by strip mining. Funded by the coal company, the

program includes development of small dams and ponds, tree planting, and wild game feed planting.

The Youth for America Club of Riverside High School received the voluntary agency award in recognition of its activities in re-

cycling, tree planting, and anti-litter campaigns. During the past winter the group developed an energy patrol to control energy waste in the high school. The patrol helped the school save several thousand dollars during the year.

## TEL-MED initiated in Philadelphia

Pennsylvania Hospital, Philadelphia, in early April began operation of TEL-MED, a free telephone health information system available to Delaware Valley residents.

TEL-MED is a collection of more than 250 tape recorded health messages of one to five minutes in length. Each message has been approved by Pennsylvania Hospital physicians and other professionals skilled in specific problem areas.

TEL-MED, designed to help people remain healthy, recognize early signs of illness, decide when to consult a doctor, and adjust to serious illness, is operational in

75 cities across the nation and so far has played over five million health messages.

The TEL-MED number at Pennsylvania Hospital is (215) 829-5500; callers should ask for a tape by using its code number. TEL-MED brochures, listing available subjects and their code numbers, have been distributed in public places throughout the area. To obtain a brochure through the mail a caller may dial the TEL-MED number and request a copy.

Pennsylvania Hospital's TEL-MED hours are Monday through Saturday, 10 a.m.-10 p.m. and Sunday 2-8 p.m.

## Foundation reports status of state's conditional PSROs

The Pennsylvania Medical Care Foundation, which serves as a support center for Pennsylvania's 12 Professional Standards Re-

view Organizations (PSROs), prepared the report below, illustrating the activities of the eight PSROs which have the condi-

tional status, and are performing the review function. All PSROs now are funded, and PSRO I, III, V, and X are in planning.

### Status of Conditional PSROs in Pennsylvania

February 1, 1977

PSRO AREA	NO. OF PHYSICIANS IN AREA	NO. OF MEMBERS	PERCENT MEMBERS	NO. SHORT-STAY HOSPITALS	NO. HOSPITALS DELEGATED REVIEW FUNCTION	NO. HOSPITALS PARTIALLY DELEGATED	NO. NON-DELEGATED HOSPITALS	NO. HOSPITALS NOT SURVEYED AS YET	APPROXIMATE NO. OF FEDERAL ADMISSIONS REVIEWED PER MONTH
II	961	598	66.2%	19	9	1		1	2,500
IV	950	600	63.0%	11	4*			7	
VI	3,239	1,293	39.9%	29	26	2	1		9,000
VII	809	473	58.4%	18	14	1	3		4,166
VIII	576	300	52.0%	13	6*			7	
IX	2,398	1,222	50.9%	29	29				5,835
XI	2,700	1,400	51.8%	18	15			3	2,833
XII	5,000	2,800	56.0%	40	18			1	6,000
Totals	16,633	8,686	52.2%	177	121	4	4	19	30,334

\* Delegated but review not implemented as yet.

A delegated hospital is one which, after review by the PSRO, is deemed capable and willing to perform concurrent review and medical care evaluation on behalf of the PSRO.



## Blue Shield elects new directors, officers

The Corporation of Pennsylvania Blue Shield elected five new directors and three new officers during its 37th annual meeting March 30 in Camp Hill.

New members of the board of directors are: Sidney E. Sinclair, M.D., Williamsport; D. Ernest Witt, M.D., Bloomsburg; Charles K. Zug, M.D., Bethlehem; Jesse E. Daugherty, Bristol; and Warren G. Weber, Erie.

Newly elected officers are: John H. Harris, Jr., M.D., Carlisle, first vice chairman of the board; Robert E. Patterson, Lancaster, treasurer; and Donald L. Fisher, Millerstown, assistant treasurer. Re-elected officers are: Wilbur E. Flannery, M.D., New Castle, chairman of the board; A. Reynolds Crane, M.D., Philadel-

phia, second vice chairman; and George L. Cullen, Philadelphia, third vice chairman.

Three board members retired with more than 30 years of service each. They are: Lewis T. Buckman, M.D., Wilkes-Barre, former first vice chairman;

George H. Stein, M.D., Harrisburg, who had been treasurer for 33 years; and Lester H. Perry, Camp Hill, an original incorporator and the first executive director of Blue Shield, and immediate past executive director of the State Society.

## AAFP approves residency programs

The family practice residency program of St. Vincent Hospital, Erie, was among 16 residency programs approved by the Liaison Committee on Graduate Medical Education of the American Academy of Family Physicians (AAFP). The 16 approvals bring to 303 the total number of family practice residency pro-

grams currently training more than 4,600 residents across the nation.

The academy has projected that by the end of 1977 340 residency programs will be in operation. Its goal is to have one quarter of all medical school graduates enter family practice residencies by 1980.



HUNTER S. NEAL, M.D., right, 1977 president of the Delaware County Medical Society, meets with Rocco de Prophetis, M.D., editor of the society's Bulletin, and F. Peter Kohler, M.D., immediate past president, during the organization's annual banquet. Other officers for 1977 are: W. William Nagle, M.D., president elect; David J. McAleer, M.D., vice president; Sidney A. Parsons, Jr., M.D., secretary; and Samuel D. Allen, M.D., treasurer.

## Pediatricians call for immunization program

The United States should adopt a "continuing and ongoing" program to ensure that all American children are completely immunized against preventable infectious diseases, according to a policy statement adopted by the Executive Board of the American Academy of Pediatrics during a recent meeting in Washington, D.C.

The academy has stated that the program should be designed to encourage the administration of vaccines "as part of a total preventive health care program." The program should guarantee that there will be "no financial barrier to immunization of children" and should utilize "existing public and private systems of reimbursement for the cost of administering vaccines and followup care."

The program should include a national promotional campaign "to educate and motivate the medical profession and the public" in order to reverse the recent trend of decreasing numbers of immunized preschool children.

## Group psychotherapists to meet

The Sixth International Congress of the International Association of Group Psychotherapy will be held July 31 to August 5 at the Sheraton Hotel, Philadelphia. The congress' diversified program will be of interest to physicians of all specialties as well as

those in the behavioral sciences.

For more information about the Sixth International Congress of the International Association of Group Psychotherapy, contact Samuel B. Hadden, M.D., President, 946 Remington Rd., Wynnewood, PA 19096.



# 'Study Scandinavia'

## A workshop tour of Sweden, Norway, and Denmark.

Scandinavian medicine holds an interest for American physicians because of technical advances in many specialties, innovative relationships with the social services, and concern for the promotion of good health. Manifestations are the infant mortality rate, one of the lowest in the world, developments in delivering emergency and outpatient services, and progress in preventive medicine and occupational health.

The workshop will give you a firsthand view of primary care, mother and child care, emergency services, and basic research. You will talk with government officials, medical and technical specialists, university professors, and doctors in local practice.

Take advantage of this nine day learning experience, from September 25 to October 3, 1977. Visit three major cities, Stockholm, Oslo, and Copenhagen, to learn more about the health services in the Scandinavian Countries.

- Round trip jet air transportation via Scandinavian Airlines 747 with food and beverages . . . September 23 - October 3, 1977.
- All first class hotel accommodations.
- Continental breakfast daily, most lunches and dinners.
- Three days in Stockholm, two days in Oslo, three days in Copenhagen.
- Evening boat trip down scenic fjord to Copenhagen.

## Cost—\$899 per person, double occupancy.

### *Tax Reform Act of 1976*

This travel program meets all the "guidelines for foreign convention tax expense" under the Tax Reform Act of 1976 as interpreted by the American Society of Association Executives. Under the new law, deductions can be allowed for expenses incurred in foreign travel. The limits are air fare and per diem allowances. Complete attendance records and other tax deduction information will be furnished so that member physicians can consult with their accountants for deductions on individual tax returns. For full itinerary and full tax information, write to Council on Education and Science, Pennsylvania Medical Society, 20 Erford Road, Lemoyne, Pennsylvania, 17043, using the application below.

Council on Education and Science  
Pennsylvania Medical Society

Please send me full details on the Study Scandinavia Workshop:

Name: \_\_\_\_\_

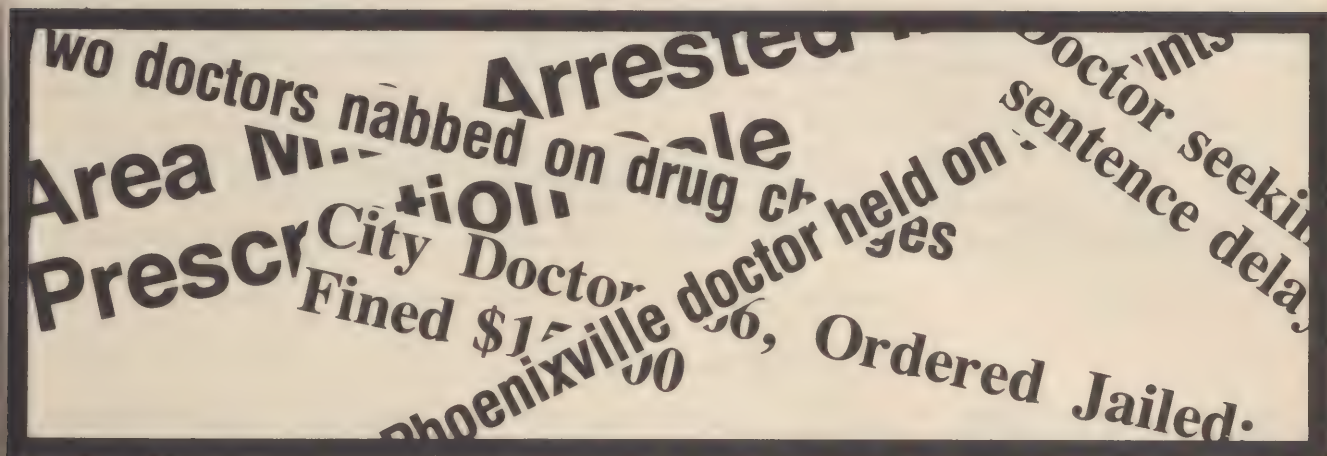
Address: \_\_\_\_\_

Telephone: \_\_\_\_\_



# 'M.D. Connection' under attack of DEA

ROBERT L. LAMB  
Director of Communications



Since 1976, fourteen M.D.s in Pennsylvania have been arrested for "pushing" drugs. That's the equivalent of one for every thousand members of the Pennsylvania Medical Society.

While only a handful of the more than a half million doctors, pharmacists, and other medical professionals in the U.S. registered to possess and distribute drugs abuse the privilege, this tiny minority is estimated by the U.S. Drug Enforcement Administration (DEA) to divert over 100,000,000 doses of dangerous drugs into the illegal street market each year.

What motivates a physician to betray his medical heritage and push drugs? Sometimes simple greed is the motive. For example, while a physician may pay as little as \$40 for 500 tablets of dilaudid, the same white tablets can sell for as much as \$20 apiece on the street. Some licensees have attempted to barter pills or prescriptions for sexual favors. Aging practitioners, who have outlived most of their patients, have tried to salvage a failing practice by peddling drugs. One physician was even arrested trying to barter prescriptions for a "stolen" motorcycle.

Response by the federal government to the illegal diversion of controlled substances was the

creation in 1972 of the first Diversion Investigation Units (DIU). These special units, funded by the DEA and the Law Enforcement Assistance Administration (LEAA), were designed specifically to combat drug peddling by licensed health care providers. Today there are eleven DIUs across the country with one of the most active in Pennsylvania.

Since the first three DIUs were started in 1972, approximately 400 doctors, druggists, osteopaths, dentists, veterinarians, nurses, and other medical professionals have been arrested for mishandling dangerous drugs. In the last year for which there are figures, 175 professionals were arrested and some 4,829,866 doses of drugs were seized along with 199 pounds of bulk powder and 21 gallons of liquid drugs.

Headquarters for Pennsylvania's Diversion Investigation Unit (DIU) is a three-story yellow cinder block building at the east end of Harrisburg International Airport. There, Roger L. Pilotti, who holds a degree in public security administration and law enforcement from Kings College, directs a team of investigators composed of state police, Justice Department drug enforcement officers, and a representative of the DEA. Launched on January 28, 1975, with an LEAA grant, the unit is

now entirely state funded with monies coming from each of the departments represented in the unit.

From its launching in January of 1975 till March 24, 1977, Pennsylvania's DIU arrested 17 M.D.s. Pilotti said, "Of the 57 cases that have come to trial, we have lost only three through acquittal. The majority of the cases entered guilty pleas."

DIU investigators have the option of taking a violator before either a state or federal court. The law most frequently cited is Act 340 of 1974 which is an amendment to the 1972 Controlled Substance, Drug, Device, and Cosmetic Act. The majority of physicians arrested are being charged with violation of Section 13, Clause 14 of Act 64. That clause prohibits:

"The administration, dispensing, delivery, gift or prescription of any controlled substance by any practitioner or any professional assistant under the practitioner's direction and supervision unless done (i) in good faith in the course of his professional practice; (ii) within the scope of the patient relationship; (iii) in accordance with treatment principles accepted by a responsible segment of the medical profession."

Penalties depend on the par-



ticular substance and schedule. For example, a Muncy physician, convicted for selling drugs from Schedule III, was sentenced to 15 years in prison and fined \$90,000.

The key to securing a conviction in most DIU cases is testimony from an expert witness. Pilotti reports that there have been some cases that could not be presented for lack of an expert witness.

**On November 10, 1976, the State Society's Board of Trustees**

rektor Pilotti, "One of the things that disturbs me the most, when we finally do take action against a registrant, I get phone calls, or if I'm invited to speak to a county medical association they'll say, 'Well, you finally got him. Gee, we knew about him for three years. Glad to see you finally took some action.' "

What are the hazards for physicians who report suspected violators to the Diversion Investigative Unit? "He or she would be

Apparently, the actions of the DIUs are having an effect. When approached by undercover agents, some physicians under investigation point out similar arrests described in news clippings which the physicians have mounted on their walls. They tell the undercover agents, "Yes, I used to do that sort of thing, but not anymore. Here's what can happen if you're caught pushing drugs."

Even physicians who have no

### DIU Arrest Record

Year	M.D.	D.O.	R.N.	L.P.N.	Vet.	Phar.	Dentist	Other	Totals
1975	3	7	3			2	1	11	27
1976	12	4	2	1	1	3		17	40
1977 (3/24)	2	1	1			2		5	11

**voted to cooperate with law enforcement officials by supplying expert witnesses to the prosecution in cases of violation of the Controlled Substances Act. On March 21, county medical societies were notified of the Society's policy by Board Chairman George A. Rowland, M.D.**

According to Pilotti, "It is important for physicians to understand that in drug diversion cases, expert witnesses are not being requested to testify against the defendant. The expert witness explains to the court what is meant by a doctor-patient relationship and what are considered to be 'treatment principles accepted by a responsible segment of the medical profession.' "

According to Dr. Rowland, most requests for expert witnesses will come directly to the State Society and be handled by the Department of Specialty Services. Negotiations to provide expert witnesses in several pending cases are in progress now.

It seems inconceivable that the medical community would condone law breakers within its family, but according to project di-

held in complete confidence. Most of the information they would give would be of a hearsay nature anyway, and we would still have to send our agents in to do an investigation. But such a lead might be combined with other intelligence to help us target an individual," said Pilotti.

Physicians who have been convicted for violation of the Controlled Substance Act have their DEA registrations come before an administrative law judge in Washington, D.C., at a show cause hearing. These hearings determine why the DEA should *not* revoke the physician's DEA registration. In all the Pennsylvania cases to date, after convictions, the DEA registrations have been lifted.

The closed cases are also sent to the State Board of Licensure which, according to Pilotti, should follow up with an automatic license suspension for M.D.s. Section 15 of the Medical Practice Act, Subsection 3, calls for an automatic suspension in the case of a conviction of a felony. So far, Pilotti claims, these suspensions have not occurred.

intention of violating the law may aid and abet law breakers without knowing it. Physicians who keep prescription pads in examining rooms offer an easy mark to drug addicts. Some addicts operate as a team. A male and female will come in and the female will feign an illness which requires an examination. While the physician leaves his office to examine the patient, her companion rips off the prescription pad.

Wayne Bohrer, regional compliance chief for the Drug Enforcement Agency (DEA), stated that more physicians should become aware of the drug problem. "Many times patients will come to a physician's office for the express purpose of obtaining drugs. I believe physicians should be more sensitive to their prescribing habits and resist the temptation to over prescribe."

The DEA official also called for greater cooperation from the State Board of Licensure. "To date they have not become very involved in this area. Greater cooperation and supporting sanctions of the Board against violators would be helpful."



# Medical expert witness and legal causality

DANIEL J. MENNITI, Ph.D., J.D.

Harrisburg

*... the burden in tort law is on any plaintiff in a malpractice suit to show that a causal relationship exists with respect to the harm he has sustained.'*

Pennsylvania Law clearly holds that expert testimony in medical malpractice cases is allowed even if the testifying physician is not expert in the procedures that are involved in the suit. (cf. "What is 'medical expert' in Pennsylvania law," PENNSYLVANIA MEDICINE, March 1975, page 11.)

It is a matter of elementary justice that liability should not exist for any harm unless the conduct of the defendant in a malpractice case was in some way the cause of the harm to the plaintiff. In other words, the burden in tort law is on any plaintiff in a malpractice suit to show that a causal relationship exists with respect to the harm he has sustained.

An interesting Pennsylvania case recently discussed the use of a medical expert witness and his testimony on the causality that is required in tort law. In the case the Superior Court reconsidered its decision in *Hamil v. Bashline* (Pa. Super. 364 A 2d 1366 [1976]) in which the plaintiff was the wife of a decedent.

The facts of the case are straightforward. Mr. Hamil went to the hospital suffering from severe chest pains. One of the doctors on duty ordered an electrocardiogram of the patient. Learning that the machine had malfunctioned, the physician ordered the use of another electrocardiograph; none was located. The patient was taken four miles away to a physician's office

where he died while the physician was attempting to take an electrocardiogram.

When the case first went to trial, the lower court directed a verdict in favor of the defendants for the reason that the plaintiffs had not established any causal relationship between the death of the decedent and the alleged negligence of the hospital and physicians involved. Cyril Wecht, M.D., J.D., proffered expert testimony that if electrocardiography had been attempted earlier, there would have been a 75 percent chance of survival. The testimony of Dr. Wecht was stricken because the judge believed that a medical expert must have an opinion based on reasonable medical certainty "that the death was in fact caused by defendant's failure to exercise reasonable care." There was a decision against the plaintiff and it was appealed.

The Pennsylvania Superior Court reversed the decision and sent the case back for a new trial

to determine whether the physical harm, in this case, the death, had resulted from the failure of the defendants to exercise reasonable care in their duties.

The second trial resulted in a verdict for the defendants; again the case was appealed to the Pennsylvania Superior Court. The court again upheld the decision of the lower court, apparently basing its decision on the fact that there was no real proof that the conduct of the defendants had caused the death of the plaintiff's husband. The court made the decision even though the appellant's expert, Dr. Wecht, again testified that if the decedent had been given proper medical care, he would have had a 75 percent chance of survival. This time the testimony was not stricken.

Dr. Wecht rendered the same testimony at both trials. The basis of appeal in the second case was the question of whether the judge's instructions were in accordance with Pennsylvania Case Law. The majority decision affirmed the decision of the lower court while the court's previous decision concerning medical expert testimony and legal causality was overruled.

The court addressed itself to the question of whether the expert testimony of Dr. Wecht met the causation requirements of Pennsylvania Law; that is, whether the expert testimony stated in sufficiently definite

*The author is associated with the law firm of Pepper, Hamilton and Scheetz, legal counsel for the State Society.*



terms that the death of Mr. Hamil was a result of the failure of the hospital and its physicians to exercise reasonable care. Dr. Wecht's testimony was not found sufficiently definite in that he testified that there was only a 75 percent chance of survival if the pa-

the increased risk of harm because of the negligence of the hospital had led to death of the decedent. He concurred that every plaintiff must prove reasonable legal cause; but he believed that the majority imposed "a standard of certainty upon expert

proof submitted by Dr. Wecht was sufficient to conclude that the negligence of the hospital "was a substantial factor in causing decedent's heart attack to be fatal." He said that Dr. Wecht's testimony should have been rebutted directly and not on the basis of its lack of absolute certitude.

Justice Cercone relied on policy for his reasoning in that "One who suffers physical injury and the economic tragedy it brings about bears a hard burden." This policy shifted the burden of proof from the victim to those who were negligent even if their negligence had been only a factor in the death of the decedent. In effect, Justice Cercone was arguing that all the plaintiff had to show was "but-for" the defendants negligence the plaintiff would not have suffered damage. He believed that there was no need for expert testimony to establish to a reasonable degree of medical certainty that prompt treatment would have saved the decedent's life. Justice Cercone stated very clearly, "I submit that the question of cause in this case asks whether a hospital *ought to be legally responsible* when its negligence increases the risk of harm to a patient, and the increased risk of harm can be said to be a substantial factor in bringing about that harm." It was his conclusion that it should.

Justice Cercone then indicated that there should have been a charge to the jury which was in accordance with the principles of legal causality enunciated by Justice Price. Since there was not, there should have been a remanding for a new trial.

Justice Spaeth in his short dissent thought that the charge of the lower court was wrong and the case should have been remanded.

*Hamil V. Bashline* shows that there is as yet no definitely clear statement either on requirements for expert medical witnesses or legal causality in Pennsylvania Case Law. In the author's opinion, future court cases will determine Pennsylvania's position. □

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*'... there is as yet no definitely clear statement either on requirements for expert medical witnesses or legal causality in Pennsylvania Case Law.'*

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tient had undergone electrocardiography.

The court majority, in an opinion by Justice Price, ruled that there was no liability because the plaintiff had not proved that the defendants' conduct was the cause of the harm in question. One reason for this is that the majority of the Superior Court believed that "a jury cannot be permitted to speculate on the issue of causation, but must be given some concrete evidence on which to ground a conclusion." In other words, the court stated clearly that Pennsylvania Law requires that expert testimony evidencing a causal link must conform to a standard of certainty. The opinion was not followed by all the justices although some of them concurred with the result.

Justice Hoffman filed a lengthy concurring opinion. His approach to the case was somewhat different from that of Justice Price, who said that the hospital and physicians were entitled to a directed verdict; consequently there was no reason to go into the question of the position of the jury "vis-a-vis" the difficulties of establishing clear medical testimony of causality. Justice Hoffman stated that the medical expert testimony of Dr. Wecht, although not definite, was allowed to go to the jury so they in turn would decide whether there was sufficient medical certainty that

testimony that is impossible to meet in situations where the concurrence of forces precludes anything but a statement of probabilities."

Thus, it was Justice Hoffman's belief that Pennsylvania Law does not require a plaintiff to show to a *certainty* that the patient would have lived if he had been cared for properly when he arrived at the hospital. Justice Hoffman insisted that the plaintiff had established a *prima facie* case on causation when he introduced evidence that there was no proper medical treatment given to the decedent because of the malfunction of a machine. He concluded that the testimony of Dr. Wecht was sufficient and the case should have gone to the jury, as it did. The jury found in favor of the defendants. With regard to basis for appeal the second time—that is, that the judge's instructions to the jury were not in accord with Pennsylvania Law—Justice Hoffman believed that the charge to the jury by the judge was in itself legally sufficient.

Justice Cercone filed a dissenting opinion in which he expressed his disagreement with the court's overruling of the prior decision. It was the opinion of Justice Cercone that it is difficult if not impossible to "find a legal scholar who believes that causation in the law can be, or should be, limited to scientific precision." He also believed that the





## MDs in the news

**John Gartland, M.D.**, was recently elected second vice president of the American Academy of Orthopaedic Surgeons, to assume the presidency in 1979. Dr. Gartland is professor and chairman of the department of orthopaedic surgery at Jefferson Medical College, Thomas Jefferson University.

The community of Connellsville proclaimed April 2 as "Dr. Mac Day" in honor of 93 year old **Robert A. McDaniel, M.D.**, the oldest practicing physician in Fayette County and oldest member of the Fayette County Medical Society. Dr. McDaniel, who set up his medical practice in Connellsville in 1916 has served the medical profession for 67 years.

**J. Louis Wilkerson, M.D.**, Drexel Hill, was elected recently as president elect of the mid-Atlantic section of the American Urological Association. President of the Urological Association of Pennsylvania, Dr. Wilkerson is chief of urology at the Delaware County Memorial Hospital, Drexel Hill, and Riddle Hospital, Middletown.

**John R. Anderson, M.D.**, Reading, was certified recently by the American Board of Urology. He is on the medical staff of St. Luke's Hospital, Bethlehem.

The Ernst W. Bertner Memorial Award of the M.D. Anderson Hospital and Tumor Institute, Houston, Texas, was recently presented to **Beatrice S. Mintz, M.D.**, a senior member of the Institute for Cancer Research, Fox Chase Cancer Center, Philadelphia. Dr. Mintz was honored for development of and work with allophenic or "mosaic" mice, which possess genetic traits of two dissimilar mouse strains. Her more recent research has demonstrated that a cell from a certain type of malignant mouse tumor can be made to act as a normal cell and express the genetic information inherited from a normal ancestor generations earlier.

The American Board of Internal Medicine recently certified the following physicians in their respective subspecialties: **Anacleto T. Ordinario, Jr., M.D.**, Clarks Summit, and **Paul R. Bosanac, M.D.**, Allentown, in nephrology; **Susan C. Judson, M.D.**, Williamsport, and **Lloyd E. Barron, II, M.D.**, Allentown, in hematology; **Barre D. Kaufman, M.D.**, Allentown, in rheumatology; and **John P. Galgon, M.D.**, in pulmonary disease.

**Yu-Song Kao, M.D.**, Mountaintop, was recently certified in neurology by the American Board of Neurology and Psychiatry. He is on the medical staff of the Veterans Administration Hospital, Wilkes-Barre.

*Albert Freeman, M.D., his son William Freeman, M.D., and John Breneman, M.D., all of Shippenburg, recently moved into a remodeled office that is heated and gets hot water by solar energy. The system was designed as a step by step learning experience by a group of local citizens. According to Dr. William Freeman in the January 21 News-Chronicle, "My philosophy is that, with the shortage of fossil fuels, all people who are considering major remodeling or building projects should consider alternate energy sources. As far as I am concerned, solar energy is the way to go if you want to go that route." The system consists of a 2,000 square foot collection system, a series of pumps that send water through the collection unit and into a 10,000 gallon underground tank, and a system that pumps the heated water through the building. The group who developed the system is willing to help others who want to attempt such a project. Dr. Freeman said, "Since we learned the hard way, we would now like to help other people do this less expensively."*

**Emanuel Rubin, M.D.**, was recently named professor and chairman of the department of pathology and laboratory medicine at Hahnemann Medical College and Hospital. He had been professor of pathology and chairman of the department at the Mount Sinai School of Medicine, City University of New York. **Thomas Sedlacek, M.D.**, was recently named assistant professor and acting chairman of obstetrics and gynecology at Hahnemann. He is a former instructor at the University of Pennsylvania School of Medicine.



DR. RUBIN



DR. SEDLACEK

**G. Paul Moser, M.D.**, Danville, has written a book about the life of his great-great-grandfather, Johannes Schwalm, a Hessian soldier who was captured by George Washington's troops at Trenton and subsequently settled in western Schuylkill County. Dr. Moser wrote the book, *Johannes Schwalm, the Hessian*, after many years of research by himself and several family members. Because of its detailed information on the Hessians, the book has been distributed to more than 50 college and university libraries across the nation.

**Roland A. Loeb, M.D.**, Lancaster, received the 1977 "Service to Mankind" award of the Wheatland Sertoma Club during a recent organizational meeting. The club cited Dr. Loeb for his extensive work for the Pennsylvania Division, American Cancer Society. He is a past president of the Pennsylvania Division and the Lancaster County Unit, a past national board member, and currently serves on the local board. Dr. Loeb is secretary treasurer of the Lancaster City and County Medical Society.





## MDs in the news

**Chauncey Hoffman, M.D.**, recently received the "Golden Deeds Award" of the Exchange Club of Johnstown for civic achievement, public service, and dedication to community improvement. Dr. Hoffman began practicing medicine in 1937 in Windber and during his career served as chairman of the town's board of health and as school physician. He is a former member of the medical staffs of Memorial and Windber hospitals. He was named "General Practitioner of the Year" by the Cambria County Medical Society in 1970.

**Arthur L. Schneeberg, M.D.**, was appointed recently as chairman of the department of urology at the Albert Einstein Medical Center, Northern Division, Philadelphia. He has been associated with the northern division since 1953.



DR. SCHNEEBERG



DR. ESKIN

**Bernard A. Eskin, M.D.**, Bala Cynwyd, was recently elected to the executive council of the Eastern Association of Sex Therapists, an educational and accreditation organization. Dr. Eskin is clinical associate professor of obstetrics and gynecology at the Medical College of Pennsylvania.

**John W. Arbogast, Jr., M.D.**, Lewisburg obstetrician-gynecologist, was recently named to the board of directors of the Susquehanna Valley Health Care Consortium. He represents the Evangelical Community Hospital. The consortium, organized to improve health care services, consists of the Berwick Hospital, Bloomsburg Hospital, Evangelical Community Hospital in Lewisburg,

Geisinger Medical Center in Danville, Shamokin State General Hospital, and Sunbury Community Hospital.

The following physicians recently received State Society awards for 50 years in medical practice: **Cornell G. Gray, M.D.**, Hanover; **Walter E. Wentz, M.D.**, Media; **J. W. Tomlinson, M.D.**, Sharon Hill; and **W. Gifford Crothers, M.D.**, Chester.

The American Board of Family Practice recently certified the following physicians: **John M. Aber, M.D.**, Greensburg; **Mohamed Azad, M.D.**, Altoona; **John F. Barnoski, M.D.**, Harrisburg; **Neil Delozier, M.D.**, Altoona; **Lee M. Dippery, M.D.**, Indiana; **Irfan Hassen, M.D.**, Altoona; **Vorrie B. Macom, M.D.**, Lansford; **Peter S. Novosel, II, M.D.**, Lancaster; **John D. Nuschke, M.D.**, Souderton; **Stephen T. Olin, M.D.**, Lancaster; **Chandrakant C. Patadia, M.D.**, Reading; **David W. Whitson, M.D.**, Allentown; **Herbert Wilsker, M.D.**, Lancaster; and **Warren L. Ziegenfuss, III, M.D.**, Allentown.

**Joseph F. Alcaro, M.D.**, was elected chairman of the Adams County Council of Emergency Medical Services during the council's recent charter meeting. The council is composed of representatives of hospitals and health related organizations, government and law enforcement groups in the county. Dr. Alcaro represents the Adams County Medical Society.

**Polepalli S. Setty, M.D.**, Connellsville, was certified recently in the subspecialty of pulmonary disease by the American Board of Internal Medicine. He is in private practice and is a staff member of Frick Community, Jeannette District Memorial, Connellsville State General, and Butler Veterans Administration Hospitals.

**Joseph N. Nader, M.D.**, was recently named associate chief of cardiology at the Allentown Hospital and chief of the hospital's heart station. He has practiced in Allentown nine years.

**Peter J. Janetta, M.D.**, professor and chairman of the department of neurological surgery at the University of Pittsburgh School of Medicine, was recently selected as the first F. S. Cheever Distinguished Professor of the school. The professorship has been established in honor of F. S. Cheever, M.D., who had served Pitt for 24 years and retired in 1974 as vice chancellor of the schools of the health professions and president of the health center.

**Andrew W. Koch, M.D.**, chairman of the department of radiology at Lancaster General Hospital, was recently elected a fellow of the American College of Radiology. A member of the Lancaster City and County Medical Society, Dr. Koch has been active on the society's Committee on Smoking and Health.

**Peter P. Prancun, M.D.**, Lancaster, was recently named chairman of the department of surgery at the Lancaster General Hospital. He has been on the surgical staff since 1954 and serves as assistant clinical professor of surgery at Temple University School of Medicine.

Governor Milton J. Shapp recently appointed **Cyril H. Wecht, M.D., J.D.**, to the Allegheny Regional Planning Council of the Governor's Justice Commission. Dr. Wecht, Allegheny County coroner and director of the Pittsburgh Institute of Legal Medicine, was recently elected an honorary member of the Society of Legal Medicine of Belgium.

**Mayer A. Green, M.D.**, Pittsburgh, recently served as cochairman during the American College of Allergists 13th annual pre-congress allergy seminar, held in Bermuda. He also was selected as a faculty member in the examinations for advancement to fellowship in the college. Dr. Green received the college's Distinguished Fellow Award of Merit, presented at the group's annual business meeting.

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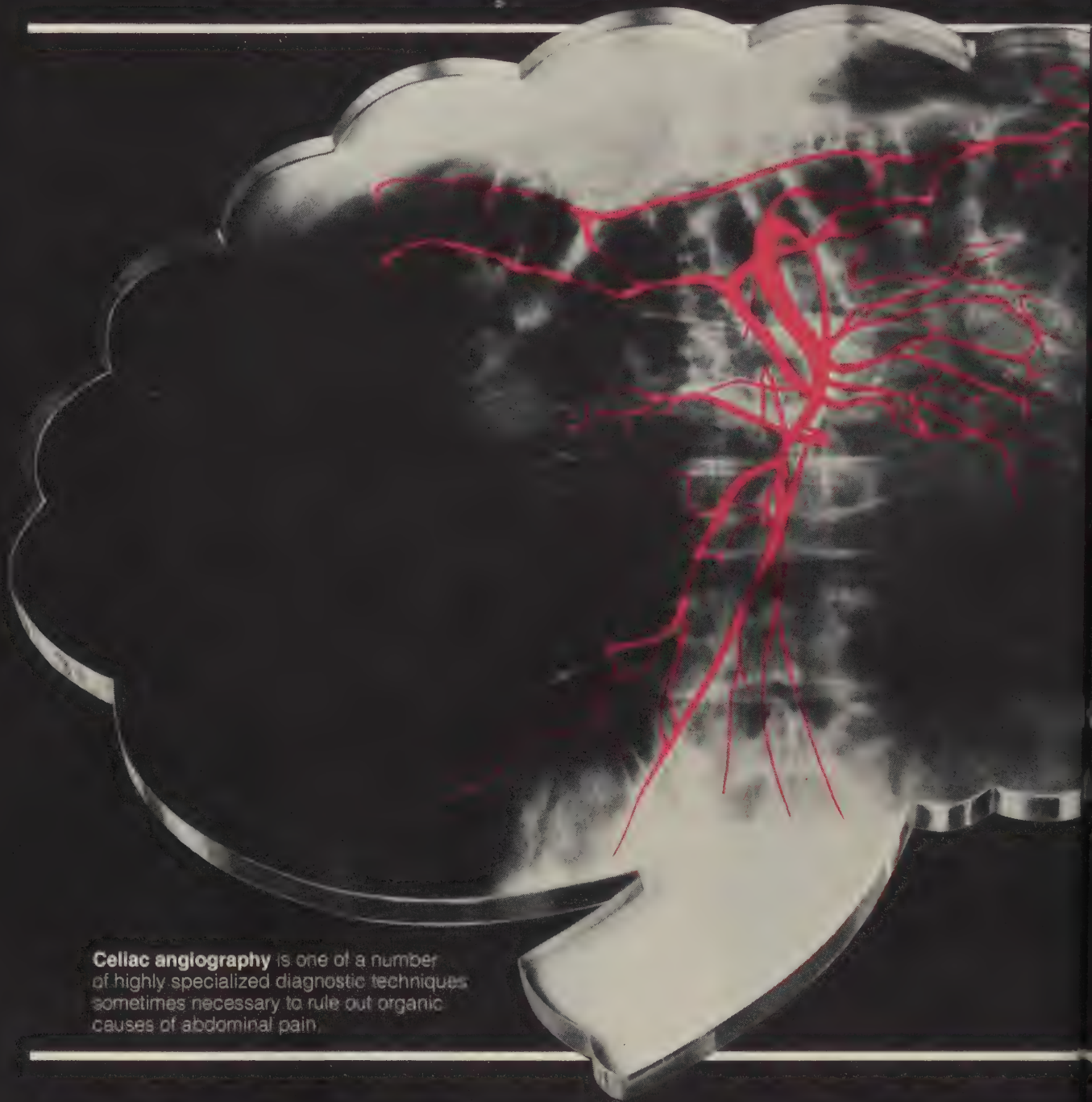
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\*This drug has been evaluated as possibly effective for this indication.  
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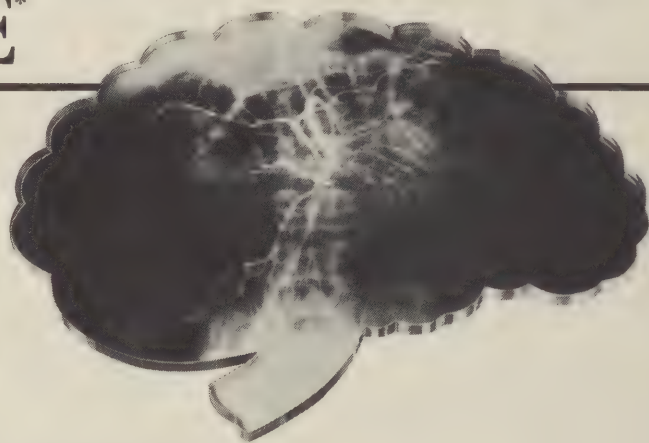


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\* **Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.

Final classification of the less-than-effective indications requires further investigation.

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**Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering Librium® (chlordiazepoxide hydrochloride) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

**Precautions:** In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacologic effects of agents, particularly potentiating drugs such as MAO inhibitors and

phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

**Adverse Reactions:** No side effects or manifestations not seen with either compound alone have been reported with Librax. When chlordiazepoxide hydrochloride is used alone, drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are avoidable in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally with chlordiazepoxide hydrochloride, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax are typical of anticholinergic agents, i.e., dryness of the mouth, blurring of vision, urinary hesitancy and constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

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**How Supplied:** Librax is available in green capsules, each containing 5 mg chlordiazepoxide hydrochloride (Librium®) and 2.5 mg clidinium bromide (Quarzan®)—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 50, available singly and in trays of 10.



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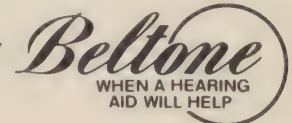
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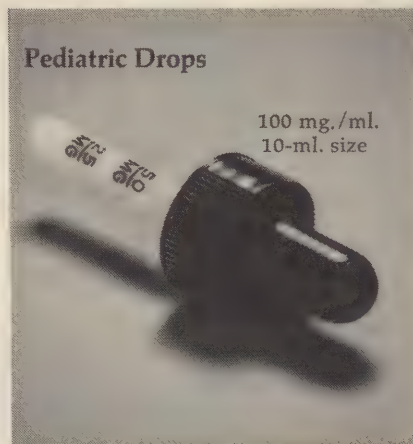
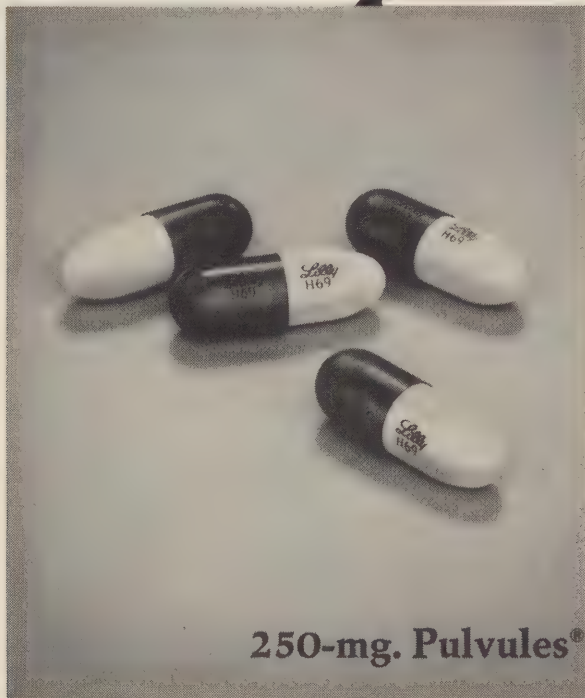
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## Basic research — *sine qua non* for quality of care

Federal involvement in health policy is multifaceted. On the one hand, the public is demanding cost controls in health delivery. Government effort and expenditure have been channeled into regulatory and cost accounting agencies such as PSRO, FDA, National Health Planning and Resources Development Act (1974) which gave rise to HSA, and the Health Manpower Act, more properly called the Health Professions Educational Assistance Act (1976). These have been the government's answer to the public cry to limit or lower medical costs and provide more primary care. On the other hand, the federal government has in the past provided substantial support for the advancement of basic research in the health field.

Unfortunately, in recent years, we seem to have lost sight of the vital balance necessary between biomedical research and the delivery of high quality health care. The President's Biomedical Research Panel, created in 1974 and charged to "review and assess, identify, and make recommendations with respect to policy issues regarding the subject, content, organization, and operation of biomedical and behavioral research" under NIH, submitted a report to Congress and the president on April 30, 1976. The panel noted a decrease in federal research funds to academic health centers and a trend toward funding of "targeted research." The term, "targeted research," grew out of a 1966 Department of Defense study examining the development of military weapons in which it was noted that when a researcher concentrated on an area of proscribed study—or a particular target—the benefits were thought to accrue more rapidly. Since public support is best evoked by research enterprises that indicate tangible results, funding for cardiovascular and cancer research (target diseases) has become much easier to obtain. The danger in this trend is the possibility of a lopsided shift of priorities to clinical medicine while slighting basic research programs.

Since both of these aims seem meritorious, why should a balance between them be of concern to physicians? Basic research is essential to improved medical care. New knowledge plays an important part in the establishment of modes of therapy for presently untreatable disease. An example of this is the discovery, development, and application of antibiotics. Although Alexander Fleming is generally credited with the discovery of penicillin in 1928, "antibiosis" was first observed by Louis Pasteur in 1877. It was, however, Florey and Chain in 1941 who studied, produced, and applied penicillin

to the treatment of a variety of diseases. Without the initial research of Pasteur and Fleming, penicillin might not have become the established method of therapy that it is today. Adequate government allowances and planning are necessary to the generation of new knowledge. Evolution of basic research needs an environment of stability. Progress depends upon unrestricted freedom to pursue a single problem over a long period of time. With the rapidity of change in medicine, a holding pattern in basic research must inevitably lead to the decline of quality medical care, and probably in a very short space of time.

An interesting paper by Julius H. Comroe, Jr., and Robert D. Dripps entitled "Scientific Basis for Support of Biomedical Science" appeared in *Science*, April 9, 1976. The authors examine the debate between clinically oriented research and research not clinically oriented. The top ten advances in the fields of cardiovascular and pulmonary medicine in the last 30 years were identified. Knowledge essential to the discoveries was analyzed. After several years' work in screening more than 4,000 papers, 529 key articles were isolated. Further analysis of these shows that 40 percent were not *clinically oriented at the time the research was done*. The authors conclude that "a generous portion of the nation's biomedical research dollars should be used to identify and to provide long term support . . . without regard to the immediate relation of research to specific human diseases," and that "basic research . . . pays off in key discoveries almost twice as handsomely as other types of research and development combined."

The President's Biomedical Research Panel recognized that a financial commitment to research, both basic and clinical, must be made and recommended strengthening of research at academic health centers.

There are many problems facing the health community. Reasonable costs and better health services are laudable goals. But to seek these at the expense of basic research is to restrict the progress of medical science and, thus, to jeopardize high quality health care. Federal funds must be allocated so that an equilibrium can be achieved and maintained. Let us hope that our elected and appointed officials are wise enough to discern the complex interrelationships and to provide viable solutions.

David A. Smith, M.D.  
Medical Editor





## Bylaws change—reasonable and just

To the editor:

The House of Delegates of the Pennsylvania Medical Society at its September 1976 meeting voted unanimously to change our Bylaws to expel unqualified physicians testifying as expert witnesses. Expert witnesses must now meet the following definition of an expert:

An expert witness must have basic educational and professional knowledge as a general foundation for his testimony, and in addition have current personal experience and practical familiarity with the problems that are being considered and be actively engaged in the practice of the medical subject under discussion.

In simple terms we are stating that what a physician does in his practice is what he can give expert testimony about in the courtroom. No physician can possibly be an expert in something that he does not do. If a physician treats patients with myocardial infarction he should be allowed to testify as an expert in the treatment of myocardial infarction. If a physician does not treat patients with myocardial infarction then he does not qualify to testify as an expert by our definition. We think this definition is reasonable, just, and not unduly restrictive. If a physician claims to be an expert in a field in which he does not practice we feel that is dishonest and unethical and grounds for expulsion from the Pennsylvania Medical Society.

The headline in the July-August 1976 issue of *The Barrister* (the newsletter of the Pennsylvania Trial Lawyers Association) says "Physicians Move to Usurp Courts' Powers." The article complains that I did not mention the fact that Dr. Doe (the expert witness for the plaintiff in my malpractice case) was one of the outstanding pathologists in the United States. The fact that Dr. Doe may or may not be one of the outstanding pathologists in the United States is completely irrelevant. The fact that he had never observed or treated an IVP reaction is relevant. The fact that he claimed to be an expert in the treatment of IVP reactions when he had never observed or treated an IVP reaction is relevant. Any physician who makes such a claim in the future should and will be expelled from the Pennsylvania Medical Society.

By this change in our bylaws we are not attempting to usurp the courts' powers. We certainly recognize the right of the courts to determine who qualifies as an expert. We hope that the legal profession recognizes our right to set ethical standards for our members.

We are not trying to deprive plaintiffs of expert witnesses. The Pennsylvania Medical Society will furnish the courts with lists of physicians who will

give expert testimony honestly, impartially, and most important, will be testifying in their own fields and will be testifying as a friend of the court.

I am confident that the courts will eventually require an expert to truly be an expert. It will not be because the Pennsylvania Medical Society has changed their Bylaws. It will be because it is so obviously right and just and because many attorneys and judges feel that the courts should change their standards on expert testimony. We are most encouraged by Judge Hoffman's minority opinion in *Ragan v. Steen*. He expressed his opinion that Pennsylvania should adopt the "enlightened view" which requires "that in order to qualify as an expert a medical witness must have some familiarity with the particular medical surgical technique involved in dispute."

All we are seeking by honest and impartial expert testimony is justice. We strongly feel that there is only one issue on which a malpractice case should be decided—was the physician negligent? If malpractice cases are decided on only this one issue the malpractice crisis will be at an end because in the vast majority of malpractice cases the physician is not negligent.

Robert W. Allen, M.D.  
Secretary  
Mercer County Medical Society

## Anesthesiology fights back

To the editor:

In the December 1976 issue of *PENNSYLVANIA MEDICINE* in the Medigram section is a short item indicating that on November 19, 1976, the American College of Radiology (ACR) signed a consent order under which it will cease using a relative value scale to determine charges for services.

The action against the ACR was brought by the Federal Trade Commission (FTC). A similar suit had been filed by the U.S. Department of Justice, Anti-Trust Division, against the American Society of Anesthesiologists (ASA). In spite of the great cost of providing legal defense, the ASA is now committed to a defense of the suit.

Let me quote from Richard Ament, president of the American Society of Anesthesiologists, speaking before the Council of Medical Specialty Societies in Chicago last December:

"We think it is plain that the anti-trust suit brought against ASA by the government is an attack, not just on the RVG, but on the right of ASA, and of organized medicine, to present its views to those third parties, private or governmental, who do to a major



extent now, and who will increasingly in the future, control the economics and the very structure of medical practice. Back in 1973, when the Justice Department served a request for the voluntary production of documents on ASA, ASA furnished the government with some fifteen hundred documents. These documents indicated quite clearly that ASA had developed its first RVG in direct response to a specific request by Blue Shield. Similar requests came from government-run programs, including Champus, which was at that time known as Military Medicare. As third party payment mechanisms, both private and governmental, continued to expand, we received even more requests for help in setting up programs to contain costs and to judge the reasonableness of individual fees. While ASA never became involved in individual fee determinations, our RVG did make it possible for third parties and anesthesiologists to work together at local levels, fairly compatibly for the most part, to work out schedules under which quality anesthesia health care would be provided at reasonable costs to the continuously increasing proportion of the population served by third-party payers. This sequence of events was quite clearly shown in the documents which we gave to the government nearly three years ago.

"It was then with some surprise that we received, some two years after furnishing these documents to the government, notice that suit had been filed against us. Given the information that we knew the government had in its possession, we felt that this suit could have only one meaning. The government was questioning, indeed challenging, our right to present our views on the economics of our medical practice to those who, as it has turned out, pay for over ninety percent of our services. And the interesting and significant thing was that the suit was not brought against those who actively negotiated fee schedules or other arrangements but against ASA which had done no more than make the RVG "tool" available.

"Frankly, this puzzled us. As you know, every citizen of this country has a constitutional right to petition the government, individually or in groups. We also have the right to speak freely and to disseminate information, provided that those activities are not ruses for nefarious behavior. Yet the government seemed to have forgotten these rights when it filed this suit.

"Our first concern was, naturally, for our right to publish our RVG. Although the RVG *itself* is not of sufficient importance for us to spend many hundreds of thousands of dollars in its defense, that does not mean that it is *not at all* important to us. It is, since a tool is needed so that third parties can evaluate the reasonableness of individual physician charges. In order to obtain physician cooperation and participation, it was essential for that tool to reflect the judgment and perception of practicing anesthesiologists. The RVG became that tool. However, the RVG does not restrict the ability of indi-

vidual anesthesiologists or third parties to establish their own fees or schedules of payments, since the ASA has made no effort to require the use of the RVG. Nevertheless, it did, and does, provide a rational and understandable means by which physicians and third parties could communicate and conduct business with each other. Not long after the Justice Department filed suit against the ASA, the FTC announced that it was investigating several other specialty societies for their use of relative value guides. Although these investigations purported to focus solely upon the RVGs, the consent decrees proposed by the FTC, and signed by some of the societies, indicated that FTC's real concern was even *broader*.

"In these decrees, the government insisted that the medical societies, in order to avoid the enormous expense of defending their relative value guides, refrain (1) from directly or indirectly advising in favor of or against the use of RVGs, or (2) from contributing to *any* part of any proposed relative value scale unless such contribution is made *in testimony* to a government body, or is *requested* by a third-party payer, governmental or private. Most important, *even* when the medical society supplies information on request, or gives testimony, that information or testimony which bears directly or indirectly on compensation levels is *limited* to historical data, *free of editing or interpretation*.

"These restrictions would weigh more heavily on anesthesiologists than on most other medical specialties. In determining our fees, we must consider more factors than most other specialties. Fee structure changes which reflect the evolution of anesthesiology and anesthesia techniques *frequently* must be explained to third parties, and third parties naturally turn to groups of anesthesiologists, such as ASA, for these explanations. We could not



Doctor Smith, call the IRS.



always provide such explanations simply by presenting historical data, past information free from interpretation.

"I need not remind you that the right of organized medicine to participate in decisions which concern it, whether or not those decisions be economic in nature, is *aright* which has always been important to us. We feel that at this moment in history, however, that it is more than important; it is essential. These are changing times for the medical profession. Rarely a day goes past that we do not encounter direct criticism of doctors—their competence or their fees—in the newspapers. Consumers are more vocal and better informed, and many of their leaders dislike and distrust the medical profession. In addition, the government has increasingly indicated its willingness to use its position as a large purchaser of medical services to force changes in the entire health care delivery system upon doctors. Whether or not the medical profession, the group most intimately and directly concerned with all aspects of health care delivery, will also have the opportunity to voice its concerns, is the issue which now confronts us.

"In summary then, ASA is willing to defend the Justice Department antitrust suit, not because the ASA RVG, as such, is of paramount importance to the Society or to its members. Rather, ASA believes that an active and capable defense is essential to protect the right of ASA, and indeed of all organized medicine, to participate in the decision-making processes which will chart the course of health care delivery for many years to come. This lawsuit is the first lawsuit brought against any medical society to attempt to restrain its voice in making decisions vital to medicine. It will serve as precedent for all future decisions dealing with the right of organized medicine to act, or even to speak out. I hope that all of you will wish us well in our struggle."

It is our opinion that fundamental rights of organized medicine are in "jeopardy" and will be lost if the outcome is unfavorable. Rather than accept a consent decree, we have decided to defend our rights and those of all organized medicine.

Inasmuch as you have noted the acceptance of consent decrees by other organizations, I sincerely hope that you will also note the compelling reasons of the ASA in defending this similar suit.

Thomas C. Deas, M.D.  
District Director, District 6  
American Society of Anesthesiologists

## Researcher requests referrals

To the editor:

I am currently conducting a therapeutically-oriented study of patients with premature ventricular contractions (PVCs) and ischemic heart disease and request that such patients be referred to me at the Hospital of the University of Pennsylvania. In the

study, results of two promising, non-pharmacologic treatments—heart rate biofeedback and the relaxation response—are being compared with results from an untreated control group.

Patients with at least 1-2 PVCs per minute, and a previous myocardial infarction or angina pectoris should be referred. All patients will have two 24-hour Holter EKGs before being treated. One third of the patients will be trained as out-patients in the relaxation response, and encouraged to practice it twice daily for 10-20 minutes. Another third of the patients will be given in-patient heart rate biofeedback training for 4-5 days, and thereafter be encouraged to practice the type of heart rate control (e.g. slowing) which minimizes PVCs. The last third of the patients will receive no treatment.

To complete the study each patient will be Holter monitored for two more 24 hour periods five weeks after the initial monitoring. Therapeutic outcome will be assessed by change in PVC frequency from the first pair of Holter EKGs to the second pair.

Patients' anti-arrhythmic medications will be maintained unchanged during the study. All findings will be reported to the patient's physician. There will be no charge to the patient for participation in the study.

Appropriate patients should be referred to Theodore Weiss, M.D., at (215) 662-2826 or 662-2827.

Theodore Weiss, M.D.  
Assistant Professor of Psychiatry  
University of Pennsylvania  
Philadelphia

## Sample letters from flood victims

To the editor:

I would like to thank the Society most sincerely for the non-interest loan which was most helpful at the time of the Agnes Flood Disaster. I am sure all other recipients of this benefit are equally appreciative.

Albert Schiowitz, M.D.  
Plains

To the editor:

I want to express my heartfelt appreciation to the Pennsylvania Medical Society for its generosity in extending this loan to me at the time of the disastrous flood. It is a splendid example of how a large group, banded together in a common purpose, can be of great service to an individual.

R. Stanley Bank, M.D.  
Harrisburg

To the editor:

I am grateful for the loan of \$5,000 which, unsolicited and interest free, was extended to me in August 1973 after the flood. It was certainly a supportive and magnanimous contribution to many of us.

Samuel R. Kaufman, M.D.  
Wilkes-Barre





## new members

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Oswaldo Bacani, M.D., General Surgery, 2019-B Devenwood Dr., McKeesport 15137  
 Bicher Barmada, M.D., Thoracic Surgery, 4401 Penn Ave., Ste. 1900, Pittsburgh 15224  
 Stefano C. Bartoletti, M.D., Radiology, St. Francis Hospital, Pittsburgh 15201  
 David A. Belenky, M.D., Pediatrics, Magee-Womens Hosp., Pittsburgh 15213  
 Judith A. Brice, M.D., Psychiatry, 451 Maple Ave., Pittsburgh 15218  
 John T. Carey, M.D., Neurology, Hays Army Hosp., Box 904, Fort Ord, CA 93941  
 Sherwood M. Chetlin, M.D., Internal Medicine, 985 Scaife Hall, Univ. Pittsburgh, Pittsburgh 15261  
 Charles N. Cooray, M.D., Radiology, Montefiore Hosp., Dept. Rad., Pittsburgh 15213  
 Jacob George, M.D., Thoracic Surgery, 532 S. Aiken Ave., Pittsburgh 15232  
 Eugene H. Ginchereau, M.D., Family Practice, 127 Cornwall Dr., Pittsburgh 15238  
 Samuel L. Goodloe, M.D., Anesthesiology, 1132 Oetting St., Pittsburgh 15204  
 Gary P. Gottlieb, M.D., Internal Medicine, 6208 Monitor St., Pittsburgh 15217  
 John S. Gregg, M.D., Internal Medicine, 7 Allegheny Ctr. Apt. 708, Pittsburgh 15212  
 S. Mehdi Helmi, M.D., Internal Medicine, 1515 Locust St., Apt. 4E, Pittsburgh 15219  
 Robert J. Kaminski, M.D., Obstetrics and Gynecology, Magee-Womens Hosp., Pittsburgh 15213  
 Mark M. Karas, M.D., Family Practice, St. Margaret Hosp., 46 St., Pittsburgh 15201  
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 Joseph W. Lahr, M.D., Urological Surgery, St. Margaret Mem. Hosp., Pittsburgh 15201  
 Gregory M. Lang, M.D., Obstetrics and Gynecology, 2050 Garrick Dr., Pittsburgh 15235  
 Herman Lawson, Jr., M.D., Family Practice, McKeesport Hosp., McKeesport 15132  
 Gary L. Lemoncelli, M.D., Internal Medicine, 8 Lynton La., Pittsburgh 15202  
 Augusto J. Martinez, M.D., Neurology, 111 Emily Dr., Pittsburgh 15215  
 Christine Martone, M.D., Psychiatry, 12 Eastern Ave., Pittsburgh 15215  
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 Mendal Silverman, M.D., Pediatrics, 5540 Darlington Rd., Pittsburgh 15217  
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 William K. Summers, M.D., Internal Medicine, 3811 O'Hara St., Pittsburgh 15261  
 Edward R. Villella, M.D., General Surgery, 1501 Locust St., Pittsburgh 15219  
 Richard A. Weintraub, M.D., Internal Medicine, 880 Hillgate Pl., Pittsburgh 15220  
 Herman J. Wendorff, M.D., Internal Medicine, 3437 5th Ave., Apt. 405, Pittsburgh 15213  
 Barbara Wolfhope, M.D., Urological Surgery, 925½ Greenfield Ave., Pittsburgh 15217  
 John G. Yaros, M.D., Family Practice, Apt. 101, 6315 5th Ave., Pittsburgh 15206

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 Michael Kastenbaum, M.D., Internal Medicine, 330 N. 5th St., Reading 19601

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 Jack Malkoff, M.D., Otolaryngology, 501 Howard Ave., Altoona 16602

### BRADFORD COUNTY:

Conor P. Jennings, M.D., Anesthesiology, Guthrie Clinic, Sayre 18840

### BUTLER COUNTY:

Frederick S. Hust, M.D., Radiology, 104 Woodland Rd., Butler 16001  
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### CLINTON COUNTY:

John C. Whitman, M.D., Family Practice, 9 Parkwood, Lock Haven 17745

### DAUPHIN COUNTY:

Sheldon Baum, M.D., Radiology, M.S. Hershey Med. Ctr., Div. Nuclear Med., Hershey 17033  
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(Continued next page.)

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1. Goth, A.: Medical Pharmacology, Principles and Concepts, ed. 7, St. Louis, C. V. Mosby Company, 1974, p. 455

2. Schneider, R. P., and Roach, A. C.: An Antacid Tasting: The Relative Palatability of 19 Liquid Antacids. South Med. J. 69: 1312-1313 (Oct.) 1976.

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Diarrhea in an ileostomy patient may indicate obstruction, and this possibility should be considered before administering Pro-Banthine.

**Precautions:** Since varying degrees of urinary hesitancy may be evidenced by elderly males with prostatic hypertrophy, such patients should be advised to micturate at the time of taking the medication.

Overdosage should be avoided in patients severely ill with ulcerative colitis.

**Adverse Reactions:** Varying degrees of drying, salivary secretions may occur as well as mydriasis and blurred vision. In addition the following adverse reactions have been reported: nervousness, drowsiness, dizziness, insomnia, headache, loss of the sense of taste, nausea, vomiting, constipation, impotence and allergic dermatitis.

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practice management

## Beware flim-flam tax plans!

LEIF C. BECK, LL.B.

VASILIOS J. KALOGREDIS, J.D.

Bala Cynwyd

Good, even aggressive tax and estate planning is important to every physician. However, two recently promoted arrangements, which have attracted many doctors because of suggested advantages, are extremely dubious. The questionable schemes are, we believe, excellent examples of "letting the tax tail wag the dog." We hope this article will reestablish some common sense.

The first arrangement is known as the "educational benefit trust," a scheme by which a professional corporation sets aside moneys each year to

*The authors are the principal consultants of Management Consulting for Professionals, Inc., Bala Cynwyd.*

fund the college educational costs of its key employees (essentially the doctors). The fund would be, according to the promotions, tax deductible for the corporation and without tax to the physician-parent.

The second scheme offers even more dramatic tax avoidance. It usually operates under the name of "family trust" with the concept that a doctor can transfer all his assets, and even his "lifetime services," to a trust which will thereafter insulate him from income and estate taxation.

In our opinion, these two appealing proposals should be rejected by any sensible physician. The educational benefit trust (EBT) is encountering adverse tax treatment which responsible advisors have



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expected all along. Even assuming favorable tax results, we calculate that there is little real financial advantage to the scheme. The family trust idea, however, is an out-and-out preposterous promotion; its promoters have been indicted and enjoined as fraudulent in several states.

### **Educational benefit trust**

EBTs have been promoted for some four or five years as offering high income employees a way to cope with alarming increases in educational costs. The major promoter has been "Educo," operating out of Chicago; another program, "EDIT," operates out of North Carolina. There are others, including one promoted from suburban Philadelphia, but they are all based on the same underlying principles.

Under the EBT, a professional corporation would create a trust to finance the educational costs for children of certain "key employees." The key employees would, of course, include the physician-

EBT promoted by Educo. It concluded that the tax treatment is entirely consistent with the IRS' position.)

Some doctors are considering the EBT despite uncertain (at best) tax prognosis. We have made an evaluation of it on purely economic terms, assuming moderate tax results which would be less than the promoters claim but better than the IRS proposes. In our view, if an EBT would not be overwhelmingly advantageous under such results, it is not worth adopting. We found that, after ten years of operation, a doctor would have more college funding available simply by investing half the annual funds (recognizing 50 percent personal tax rate) in tax-free municipal bonds!

One should further recognize that an EBT causes the doctor to *irrevocably* part with control over the moneys involved. If his child dies, becomes disabled, or fails to go to college, the moneys cannot be returned to him. Under some EBTs, if the doctor leaves his professional corporation to practice elsewhere his children cease to be beneficiaries.

Our views here are simple and to the point—to lose control over one's funds and leave them subject to contingencies beyond one's control would be absolute folly, with one possible exception—a case of overwhelmingly favorable tax and economic results. Those results are far from certain in EBTs, which, in our opinion, appeal more to the emotions involved in college costs than to logic.

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*'... readers should be critical of any scheme which causes them to lose flexibility and control over their own assets.'*

---

shareholders although it should also include one or more non-physicians to avoid the appearance of absolute discrimination. The promoters would provide the documents and planning for the trust's creation, ongoing actuarial advice as to contributions required, and administrative assistance—all for their fees.

The promoters suggest that the corporation's payments to the trust each year would be deductible by the corporation and not taxed to the doctors involved. Thus, the before-tax dollars could compound in the trust until needed for each child's college expenses; the payments would be tax-free as "scholarships."

Most responsible advisors have felt from the beginning that these tax results would not stand up under Internal Revenue Service review. Finally, the service issued its official position in a 1975 Revenue Ruling as anticipated—the payments would not be tax deductible when made and would be taxed to the employee-physician when used for his son's or daughter's benefit. Educo and EDIT, among the others, have continued to market their EBTs by claiming the ruling to be wrong and taking the issue to court. (Since this article was written, the United States Tax Court has decided a case involving an

### **Family trust**

Whereas the EBT has been presented in fashion permitting reasonable evaluation, the so-called "family trust" seems little more than flim-flam designed to overwhelm the tax-naïve doctor. We have reviewed the promotional materials of one such presentation and found it so wrought with tax inaccuracies and mis-citations that logical response was difficult. And, as another attorney observed to us, "The promoters make it all like quicksilver, changing a detail here and there to suggest each criticism has been remedied, but letting it all slide through."

The basic arrangement, with myriad variations, is as follows. A doctor and his spouse would irrevocably transfer virtually all their assets, including home, automobile, etc., to a trust of which the doctor would be one of the trustees. He might also enter into a so-called "lifetime services" contract with this trust so income he thereafter earns would inure to his trust. The trust would grant "units of beneficial interest" to the doctor who might give many of them to his spouse, his children or even another trust—allegedly enabling him to split his income and estate for tax purposes.

Under the family trust (variously known as "family estate trust," "estate trust," "living trust," and even "Constitutional trust") the doctor could be paid



consulting fees for some of his work while the rest would be retained and spread to the owners of the units. Furthermore, the trust would manage and maintain the home, the automobiles, etc.—all partly or wholly tax deductible as normal trustee expenditures.

The promoters jealously guard their family trust documents and generate their incomes by charging substantial fees to help create the arrangements. Attorneys who have seen the legal papers involved, however, have found those documents to be poorly drafted and defective.

These arrangements simply will not stand up for tax purposes. They are contrary to several older court decisions and they are specifically considered by four IRS Revenue Rulings issued in 1975. Among other things, those rulings hold that all the income would be taxed directly to the doctor-grantor of the trust and that all the property would still be subject to death taxes. In our view, the rulings are clearly justified under the tax laws.

The family trust promoters have made much of the apparent fact that no one who created their trusts has yet been assessed by the IRS. There was even an article written by one doctor "daring" the IRS to take him to court. This is a specious argu-

ment, however, for in several locations every person who has created a family trust through the promoters involved presently has his tax returns held up for special investigation. The assessment step has not yet been necessary.

Perhaps most telling is the history of family trust promoters over the past couple of years. We spoke first-hand to attorneys in Denver, Colorado, where the sponsoring organization seemed to be located. We learned that actions are outstanding against the organization or its agents for fraud in at least Colorado, Wisconsin, and Texas, with injunctions against them to prevent further marketing of the trusts. Some people have suggested that such actions are merely acts to stop good new ideas from embarrassing the legal establishment, but we must point out that criminal fraud findings have convinced us.

Family trusts are presently being promoted in Pennsylvania. Physicians should be well aware of the concept and recognize its defects. We believe our readers should be extremely critical of any scheme which causes them to lose flexibility and control over their own assets in exchange for tax results which seem too good to be true. They usually are. □



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## Tax shelters—R.I.P.?

DONALD L. DeMUTH, M.B.A., C.P.A.

EDWARD H. ACHORN, M.A., C.P.A.

Harrisburg

*Does Uncle Sam take a dollar or more for each one he lets you keep? Think Congress got rid of all tax shelters? What's left?*

Gone are the days of making an oil well "investment" on December 26 and obtaining an immediate tax savings greater than the amount invested. Congress plugged many so-called tax loopholes with the Tax Reform Act of 1976.

### What happened?

In the halcyon tax shelter days before the passage of the Tax Reform Act of 1976 on October 4, 1976, it was possible to get a tax deduction greater than the amount invested in certain investments. Typical examples were partnerships devoted to equipment leasing, exploring for oil or gas, farming, or producing, holding, or distributing motion pictures. The partnership would obtain a nonrecourse loan. A nonrecourse loan is a loan on which the debtor is not personally responsible for repayment. If the partnership were unable to repay the loan, the individual partners would not be liable to pay it back. The advantage of this feature will be demonstrated below.

### Buying a deduction

The partnership was able to spend the money invested by the partners plus the proceeds of the nonrecourse loan on items immediately deductible for income tax purposes. The partners then could reduce their incomes for their portion of the partnership loss. The partnership loss often equalled the amount the partners had invested plus the nonre-

course loan, since no income had been earned in the first year.

For example, in a movie deal a partnership promoter would contract with a movie distributor who paid a set price plus bonus if the movie's gross exceeded a stipulated amount. Since the distributor always owned the film, the partnership's costs were totally deductible. If total production costs were estimated to be \$400,000, the promoter could raise \$100,000 from investors and \$300,000 through nonrecourse loans (after all, he has a contract with the distributor who bought the film). If the \$400,000 were spent that year on production costs and no income was received, investors would have a partnership loss of \$400,000. If physician-investors were in the 50 percent tax bracket, then the \$400,000 loss kept them from paying \$200,000 (\$400,000 loss X 50 percent tax bracket) of income

taxes in that year. In essence, the partners paid \$100,000 to keep from paying \$200,000 of income taxes!

### Nevermore

With the new tax act Congress effectively has kept investors from receiving a tax savings in excess of the amount invested. Now, investors in movie, farming, leasing, and oil and gas partnerships are *not* permitted to receive a tax deduction in excess of the amount they have "at risk." The amount an investor has "at risk" is the money and property he contributed to the tax shelter partnership (generally the money invested) plus the amount borrowed by the partnership for which the investors are *personally liable* (loans guaranteed personally by the partners). The important provision is that investors are not allowed to receive a deduction for nonrecourse loans of the partnership.

Table I highlights the changes caused by the "at risk" provision of the Tax Reform Act of 1976 in tax shelter partnership taxation affecting physicians and other investors. Compare the tax savings to the amount invested both before and after the act. Before the act, a \$100,000 investment netted a \$200,000 tax saving; after the act, a \$100,000 investment fetched only a \$50,000 income tax saving.

### Partnership loss allocation

The benefit derived from

*This is the fourth in the series, Know your taxes, dealing with the new federal income tax regulations under the Tax Reform Act of 1976. Mr. DeMuth and Mr. Achorn are assistant professors of accounting at the Capitol Campus of The Pennsylvania State University, Middletown. For reprints write to Mr. DeMuth, The Pennsylvania State University, The Capitol Campus, Middletown, PA 17057.*



nonrecourse loans was the most appealing point of the tax shelters for many physicians. The second attraction was that a doctor could enter a partnership at the end of the year and get a deduction for the loss as though he had been a partner for the entire year. Now, a partner is limited to the loss allocated to him only for the portion of the year in which he was a member of the partnership.

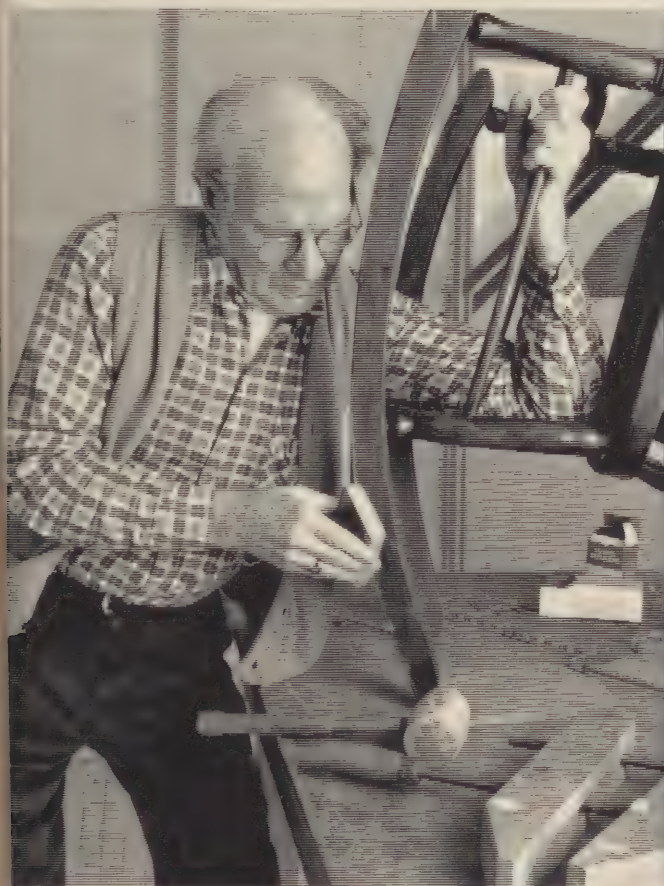
To illustrate, before the Tax Reform Act of 1976, a physician who owned a 10 percent interest in a partnership which had a deductible loss of \$120,000 could have been entitled to a \$12,000 share of the partnership loss (\$120,000 total loss times 10 percent ownership). The length of time during the year in which he was a partner was inconsequential. Under the new act, if the investor had become a partner on December 1, and the partnership's fiscal year ended on De-

TABLE I Changes Caused by "At Risk" Provision		
	Before Tax Act	After Tax Act
Partners' Investment	\$100,000	\$100,000
Nonrecourse Loans	300,000	300,000
Total Investment	\$400,000	\$400,000
First Year Partnership Loss (assuming the entire investment was spent and no income was received)	\$400,000	\$400,000
Total Income Tax Deduction of the Individual Partners for the First Year Partnership Loss	\$400,000	\$100,000
Tax Savings (assuming the individual partners are in the 50% income tax bracket, which is the total income tax deduction times 50%)	\$200,000	\$ 50,000

cember 31, he would now be entitled to a \$1,000 loss (\$12,000 share of the loss for the year times 1/12 portion of the year spent as a partner). Together with the nonrecourse provision, these two changes were the death knell to eleventh hour tax planning using tax shelters.

#### What's left?

Before throwing in the towel and resigning yourself to increasing Uncle Sam's percentage take in your practice, there are still some investments for you to consider. While there is nothing that will give you a tax sav-



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**TABLE II**  
**Cash Flow and Taxable Income of Property Venture**

	<i>Cash Flow</i>		<i>Taxable Income</i>
Rental Income	\$21,000	Rental Income	\$21,000
Operating Expenses	7,000	Operating Expenses	7,000
Mortgage Payment	10,300	Interest Portion	8,800
		Depreciation	2,500
Cash Payments	17,300	Deductible Expenses	18,300
Cash Flow Before Taxes	3,700	Taxable Income	2,700
		Tax Rate	X 50%
Income Tax	1,350	Income Tax	\$ 1,350
Cash Flow After Taxes	<u>\$ 2,350</u>		

ings greater than the amount invested, there are vehicles which will shield some income from tax, cause income to be taxed at a lower rate, or defer tax payment for a long period of time. The most exciting possibilities are real estate investment and implementing a retirement plan.

#### Real estate for shelter

Income producing real estate (as opposed to raw land) offers an attractive means of acquiring a shield for current income and permits a physician to be taxed at the lower capital gains tax rate when he sells his property. The advantages can be best demonstrated through an illustration.

#### Gimme shelter

Suppose you find a fairly new apartment building selling for \$110,000 (\$100,000 for the building and \$10,000 for the land), secure a mortgage with 20 years of payments at a 10 percent interest rate and borrow \$88,000, putting down 20 percent of the purchase price. Your annual mortgage payments would be around \$10,300. If you feel that the building will have a useful life of 40 years, depreciation will be \$2,500 per year (\$100,000 paid for the building divided by 40 years; the cost of land can't be depreciated). The property has gross rents of \$21,000, operating expenses of \$7,000 (these are management fees, utilities, heating, insurance, real estate

taxes, and maintenance), and you are in the 50 percent tax bracket.

Table II shows your cash flow and taxable income arising from the venture. Notice that the entire mortgage payment cannot be deducted in computing taxable income. Only the portion representing the payment of interest is deductible; \$88,000 mortgage times 10 percent interest rate equals \$8,800 interest. The difference between the \$10,300 paid and the \$8,800 of interest (\$1,500 difference) represents the portion of the mortgage balance repaid. At the end of the first year, the unpaid mortgage principal balance is \$86,500 (\$88,000 borrowed less \$1,500 paid in the first year). Since depreciation does not require a cash outlay, it is only a deduction to compute taxable income. After subtracting the \$1,350 of income taxes from

cash flow before taxes, the investor has \$2,350. On his \$22,000 cash investment, the investor has received \$2,350 *after* income taxes or almost an 11 percent after tax rate of return. To keep 11 percent of your investment after taxes, in a typical investment (bonds, certificates of deposit, etc.), one would require over a 21 percent return before income taxes for the investor in the 50 percent tax bracket!

Also, the property's cash flow has increased the owner's equity in the property to the tune of \$1,500 by which the mortgage was reduced.

As illustrated, the owner receives the double benefit of a \$2,350 return after taxes on his \$22,000 investment (11 percent *after* tax rate of return), and his investment in the property has increased to \$23,500 (\$22,000 down payment plus \$1,500 mortgage principal reduction).

Let us assume that the rent and operating expenses of the property rise at 7 percent per annum along with the market value of the property, and examine the return in twenty years when the mortgage is finally repaid.

#### The year 1997

To complete the example, examine the anticipated cash flows in 1997, twenty years from now, assuming that rental income, operating expenses, and the

**TABLE III**  
**Cash Flow and Taxable Income in 1997**

	<i>Cash Flow</i>		<i>Taxable Income</i>
Rental Income (7% annual growth)	\$81,300	Rental Income (7% annual growth)	\$81,300
Operating Expenses (7% annual growth)	27,100	Operating Expenses (7% annual growth)	27,100
Mortgage Payment	10,300	Interest Portion	900
		Depreciation	2,500
Cash Payments	37,400	Deductible Expenses	30,500
Cash Flow Before Taxes	43,900	Taxable Income	50,800
		Tax Rate	X 50%
Income Tax	25,400	Income Tax	\$25,400
Cash Flow After Taxes	<u>\$18,500</u>		

property's market value all grow at the anticipated 7 percent compounded annual rate (Table III).

The benefits of inflation show up, provided rents keep pace with expenses and both grow at a 7 percent annual rate. Only \$900 of the last year's mortgage payment is for interest; the remaining \$9,400 of the mortgage principal balance is paid in the twentieth year (\$10,300 mortgage payment less \$900 interest equals \$9,400 mortgage principal balance). The after tax cash flow of \$18,500 represents an after tax rate of return of 84 percent on the investor's original \$22,000 investment. At this time the mortgage is completely paid off and the property is worth more than \$425,000 (assuming 7 percent annual growth)! Not bad for a \$22,000 outlay 20 years earlier.

Before dismissing the notion of an apartment building almost quadrupling its market value in

twenty years, find out what some apartments sold for twenty years ago. You may be surprised to find that the appreciation in this example is not uncommon.

#### Caveat

Before you yank all of your money out of the bank and run down to your realtor, remember that real estate investment is subject to risks as are other investments. Each property is unique and should be thoroughly analyzed. Don't accept the realtor's figures at face value. Check them out yourself or have someone else you trust do it. Ask the opinion of your accountant, banker, and lawyer. Pay a contractor to examine the structural soundness of the property. A \$50 to \$100 examination now could save you thousands later.

Remember, handsome returns await investors who carefully select their properties. Investi-

gate before you invest.

#### Retirement plan

A retirement plan, in addition to providing for your golden years, is an effective income tax shelter. Money placed in a retirement plan is not taxed until it is distributed to you, usually during your retirement years when you're in a lower income tax bracket. Also, the earnings of the plan remain untaxed until you receive them. A solo practitioner or partner in a partnership can set aside up to the lesser of 15 percent of earned income or \$7,500 in a Keogh retirement plan.<sup>1</sup> The tax saving as-

1. This is a simplification of the tax laws affecting retirement plans. The simplification is designed to stress the income tax shielding aspects of a retirement plan. If you are considering implementing a retirement plan, consult your accountant, attorney, or professional management consultant to learn of the total ramifications with respect to your individual situation.

## ...you see as effectiveness

The relief of pain  
and stiffness  
in patients with  
osteoarthritis

The improvement  
in mobility  
in patients with  
osteoarthritis



**Nalfon<sup>®</sup>**  
fenoprofen calcium

Please see last page of advertisement for summary of prescribing information.



**TABLE IV**  
**Comparison of Taxable Income with and without Keogh Plan**

	<i>With Keogh Plan</i>	<i>Without Keogh Plan</i>
<i>Taxable Income Before Contribution to Keogh Plan</i>	\$50,000	\$50,000
<i>Contribution to Keogh Plan</i>	7,500	—
<i>Taxable Income</i>	\$42,500	\$50,000
<i>Federal Income Tax</i>	\$13,160	\$16,880
<b><i>Spendable Income:</i></b>		
<i>Taxable Income Before Contribution to Keogh Plan</i>	\$50,000	\$50,000
<i>Contribution to Keogh Plan</i>	7,500	—
<i>Federal Income Tax</i>	13,160	16,880
<i>Spendable Income After Tax Deductible Expenses</i>	\$29,340	\$33,120

pects of a retirement plan apply to contributions to the pension and profit sharing plans of a professional corporation or to an individual retirement account. These plans were not discussed for simplicity of example.

Compare the taxes paid by two married physicians with \$50,000 taxable income before retirement contribution—one physician has a Keogh plan and the other does not (Table IV).

The doctor with the Keogh plan could make a \$7,500 contribution to the Keogh plan, provided he

has at least \$50,000 of practice income after expenses. This would reduce his taxable income to \$42,500 (\$50,000 taxable income before contribution minus the \$7,500 contribution). His federal income taxes would be \$13,160.

His counterpart would have to pay income tax on the entire \$50,000, which amounts to \$16,880, or \$3,720 more!

As shown in the comparison, the physician with the retirement plan receives \$3,780 less in spendable income (\$33,120 with-

out plan minus \$29,340 with plan). This is an important consideration in determining whether a retirement plan is desirable for you or in deciding upon the amount that should be contributed to one.

### Retirement plan earnings shelter

The tax sheltering features of a retirement plan do not end with the initial tax savings in the year of the contribution. If the doctor not covered by a plan saves \$7,500, he pays \$3,720 in tax on this amount. After paying the tax, he is left with \$3,780 to invest. With an 8 percent return, his investment will have earned \$300 during the year. However, the \$300 earned will be taxed at a 50 percent rate, or \$150, and he will be left with \$150 to reinvest. At this time he will have accumulated \$3,930 after income taxes. If the investment earnings after taxes are reinvested at an 8 percent return before taxes and he sets aside \$7,500 before taxes each year, in ten years he will have accumulated \$45,400, \$112,600 in twenty years, and \$214,700 in thirty years.

Contrast those savings with the retirement plan which accumulates earnings tax-free. If the \$7,500 retirement contribution earns an 8 percent return from investments, it will have earned \$600 in the first year. This \$600 will not be taxed until it is paid to the physician during his retirement. At the end of the first year, the plan has \$8,100 versus the \$3,930 accumulated by the doctor without the retirement plan. If he's able to contribute \$7,500 each year and continue to earn an 8 percent return, in ten years the value of his retirement plan will be \$108,700, which is only \$3,900 shy of what the physician without the plan will have saved in twenty years! In twenty years, the value of the Keogh plan will total \$343,200 and will be \$849,600 in thirty years, almost *four* times the amount that could be saved without the retirement plan!

**TABLE V**

<b>Spendable Income Arising From Keogh Plan</b>				
<i>Age at which Keogh contributions commenced</i>	<i>Retirement benefits continue until age:</i>			
	80	85	90	95
35	\$68,000	\$60,000	\$56,000	\$54,000
45	32,000	29,000	27,000	25,000
55	11,000	10,000	9,000	9,000
<b>Spendable Income Arising From Savings</b>				
<i>Age at which savings commenced</i>	<i>Savings consumed at this rate until age:</i>			
	80	85	90	95
35	\$25,000	\$22,000	\$20,000	\$19,000
45	13,000	12,000	11,000	10,000
55	5,000	5,000	4,000	4,000
<b>Annual Benefit Occasioned By Keogh Contributions Permitted to Accumulate Tax-Free</b>				
<i>Age at which contributions or savings commenced</i>	<i>Difference in spendable income—Keogh plan vs. investment plan</i>			
	80	85	90	95
35	\$43,000	\$38,000	\$36,000	\$35,000
45	19,000	17,000	16,000	15,000
55	6,000	5,000	5,000	5,000

Remember that income taxes must be paid on the money when it is distributed. The physician who has contributed toward his retirement for ten years can receive \$11,000 for twenty years before exhausting his plan's resources. If his wife is living, their income tax will be about \$850, based on existing tax law. This will permit spendable income of over \$10,000 a year until he is 85, assuming he retires at 65.

The physician who has tried to save on his own and has accumulated \$45,400 can spend about \$4,600 per year for the same twenty year period.

Table V shows the spendable income<sup>2</sup> of a physician who retires at age 65 after contributing \$7,500 per year to a retirement plan under varying assumptions as to the time of commencement of contributions to the plan and the number of years for which re-

tirement payments will continue.

Table V also shows average spendable income of the physician who has attempted to retire on his savings,<sup>3</sup> and demonstrates how much more income the doctor with the Keogh plan will enjoy during his golden years.

As the examples indicate, a retirement plan not only saves you taxes when you make the contribution, it also provides you with more than twice the spendable cash during your retirement years

2. In determining spendable income, income taxes were computed using the 1976 income tax rates. Itemized deductions were based on the average itemized deductions for 1974 by adjusted gross income classes, the most recent data available at this writing. The physician's spouse is assumed to be his age. Results are rounded to the nearest thousand dollars.

3. Assumptions used are identical to those used for physicians with Keogh plans.

than you could obtain through an investment plan.

### Summary

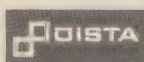
The Tax Reform Act of 1976 destroyed the most advantageous features of the traditional tax shelters (oil and gas exploration, equipment leasing, farming, and movie deals). This increases the attraction of other investments which provide current income tax savings and other future benefits, the potential for an increasing cash flow and increased property value in the case of real estate, and greater spendable income during the twilight years if a retirement plan is implemented. While Congress ended most opportunities to obtain a tax savings greater than the amount of money invested, it is still possible to shelter income from Uncle Sam's outstretched hand. Tax shelters are not dead. □

For your patients with osteoarthritis,  
the recommended initial dosage\* is

**1 Pulvule<sup>®</sup> q.i.d.**

\*The dosage may be adjusted in accordance with the patient's condition and changes in disease activity.

The most common type of adverse reaction reported concerned the gastrointestinal system. Dyspepsia occurred most frequently; it was observed in about one of seven patients.



700452

**Nalfon<sup>®</sup>**  
fenoprofen calcium

Please see last page of advertisement for summary of prescribing information.





## Nalfon®

fenoprofen calcium

**Indications and Usage:** Nalfon is indicated for relief of the signs and symptoms of rheumatoid arthritis and osteoarthritis. It is indicated in the treatment of acute flares and exacerbations and in the long-term management of these diseases. The safety and effectiveness of Nalfon have not been established in those rheumatoid arthritis patients who are designated by the American Rheumatism Association as Functional Class IV (largely or wholly incapacitated with patient bedridden or confined to wheelchair, permitting little or no self-care).

**Contraindications:** Nalfon is contraindicated in patients who have shown hypersensitivity to it.

Because the potential exists for cross-sensitivity to aspirin and other nonsteroidal, anti-inflammatory drugs, Nalfon should not be given to patients in whom aspirin and other nonsteroidal, anti-inflammatory drugs induce the symptoms of asthma, rhinitis, or urticaria.

**Warnings:** Nalfon should be given under close supervision to patients with a history of upper-gastrointestinal-tract disease and only after the Adverse Reactions section has been consulted. Gastrointestinal bleeding, sometimes severe, has been reported in patients receiving Nalfon.

In patients with active rheumatoid arthritis or osteoarthritis who also have an active peptic ulcer, attempts should be made to treat the arthritis with nonulcerogenic drugs. If Nalfon must be given, the patient should be under close supervision for signs of ulcer perforation or severe gastrointestinal bleeding.

In subacute and chronic studies in rats, Nalfon caused interstitial nephritis, glomerulonephritis, and renal papillary necrosis. These abnormalities were dose related and began to appear at doses approximating the human dose. In chronic studies in monkeys, interstitial nephritis also occurred following administration of Nalfon. Although this was seen at doses considerably above the human dose, lower doses were not studied in this species. During the course of the clinical trials, one patient developed bilateral suppurative pyelonephritis, underwent laparotomy, went on to renal failure, and died with a diagnosis of septicemia and renal papillary necrosis. It is not known whether these events were drug related. A few patients developed mild elevations of the BUN during therapy with Nalfon. Since Nalfon is eliminated primarily by the kidney, the drug should not be administered to patients with significantly impaired renal function. It is desirable to perform periodic renal function tests in all patients receiving Nalfon.

**Precautions:** In chronic studies in rats, high doses of Nalfon caused elevation of serum transaminase and hepatocellular hypertrophy. In clinical trials, some patients developed elevation of serum transaminase, LDH, and alkaline phosphatase which persisted for some months and usually, but not always, declined despite continuation of the drug. The significance of this is unknown. It is recommended that periodic liver function tests be performed in patients receiving Nalfon and that the drug be discontinued if abnormalities occur.

The safety of this drug in pregnancy and lactation has not been established, and its use during these events is, therefore, not recommended. Reproduction studies have been performed in rats and rabbits. When fenoprofen was given to rats during pregnancy and continued to the time of labor, parturition was prolonged. Similar results have been found with other nonsteroidal, anti-inflammatory drugs which inhibit prostaglandin synthetase.

In-vitro studies have shown that fenoprofen, because of its affinity for albumin, may displace from their binding sites other drugs which are also albumin bound, and this may lead to drug interaction. Theoretically, fenoprofen, as well as other nonsteroidal, anti-inflammatory agents, could likewise be displaced. Patients receiving hydantoin, sulfonamides, or sulfonylureas should be observed for signs of toxicity to these drugs. In patients receiving coumarin-type anticoagulants, the addition of Nalfon to therapy could prolong the prothrombin time. Patients receiving both drugs should be under careful observation.

In patients receiving Nalfon® (fenoprofen calcium, Dista) and steroid concomitantly, any reduction of steroid dose should be gradual to avoid the possible complications of sudden steroid withdrawal.

Patients with initial low hemoglobin values who are receiving long-term therapy with Nalfon should have a hemoglobin determination at reasonable intervals.

Peripheral edema has been observed in some patients taking Nalfon; therefore, Nalfon should be used with caution in patients with compromised cardiac function.

Studies to date have not shown changes in the eye attributed to administration of Nalfon. However, because of adverse eye findings in animal studies with some other nonsteroidal, anti-inflammatory drugs, it is recommended that ophthalmologic studies be carried out within a reasonable period of time after chronic therapy with Nalfon has been started and at periodic intervals thereafter.

Since food decreases the blood levels of Nalfon, the drug should be given thirty minutes before or two hours after meals during the daytime.

When phenobarbital, which may enhance the metabolism of Nalfon, is added or withdrawn, dosage adjustment of Nalfon may be required.

Caution should be exercised by patients whose activities require alertness if they experience central-nervous-system side-effects from Nalfon.

Since the safety of Nalfon in patients with impaired hearing has not been established, these patients should have periodic tests of auditory function during chronic therapy with Nalfon.

Nalfon decreases platelet aggregation and may prolong bleeding time. Patients who may be adversely affected by prolongation of the bleeding time should be carefully observed when Nalfon is administered.

**Adverse Reactions: Digestive System**—The most common type of adverse reaction concerned the gastrointestinal system. Dyspepsia occurred most frequently, being observed in about one out of seven patients. Other adverse reactions, in descending order of frequency, were constipation, nausea, vomiting, abdominal pain, anorexia, occult blood in the stool, diarrhea, flatulence, and dry mouth.

Three instances of peptic ulceration and/or gastrointestinal hemorrhage that may have been due to the drug and four instances in which drug relationship was questionable were observed in 3,391 individuals to whom the drug was administered for periods of time ranging up to 165 weeks.

In less than 2 percent of patients, the drug was discontinued because of adverse gastrointestinal reactions.

**Skin and Appendages**—The most common adverse effect was pruritus, which was seen in about one out of ten patients. Other adverse reactions were rash, increased sweating, and urticaria.

In about 1 percent of patients, Nalfon was discontinued because of an adverse effect related to the skin.

**Nervous System**—The most frequent adverse reaction observed was somnolence, which occurred in about one out of seven patients. Other adverse effects, which occurred less frequently, were dizziness, tremor, confusion, and insomnia.

Nalfon was discontinued in less than 0.2 percent of patients because of these side-effects.

**Special Senses**—The most common adverse reaction was tinnitus, which was seen in about one out of ten patients. Other reactions observed, in descending order of frequency, were blurred vision and decreased hearing.

In about 0.2 percent of patients, Nalfon was discontinued owing to adverse effects related to the special senses.

**Cardiovascular**—The most frequent adverse effect observed was palpitations. This was noted in about one out of twenty-five patients. Tachycardia was observed less frequently.

In less than 0.5 percent of patients, Nalfon was discontinued as a result of cardiovascular adverse reactions.

**Laboratory**—Anemia was noted in about one out of 500 patients. Therapy with Nalfon had to be discontinued in one patient because of anemia. Increase in alkaline phosphatase, LDH, and SGOT was observed (see Precautions).

**Miscellaneous**—Headache was seen in about one out of seven patients. Less frequently observed, in descending order of frequency, were nervousness, asthenia, dyspnea, peripheral edema, fatigue, malaise, and dysuria. [031677]

Additional information available to the profession on request



**Dista Products Company**  
Division of Eli Lilly and Company  
Indianapolis, Indiana 46206



## Moral choice in the daily practice of medicine

GEORGE T. HARRELL, M.D.

Hershey

Concern of the general public with the ethics of health care is obvious. The press, law suits and legislative hearings, and conferences of lay and religious leaders give evidence of concern.

It is apparent that there exists a widespread lack of knowledge of the complexity of biologic processes and the limited extent of the true scientific base for the practice of medicine and the delivery of health care. The lack of understanding is exhibited by administrators of various levels of health care facilities, legislators, and religious counsellors most of whom have no biomedical background. Even medical students beginning their professional education have little grasp of the types of problems requiring practicing physicians' advice to patients and families. House officers suffer from the same deficit to a lesser extent.

The curricula both for future medical students and those in allied health fields barely raise questions on bioethical problems or mention the dilemmas and frustrations they will face in their careers. This deficit in educational background is due in part to the failure of practicing physicians and medical educators to work with liberal arts faculty, college administrators, counsellors, trustees, and governing boards.

It is imperative that doctors recog-



*Dr. Harrell, vice president emeritus of The Milton S. Hershey Medical Center, The Pennsylvania State University, delivered this address at a consultation on moral choice for health care professionals held at Elizabethtown College in June 1976. Dr. Harrell has served as professor of medicine, dean of the college of medicine, director, and vice president for medical sciences at Hershey. Besides being founding dean at Hershey, he also was instrumental in starting the medical school at the University of Florida, Gainesville.*

nize the extent of the potential vacuum in knowledge and understanding and be prepared to inform the people involved in lay terms so that educational programs at all levels can be improved.

### Man's beginning

Man has lived on this earth for several million years. Modern medicine, which has helped him to survive longer and live better, is barely a hundred years old.

In the past, most of man's efforts were required simply to feed and clothe himself and his family. He saw his wife die while having his infant, and most of her children perish while they were still small. He himself rarely survived three decades into young adult life.

Gradually through trial and error, he learned a few things which would help him when he was ill. These observations were passed down in folklore, becoming embedded in cultural patterns. The mystery of illness and recovery early led to association with religion.

The emergence of the physical sciences over the centuries was followed by the dim perception that living things also follow natural laws. Biology began as a science with the description and systematic classification of plants and animals. Knowl-



edge of chemistry and acceptance of the experimental method began to be applied to the understanding of normal life processes and disease.

### Emergence of physicians

The first health professional, the physician, arose out of the priesthood and originally was trained by the apprenticeship method. In his earliest traditions, he was committed to pass on his knowledge; hence the use of the term doctor or teacher.

As knowledge increased and education became more formalized, the background for his professional training was in the classics with heavy emphasis on philosophy, literature, and religion. The pattern has been true in all cultures.

As it became recognized in the last century that the scientific method could be applied to approach the understanding and then the solution to human disease problems, the education of the physician became more and more based on the "hard" sciences. Scientists soon discovered that experiments in chemistry and physics could be reproduced and the outcome predicted with a narrow range of error. As a result, the intellectual movement early in this century attempted to make clinical medicine and its application to the delivery of health care to the individual patient as exact a science as the broad basic natural or more narrow medical sciences.

### Natural laws

At this point the doctor encounters his first dilemma. The natural laws governing living things are not as precise as those for chemical or physical phenomena. The immutable principle of biologic variability is the reason. In nuclear physics, the rate of decay of a heavy atom, the type and extent of radiation given off, and the atomic end products can be predicted accurately within a time span ranging from milli-seconds to millennia. It is true in very recent years that an uncertainty principle has been discovered, but the range of physical variation is narrow and holds few surprises. The exact opposite is true in biology.

Living things are in a constant state of flux. Variants or entirely new species continuously arise and flourish; old ones decline and die out. The range of variation for quantifiable characteristics measured in a single species under constant conditions follows a bell-shaped curve. When data are collected on a single individual and an attempt made to apply them to conclusions drawn from a statistical study of a group plotted in a probability curve, the exercise does not meet usually accepted scientific standards. When the physician in the

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*'Traditionally, the doctor has taken some credit for his patients' recovery from illness or disease when often he has done nothing proven to be therapeutically effective.'*

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clinical practice of medicine applies the principle to the care of a single patient, he is in the realm of an art rather than a science.

The next dilemma concerns the condition for collection of data from which conclusions are drawn and a course of action based. Ideally, scientific laws are derived from data collected under carefully controlled laboratory conditions which are as nearly constant as possible. Most living things in nature are in a constantly changing environment with variations in temperature, moisture, light, and other factors. Indeed, many studies cannot be done at all under controlled laboratory conditions, but must be done in the wild state.

The situation becomes more complex when people are the subjects in the studies. In addition to the physical variables, man reacts to social and behavioral factors to which he is exposed. The variables cannot be controlled.

Man's biologic, physiologic reactions can be measured, but we are only beginning to study scientifically his behavioral and social responses. We lack dependable techniques to

quantitate such reactions, but they must be devised since we know intuitively and by observation that social and behavioral factors influence physiologic processes.

Physicians and medical scientists are establishing ever more accurate normal values for physiologic processes which are altered by disease. Data in disease vary over a wide range because of differences in host factors, the severity of the illness, and the multitude of uncontrollable external factors.

Man is extremely resilient in general and in time will recover spontaneously from most of his illnesses. Traditionally, the doctor has taken some credit for his patients' recovery from illness or disease when often he has done nothing proven to be therapeutically effective. The doctor has accepted credit for measures to control the spread of tuberculosis. In truth, social pressures and better economic conditions, which led to a reduction in urban crowding in tenements and improvement in nutrition, had initiated a steady decline in the tuberculosis death rate before streptomycin and isoniazid were discovered and used in treatment.

### Definitions and concepts

What is health and what is illness? The concepts of people change as social and political ideas evolve. What was acceptable in Greek or Roman times when the life span was in the range of 30 years, or colonial America when it was 45, would not be approved today. Social attitudes change; alteration in personal values affects the course of diseases through disposition of resources and acceptance or rejection of medical advances.

Before the effectiveness of a new operation or therapeutic drug can be evaluated in human beings, we must agree upon an acceptable definition of health and establish scientific baselines for the normal at that level. Only then can data be compared for effect.

It is clear, even with our present imperfect techniques, that the scientific discoveries of this century and the application of them especially to the prevention and cure of the acute



infectious diseases have greatly increased the life span to the range of 72 to 75 years.

Is health simply the absence of disease, or is it a better state in which the individual has reached his potential for productive work of his own choosing in a safe environment where he is happy? Are illness and disease synonymous? Is a person unemployable and eligible for support by society when no organic disease is detectable by current methods? Patients' medical problems, such as arthritis, which lead to loss of time at work and show up in morbidity statistics, are not necessarily the same as those which appear as causes of death.

The practicing physician must work with the background of variability and uncertainty. It is obvious that for any given dilemma no single ethical solution exists which fits all clinical situations. In addition to the medical condition of the patient, his age, cultural background, place where he lives, and the level of health care available and acceptable in his community also must be considered. The physician must decide his own course of action after consultation with the patient and responsible members of the family when appropriate.

### What is life?

When is a biologically living form a true person?

A woman thinks she is pregnant. Presently available tests are not reliable under a period of about six weeks. The product of human conception at that time is very tiny and impossible to sustain by any known cultural or incubation technique. It is medically easy and relatively safe at this stage to interrupt the pregnancy by mechanical means. If it is done, has a person been destroyed? Has the woman been harmed physically, emotionally, or socially, since most physiologic changes are only beginning to be evident to her and probably to no one else?

Society in general is taking an ever more lenient view that it is the woman's decision with the doctor's concurrence. The fact that more and more women are embracing this view has placed great strain on religions

which consider human life sacred.

Another woman presents with a suspected pregnancy three months after her last menstrual period. She still could be aborted by a relatively simple surgical technique from a vaginal approach. A fetus can be recognized at this time, but still is not viable outside the mother's body. Changes have occurred in the mother's breasts, skin, fat, and connective tissue. Has the ethical situation changed?

Traditionally after the third trimester an abdominal operation, causing greater risk to the mother, has been the method used to interrupt pregnancy. Newer injection techniques are proving to be safer. Whether the fetus can survive depends on its size.

She and her husband have chosen not to have children. At age 30 she finds herself pregnant. The probability of congenital defects or mental deficiency in the child is greater than at age 20. At age 40, the probability of abnormalities is more than double that at age 30. Even with the risk, she wants the pregnancy to continue but he does not. If the wish is reversed and he wants the child but she does not, has the ethical situation changed? The ultimate cost to the parents in money and emotional stress can be great if a defective child is born and can be greater economically to society if institutionalization is required later.

What if the woman has a medical problem? She has sustained kidney

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*'When life expectancy was short, the needs of society encouraged many pregnancies. . . . Now the problem is too many people for the finite natural resources. Does this fact change human values?'*

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Few smaller than two pounds ever live.

When life expectancy was short, the needs of society encouraged many pregnancies so that enough of the large family would survive to perpetuate it. Now the problem is too many people for the finite natural resources of earth. Does this fact change human values? If so, where does the doctor draw the arbitrary line and take an ethical medical stand with the patient? What does he do if the patient does not accept his advice? Does he accede to her request or, knowing she can find one on her own, refer her to another doctor?

What if an unmarried teenager is pregnant, as is becoming increasingly common? Doctors cannot decide whether adolescents are still children to be handled medically by pediatricians, or adults as they appear biologically. Girls are marrying younger, or were until the recent recession. Complications to pregnancy and labor are much more frequent and chance of infant survival is much lower in this age group than for older females.

What of an older, married woman?

damage from an old infection. The risk to her life is raised if the pregnancy continues, especially if the blood pressure starts to rise. The same dilemma can present with heart disease and other medically uncorrectable conditions. Most physicians and religious counsellors would sanction interruption at any stage if the mother's life clearly is endangered. Since the doctor cannot tell the patient exactly what is the probability of disaster, because of biologic variability, he can only make an educated guess. Physicians with great experience have seen determined women continue the pregnancies successfully in spite of their recommendation to interrupt them.

Another facet of the problem is the disposition of the product of conception. In spontaneous abortion or stillbirth in a hospital, it is common for the staff to dispose of the fetus by cremation with consent of a parent. What if the interruption is induced and the product of conception is presumed to be alive?

In the past year, criminal action has been taken against a reputable obstetrician who with the mother's



permission did a legal abortion on a fetus it was thought medically could not survive. How much was this legal action the result of pressure from religious groups in the community which oppose abortion for any cause on moral grounds?

Does recognition that the unborn fetus has a genetic abnormality alter the problem? Expert interpretation of prenatal diagnostic tests is required to detect abnormalities. Specialized training is needed for genetic counselling of parents for the statistical probability of the occurrence of a defect.

Should screening for genetic abnormalities be required, and if so, when? Chromosome abnormalities can be detected in time to interrupt the pregnancy before normal birth. The high incidence of XYY chromosomes in patients confined to mental institutions and prisons raises the question whether the abnormality should be looked for earlier. At present, not enough data are available on a random sample of the general population to decide whether or not society for its own physical and economic protection should stop transmission of defective genes.

Screening by a simple test on urine

general population.

Some states require screening for sickle cell trait. Should perpetuation of this gene be discouraged or prohibited? The defect is not harmful under all circumstances. The presence of the abnormal hemoglobin in the sickle cells appears to explain why blacks with the defect have survived in regions where malaria is heavily endemic. Since the disease for all practical purposes has been eliminated in this country, we tend to forget that malaria is the most important illness in the history of the world and has killed more people, mostly children, than any other. Since the introduction of DDT to control the mosquito vector, the disease has declined in importance in all countries. Does that fact, coupled with the population explosion worldwide, change the ethical situation and justify interruption of pregnancy or sterilization?

#### Genetic engineering

An entirely new ethical problem has arisen in the field of genetics. Studies on a common bacterium found in the intestine have shown that deoxyribonucleic acid (DNA) can be manipulated to alter the characteristics

research at the basic level where he is not involved, as well as at the applied level where he is? Controls in one country alone will not prevent advancement of scientific knowledge worldwide. Totalitarian regimes have a record of attempting to control science, including theories of genetics, for political purposes.

#### Preventing conception

If any interruption of a pregnancy ethically is unacceptable, is it equally wrong to prevent conception? Should the act of procreation be reserved only for conception, as is true in almost all other species? Modern society seems increasingly to accept the premise that pleasure in the act is enough justification. Does that acceptance warrant dissemination of drugs or devices by the doctor or other health personnel to prevent conception?

If prevention of conception is accepted in principle, what technique should be used? Should the doctor make it available only to married couples, to consenting unmarried adults, or to adolescent boys and girls and if so with or without parental consent? Does the increasing incidence of gonorrhea alter the situation? Should sterilization be recommended after a given number of pregnancies and if so, how many? Should governments follow the example of India in encouraging local units to require sterilization after a given number of pregnancies or at a stated age? If this position is ethically acceptable in a poor country with a population problem and inadequate food production, is it also proper in this country? Is it better to let the population increase unrestricted with starvation and malnutrition certain in most of the world, or to have fewer people with chance of a better life by our values? In China, political pressure by peers and government has changed social values so that later marriage and fewer children are apparently accepted, at least under the present regime. Were the few states in this country which did so correct in passing laws permitting sterilization if the patient is feeble minded? Should a woman on welfare be kept from having more and more children

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*'DNA can be manipulated to alter the characteristics of the organism. . . . What if this principle, often called genetic engineering, is applied to the human being?'*

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shortly after birth can detect PKU, phenylketonuria, which results in mental deficiency. Many states have passed legislation requiring such testing. The yield in cases discovered is small and raises the question whether the cost is justified.

Should the principle be extended to other metabolic defects and if so, which ones? Diabetes is increasing in incidence in the population and is a major cause of disability and death. Before the discovery of insulin, diabetics died at a young age so that the gene remained in the population pool in small numbers. Now that diabetics live longer, there is a much greater clinical incidence of the disease in their offspring and ultimately in the

of the organism. The principle is helpful to society when applied to harmful insects. The fly causing screwworm disease in cattle is controlled by sterilizing male flies with radiation; the female mates only once. If by altering a gene, sterile mutants of the mosquitoes carrying malaria or yellow fever or the tick transmitting spotted fever could be developed, man would be helped.

What if this principle, often called genetic engineering, is applied to the human being? The vision of political manipulation of populations to make people obedient and subservient is frightening. What is the role of the practicing physician in setting up and enforcing ethical standards for such



simply to obtain increasing economic support? Doctors have been prosecuted for operating on patients on such grounds.

### What is death?

No general agreement has been reached on when meaningful life begins. Can a decision be reached on when it ends? For centuries clinical death was defined as the time when the heart stops. With the advent of modern techniques of resuscitation there have appeared new questions to answer. How long should efforts be made to restore normal rhythm? Should the electroencephalogram be used to determine death? How long should the respirator be used and tube feeding continued? Can the emotional trauma to family and friends be justified?

Physicians often emotionally consider death of a patient a failure on their part. They have been taught to take any measure available to sustain life on the outside chance that a biologic miracle might occur due to the variability in response of individuals. If the patient does not respond to extraordinary procedures, who decides to pull the plug and what criteria should be used? Does the cause of the coma affect the decision? What if the patient were the innocent victim of a hit and run accident, an attempted suicide, or had taken illegal drugs simply for "kicks."

We must also ask ourselves whether the elderly at the end of the spectrum of life have different problems; what is the doctor's ethical responsibility to keep biologic functions going by whatever means; whether he should abide by the wishes of the patient expressed in a "living will" even if the family wants him to follow extreme measures; whether it is better for a person to die in his own home, surrounded by family and familiar things, or in the highly artificial environment of the modern hospital where costly and often painful measures can be employed; whether the decision should be made solely on age, by the major disease problem, the social situation of the lonely or abandoned patient, or the economic resources of the family;

and how the cost factor should be weighed.

In ancient societies, age was venerated and equated with wisdom acquired from long experience. The elderly were kept at home in the community. Now with social change, nuclear families with fewer generations

causes of death have changed from the acute infectious diseases which we better understand to the chronic illnesses on which we lack basic biologic information effectively to treat and cure. Circumstantial evidence has accumulated which indicates that some personal habits

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*'We are faced with the problem of the physician's responsibility in attempting to alter the personal life style of the patient who follows habits which are known to lead to chronic illnesses.'*

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are living in smaller houses and older people are placed in retirement or nursing homes. Care inevitably becomes more impersonal as the aged degenerate, their joy in living diminishes, and they lose control of body functions.

In some primitive societies, particularly nomadic ones, when the elderly could not keep up or contribute work it was accepted practice to leave them to die as the tribe moved on. Almost no cultures have sanctioned measures actively to end life, even if the individual requests it. Some physicians have admitted to giving larger than usual doses of drugs to lessen pain when faced with a terminally ill patient in great pain, as occurs with cancer of the breast or prostate which has spread to bone and offers no hope of survival.

The public considers such a procedure as humane when applied to pets and veterinary doctors are encouraged to put aged or hopelessly ill animals "to sleep." Does the withdrawal of all support, sometimes called "benign neglect" differ ethically from taking active measures when it is known medically that it will mean equally certain death?

### Preservation of health

We are faced with the problem of the physician's responsibility in attempting to alter the personal life style of the patient who follows habits which are known to lead to chronic illnesses.

Within the past 40 years the chief

predispose to chronic diseases which could be prevented. When life styles affect the body politic government steps in with laws. But the right of the individual to abuse his own body remains sacrosanct.

Diet is a factor in disease. Excessive processing removes parts of natural foods, such as roughage, which contain vitamins and may be necessary in their own right simply as bulk and fiber. Chemicals are added to replace the elements removed, to improve appearance and shelf life.

A very common problem is over-nutrition—obesity—from excessive intake of foods. By middle age, overweight increases the chances of developing diabetes, high blood pressure, hardening of the arteries, and heart disease with the serious complications that result. We know that animal fats and excessive sweets are prime offenders. Should laws be passed to change current accepted standards for grading of foods such as the fat content of meat if individuals will not control intake themselves?

Alcohol in continued excess is known to produce cirrhosis of the liver. The tremendous economic loss to industry and the individual from chronic alcoholism has only recently been publicly recognized. Discussion continues as to whether it is a disease or a defect in personality which is controllable by nonmedical measures. Society once tried to prevent the problem by the ill-fated experiment of national prohibition. Only change in personal life style seems to



be effective. Peer groups, such as Alcoholics Anonymous, often are more effective than medical advice in inducing change.

Smoking, particularly of cigarettes, is now generally accepted as a major factor in causing cancer of the lung. Government is unwilling to outlaw tobacco, and indeed subsidizes its

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*'A source of great concern in recent years involves the ethics of human experimentation. . . . The problem involves the relative value of the welfare of mankind as a whole versus the rights of the individual.'*

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production. This political inconsistency is one of the frustrations doctors face daily.

Self medication with legal over the counter drugs is a problem whose magnitude is not appreciated. Doctors often do not know what their patients are taking. Because of biologic variability, some people will react to any drug which may be taken safely by most others. Little is yet known of the effect of one drug on another when taken simultaneously. We know that tranquilizers or sleeping pills plus alcohol can kill directly or by impairing driving ability. Mood altering drugs are consumed in huge quantities. Properly used under a doctor's prescription they have reduced the hospital stay in mental institutions. Obtained illegally and abused they cause harm.

The doctor must decide: what to do when his patient does not follow his recommendations; whether or not to notify the patient's employer if the patient has an illness which may impair his functioning, especially if he operates or is exposed to dangerous machinery; when he should notify the marriage partner or a parent who does not know the minor child is consulting the physician; and whether or not to notify the motor vehicle admin-

istration and have a driver's license lifted. A very high incidence of fatal automobile accidents involve alcohol and/or drugs. This problem directly involves the confidentiality of the doctor-patient relationship which the physician is trained not to violate.

We must consider what is the role of the doctor in allocation of scarce resources for treatment. How does he select the patient who receives dialysis of the blood when kidneys have failed? In acute drug poisoning in a young person, no problem is posed. What about the aged with no chance of permanent resumption of function? What about the middle aged person who might be kept alive till a proper donor for the transplant comes along? Who decides which patient gets the kidney or other organ when the supply is far less than the current demand?

Cases of sterility in a married couple present problems of whether or not preserved sperm from a bank of donors should be used; who should select the donor; whether or not the wife should have a choice of the characteristics she would like to see in her child; if it is ethical to utilize the technique of embryo implantation, and if so, who should furnish the egg and sperm. The legal problems these measures raise have not been faced.

A source of great concern in recent years involves the ethics of human experimentation. It is accepted that patients to be involved should know of the proposed experiment. Because of the scientific complexity of much research, can there be any such thing as true informed consent? Are sick people, simply because they are ill, able to make such a judgment objectively—especially if confined in a hospital where the environment itself creates the impression of a serious life and death matter.

Who can give permission for experiments on a child? Considerable controversy was raised several years ago over the use of mentally deficient children in an institution who were, with parental written consent, given a mild endemic strain of hepatitis in an attempt to break up transmission to other patients and to staff. The ultimate objective was to develop a vaccine and eventually it was achieved.

We are faced with the questions of whether persons legally committed to mental institutions and who are wards of the state are ethically fit subjects for research and whether prisoners can truly give voluntary consent in the constant air of coercion and control.

The problem involves the relative value of the welfare of mankind as a whole versus the protection of the rights of the individual. Unless research is done on human beings, how can the cause and ultimate cure of some diseases such as cancer in man ever be accomplished? It should be recognized that every doctor is conducting a clinical research experiment whenever he uses a new diagnostic or treatment method or drug. Any drug will be harmful to some patient regardless of how thoroughly it has been tested in animals. In the case of cancer chemotherapy, the drugs of necessity must be very toxic to be effective. So far, doctors are reluctant to test them on normal, healthy volunteers to establish safe doses and discover side effects. Radical surgery for cancer is being used less than formerly, because of its deforming results in the patient, which often prevented him from living in a reasonably normal fashion post-operatively.

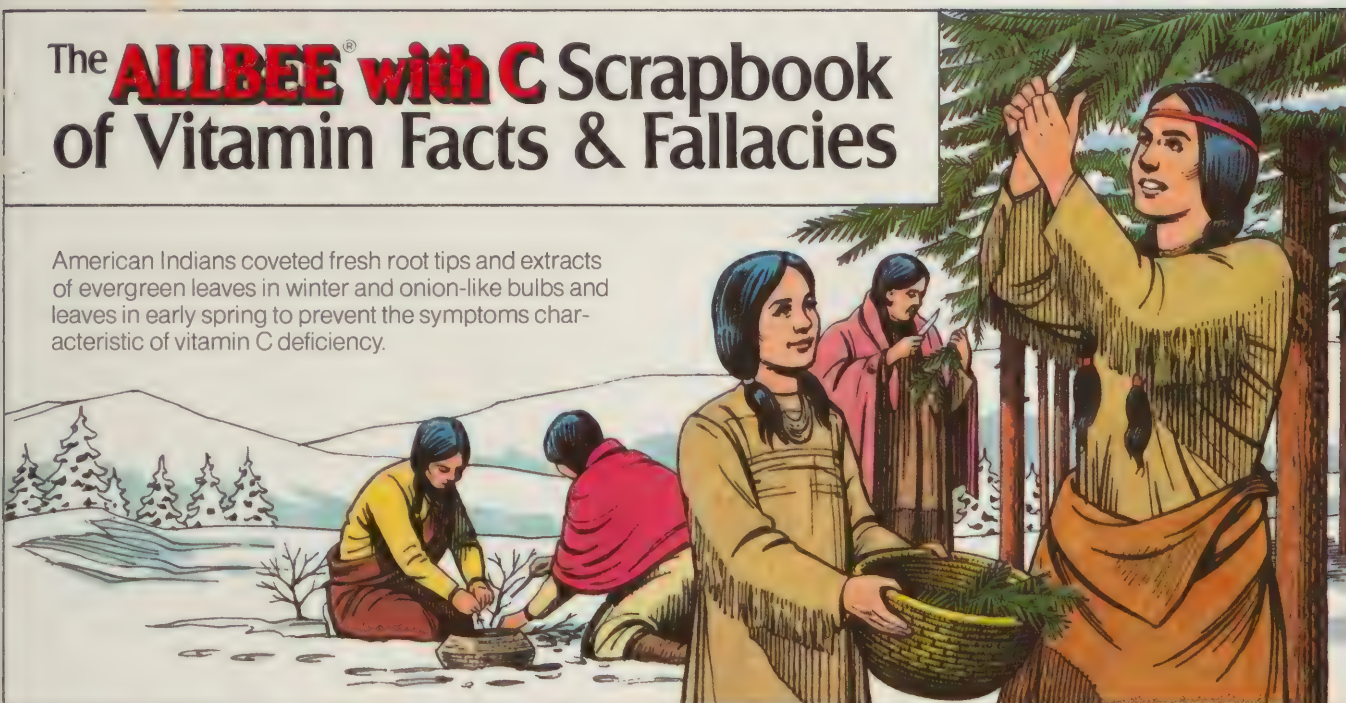
The list of subjects which could be considered seems endless. The ones mentioned have not been discussed from all angles as thoroughly as they deserve. Though approached through the eyes of a physician, the same ethical problems will be faced by all workers in the health field as more are trained to do parts of the job formerly considered solely the responsibility of the doctor. The educational process, backed up by an informed society, should help prepare young people, both lay and professional, to make such decisions in the future. The solution to these ethical and moral problems goes beyond the bounds of technical training.

Physicians have a responsibility to help improve educational programs and public understanding. Better education of the public and health professional students should help society face and make difficult decisions which increasingly are moral and ethical in nature. □



# The **ALLBEE® with C** Scrapbook of Vitamin Facts & Fallacies

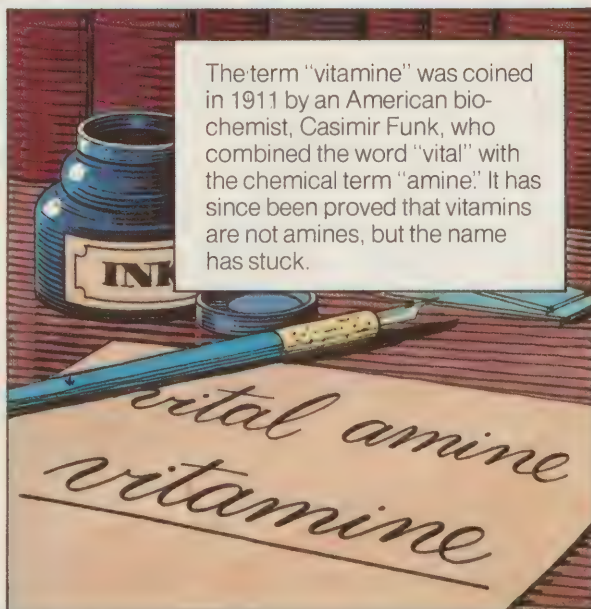
American Indians coveted fresh root tips and extracts of evergreen leaves in winter and onion-like bulbs and leaves in early spring to prevent the symptoms characteristic of vitamin C deficiency.



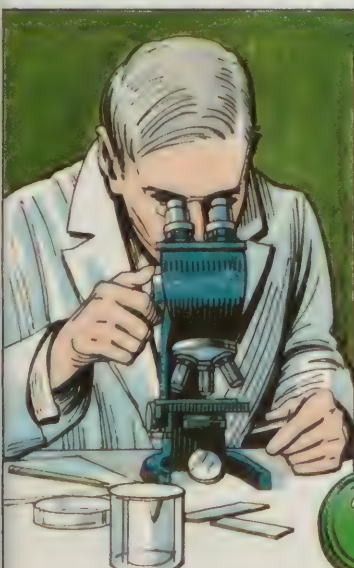
A tomato is botanically classified as a berry!



It is ironic that many of the vegetables highest in vitamin C and riboflavin are considered unappetizing by many people. These include turnip greens, kale, chard, mustard greens, spinach, water cress, broccoli and brussels sprouts.



The term "vitamine" was coined in 1911 by an American biochemist, Casimir Funk, who combined the word "vital" with the chemical term "amine." It has since been proved that vitamins are not amines, but the name has stuck.



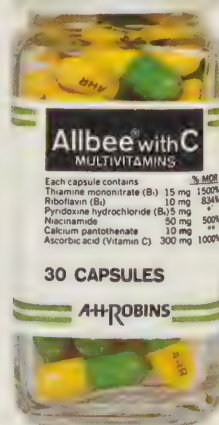
At least 144 different quality assurance tests are run on the raw materials and manufacturing steps that go into Allbee® with C. The Monogram "AHR" on every capsule is your assurance that this is the original and genuine Allbee® with C and not an imitation.



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# Spasm reactor?

# Donnatal!

each tablet,  
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tsp of elixir  
(23% alcohol)

each  
Donnatal  
No. 2 Tablet

Phenobarbital	( $\frac{1}{4}$ gr) 16.2 mg	( $\frac{1}{2}$ gr) 32.4 mg
(warning; may be habit forming)		
Hyoscyamine sulfate	0.1037 mg	0.1037 mg
Atropine sulfate	0.0194 mg	0.0194 mg
Hyoscine hydrobromide	0.0065 mg	0.0065 mg

**Indications:** Based on a review of this drug by the NAS/NRC and/or other information, FDA has classified the following indications as possibly effective: adjunctive therapy in the treatment of peptic ulcer; the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis. Final classification of the less-than-effective indications requires further investigation.

**Brief summary.** Contraindicated in patients with glaucoma, renal or hepatic disease, obstructive uropathy (for example, bladder neck obstruction due to prostatic hypertrophy) or a hypersensitivity to any of the ingredients. Blurred vision, dry mouth, difficult urination, and flushing or dryness of the skin may occur at higher dosage levels, rarely at the usual dosage.

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## Historical note

# Distribution of poliovirus in a small community

W. D. SCHRACK, JR., M.D., D.P.H.

Harrisburg

In 1909 Landsteiner and Popper<sup>1</sup> demonstrated the etiologic agent of poliomyelitis as a filtrable virus present in nervous tissue. Kling, *et al.*,<sup>2</sup> in 1912 isolated the poliomyelitis virus from the human intestinal tract. Demonstration was repeated in a single fatal case in 1913 by Kling and Levaditi.<sup>3</sup>

In 1913 the late Dr. W. H. Frost published reports of his now classical studies of acute anterior poliomyelitis.<sup>4</sup> Dr. Frost had conducted the studies during 1910 in Iowa; 1911 in Cincinnati, Ohio, and Covington, Kentucky; and in 1912 in Buffalo and Batavia, New York. Conducting the studies enabled him to outline the epidemiology of poliomyelitis so accurately that most of his conclusions are still accepted today.

His description of abortive cases, suspected abortive cases, and possible abortive cases states:

*"Abortive cases, in which, although the patients recovered without having exhibited definite paralysis, the clinical symptoms of poliomyelitis were sufficiently characteristic to justify a diagnosis of poliomyelitis. In this class are included also some cases in which the clinical manifestations were not definite, but in which the serum showed protective properties against the virus of poliomyelitis."*

In the discussion of the reports, he states that rigid conclusions could not be made, but that the evidence from all other sources together with that from his studies appeared to have a fairly definite significance.

The following is a brief summary of his findings and tentative conclusions published in 1913: (1) the disease is caused by a specific infective agent, a virus, found under natural conditions only in man; (2) the virus is found in the secretions of the respiratory and gastrointestinal

tracts of acute cases, of convalescents, of abortive cases, and of certain healthy carriers; (3) transmission is by more or less direct personal contact; and (4) the geographical distribution of the disease is world-wide. He indicates that final judgment as to the accuracy of his conclusions would, of necessity, be withheld until extensive serological surveys of suitable samples of representative population groups could be accomplished.

Trask, *et al.*, in 1938<sup>5</sup> isolated the virus from stools of one patient obtained on the second, eleventh, and twenty-sixth day of the disease. In three other abortive cases, poliomyelitis virus was isolated from nasopharyngeal washings.

The development of tissue culture technics after the discovery by Enders, *et al.*, in 1949<sup>6</sup> that poliomyelitis viruses could be propagated in non-nervous tissue culture has made available an inexpensive, efficient method for the cultivation of all three types. Subsequent studies have es-

tablished on fairly firm grounds the relatively widespread distribution of poliovirus in asymptomatic persons in the temperate zone, particularly during the summer months.

After oral polio vaccine was licensed for use in the United States, the Public Health Service stockpiled quantities of monovalent vaccine for epidemic control in selected areas under specific conditions. The decision to provide oral polio vaccine for epidemic control was based on the assumption that poliovirus is widely distributed in a community in the face of the occurrence of cases. The vaccine was available for any community in which three cases of poliomyelitis had occurred, two of which had been confirmed by laboratory studies and the type determined.<sup>7</sup>

In Patton, Pennsylvania, in August of 1962, poliomyelitis occurred and the conditions were fulfilled.

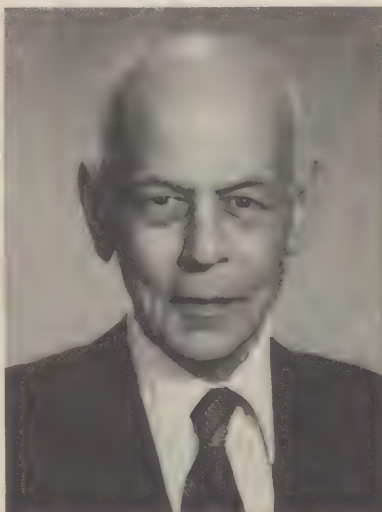
## The study

Patton is situated in the north-central part of Cambria County, approximately 80 miles east of Pittsburgh. Patton is an incorporated borough and, at the time of the 1960 census, the population was 2,880.

Two of the cases in Patton had been studied and identified as Type I poliovirus infections. The third case was reported to the State Department of Health on Tuesday, August 14, 1962. Type I oral polio vaccine was requested and made available by the Public Health Service and plans were made to administer it on Friday, August 17.

As no oral polio vaccine had been administered in the southcentral part of Pennsylvania, the outbreak provided an opportunity to demonstrate the distribution of poliovirus in a community in which three clinical cases had been identified.

On Tuesday evening the Public Health Nurses of Cambria County



*Dr. Schrack is former director, Division of Communicable Diseases, Pennsylvania Department of Health, Harrisburg.*



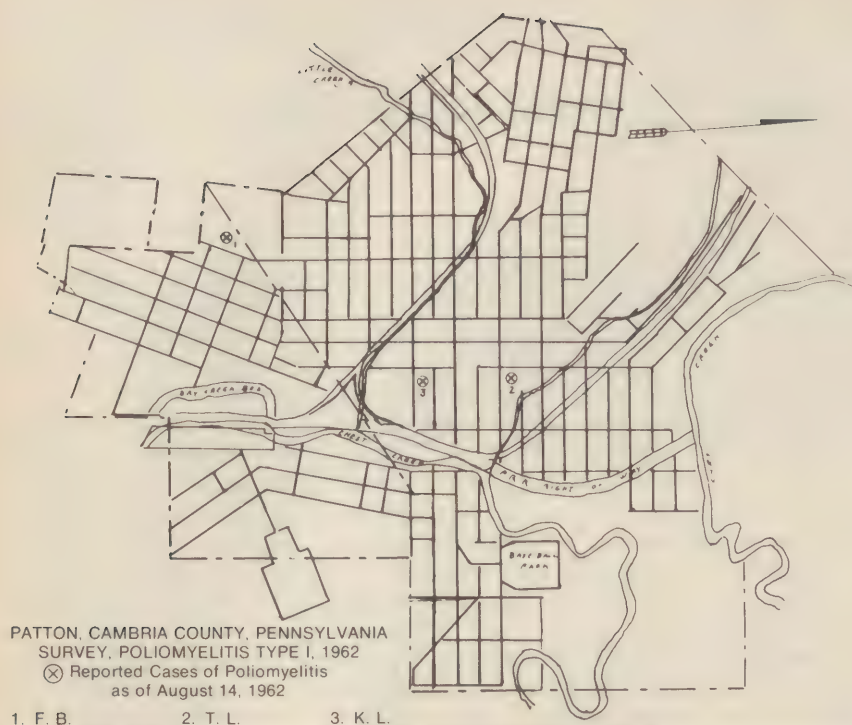


Figure 1. Reported cases of poliomyelitis Type I as of August 14, 1962, in Patton, Cambria County.

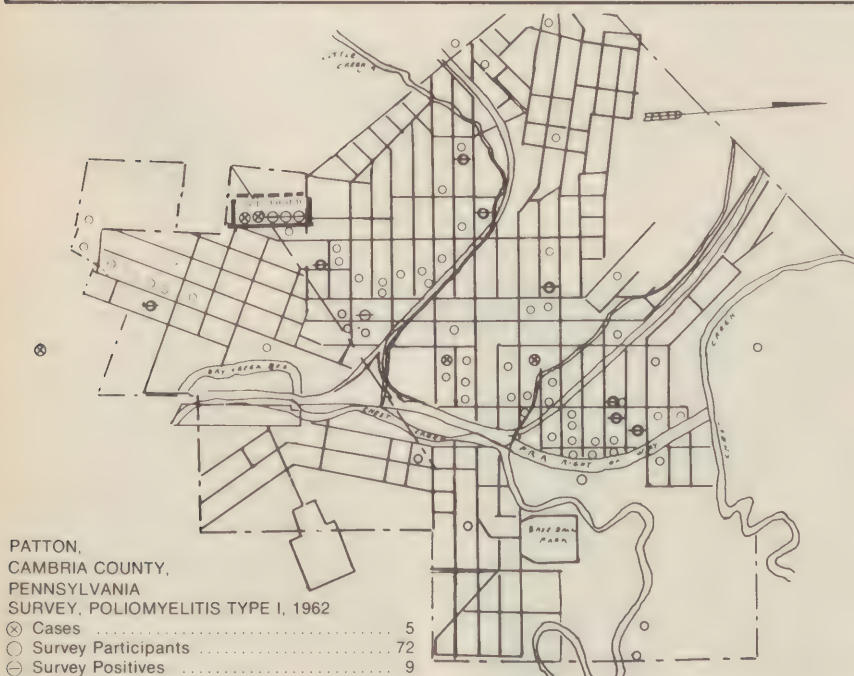


Figure 2. Patton area survey for Type I poliomyelitis, August 15-16, 1962.

were requested to obtain stool specimens from 50 or more persons in Patton who were not ill and who had had no known contact with any case of poliomyelitis. Such an undertaking required the wholehearted cooperation of the residents of the area and

demanding a great deal from the nurses who attempted to carry out the request. In addition, it was necessary that all specimens be collected prior to the morning of Friday, August 17, when vaccine virus would be administered and begin to spread in the

community. Between Tuesday night and Friday morning, the nurses collected stool specimens from 73 persons with no known contact with poliomyelitis. The specimens were frozen in dry ice and shipped to the health department's Virus Diagnostic Reference Laboratory, located at the Children's Hospital in Philadelphia; 72 of the specimens were received in the laboratory in satisfactory condition.

On Friday, August 17, residents of Patton received 2,486 doses of Type I oral polio vaccine. In addition, 18,000 residents from the surrounding area received vaccine on August 17 and 18.

Figure 2 is a map of Patton and shows the location of the homes of the first three cases. Two additional cases of poliomyelitis were recognized, bringing the total to five. In Figure 3, in addition to the five cases, the locations of the homes of the persons who participated in the survey are shown and the results of the virus studies are indicated.

Of the survey participants who were without symptoms and from whom specimens were collected August 15 and 16, nine were found to be excreting Type I poliovirus. The characteristics and the vaccination status of these nine persons are presented in Table I. The youngest was five months old and the oldest fifteen years. None had ever received polio vaccine.

Table II presents pertinent information and the characteristics of the cases of poliomyelitis which occurred in this community. Some of the problems in the diagnosis of poliomyelitis are illustrated by two of the five cases in the outbreak. The illness in the fatal case (F.B., Table II), a nine year old white male, originally was thought to be lymphocytic choriomeningitis. When his sister's illness was recognized as poliomyelitis and Type I poliovirus was isolated, the diagnosis in the case of the boy was reconsidered and changed to poliomyelitis. Concomitantly, from stool specimens from the other three members of the household, Type I poliovirus was isolated. This is indicated in the box labeled "Household" in Figure 3.

The fifth case, which occurred in a

TABLE I

Patton, Cambria County, Pennsylvania  
Poliomyelitis Type I - 1962  
Survey Positives

No.	Initials	Age	Sex	Vacc. Status	
				IPV	OPV
1	J.D.	9	M	2inj.	None
2	R.T.	8	F	3inj.	None
3	J.F.	7	M	1inj.	None
4	M.H.	2	M	None	None
5	W.H.	12	M	None	None
6	R.H.	7	M	3inj.	None
7	B.H.	2	F	None	None
8	B.S.	15	F	3inj.	None
9	R.B.	5mo.	M	2inj.	None

23 month old child, was discovered at the time of a home visit by one of the public health nurses. The family of the patient was one of those requested to submit specimens as part of the original survey. The specimen from this child was positive. At the time of a followup visit it was noted that the child had lost the use of one of her legs. Her mother was advised to take the child to a physician. On examination, the patient was found to have a flaccid paralysis. The clinical picture and the isolation of poliovirus were the basis for the diagnosis. The case probably would have gone unrecognized for several months had the survey not been made.

From single specimens collected under field conditions in an emergency situation, slightly more than 12 percent of the participants were found to be excreting Type I poliovirus. This is a demonstration of the remarkable inapparent distribu-

tion of poliovirus and provides support for the recommendation that monovalent oral polio vaccine be used in an endeavor to control epidemic poliomyelitis.

Other studies have shown the sero-conversion of persons with no history of poliomyelitis. It appears that this type of inapparent or subclinical infection accounts for the increasingly higher percentage of demonstrable neutralizing antibodies found in successively older age groups.

Since 1962, the distribution and the administration of oral polio vaccine has resulted in the dramatic decline in the incidence of clinical poliomyelitis. In 1963 in Pennsylvania, there were 110 cases of polio, one-fourth of the nation's 449 cases.

Since 1963, only six cases have been recognized in Pennsylvania: one in 1966; three in 1967; and one each in 1969 and 1974. One of the

1967 cases occurred in a 35 year old white male who had received vaccine, but had acquired hypogammaglobulinemia; the other two patients were non-white children aged 9 months and 2 years, respectively, neither of whom had ever been given polio vaccine. The case in 1969 involved a two year old white male who had never received vaccine. In 1974 the patient was an eleven month old non-white female, who had not been immunized, but was in close contact with a child who had received oral polio vaccine.

Based on a 1974 survey of 10 percent of two year old children in the state, it is estimated that only 80 to 81 percent of two year old children have been adequately protected against poliomyelitis. As wild viruses are still circulating, it is imperative that all children be protected with a sufficient number of properly spaced doses of oral polio vaccine. □

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TABLE II

Patton, Cambria County, Pennsylvania  
5 Cases Poliomyelitis Type I—1962

Date Morbidity Reported	Initials	Age	Sex	Color	Date of Onset	Date Isolation of Polio I Reported
8- 9-62	H.S.B.	7	F	W	7-15-62	8-13-62
8- 9-62	T.L.	13	M	W	7-24-62	8-13-62
8-13-62	K.L.	8	F	W	8- 2-62	8-27-62
8-13-62*	F.B.	9	M	W	7-15-62	—
10-22-62	K.K.	23mo.	F	W	7-15-62	8-25-62

\* 7-20-62 Expired

7-30-62 Reported as lymphocytic choriomeningitis

8-13-62 Changed diagnosis to poliomyelitis



## Skin grafting

# Diminishing the stigmata of lupus erythematosus

WILLIAM P. GRAHAM, III, M.D.

STEPHEN H. MILLER, M.D.

STEVEN M. LAPIDUS, M.D.

Hershey

The problems of skin grafting of patients who are receiving corticosteroids and the success of grafting patients with lupus erythematosus who have received injuries have been described.<sup>1,2</sup> The actual use of skin grafting to eliminate

areas that harbor the stigmata of lupus erythematosus has not been promulgated.

Two patients illustrate the potential use of split thickness skin grafts to improve appearance in areas of skin involved by lupus erythematosus.

## Case reports

A 64 year old white female accountant who had been a victim of discoid lupus for years sought consultation regarding the extensive involvement of the palmar and thenar skin of her minor hand by the cutaneous changes associated with lupus. She periodically used local steroid creams for "flare ups" characterized by increased scaling, cracking, and pruritis. Several years previously she had experienced a staphylococcal osteomyelitis following an attempt to correct a thumb contracture of the involved hand. In addition to the palmar cutaneous involvement, she had a recurvatum de-



Figure 1. Preoperative photograph showing changes in palmar and thumb skin secondary to lupus.

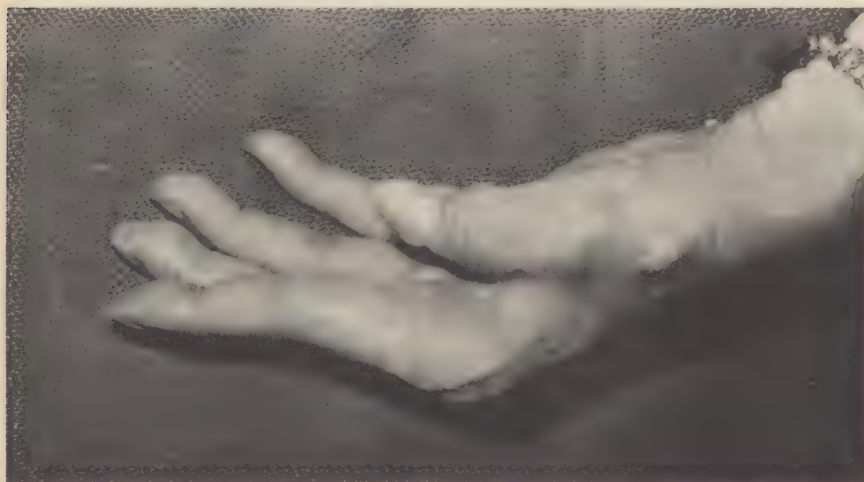


Figure 2. Contracted thumb web and recurvatum deformity of the index finger.

*This paper was prepared in the department of surgery, division of plastic surgery, The Milton S. Hershey Medical Center, The Pennsylvania State University, Hershey. Dr. Graham is professor of surgery, and director of the division of plastic surgery for Penn State, and chief of the division of plastic surgery at Hershey. He is a consultant in plastic surgery at Elizabethtown State Crippled Children's Hospital and the Lancaster Cleft Palate Clinic. Dr. Lapidus completed his plastic surgery residency at Hershey in 1974. He then joined the Army and is now assistant chief of plastic surgery at the Madigan Army Medical Center in Tacoma, Washington. Dr. Miller is associate professor of surgery and associate chief of the division of plastic surgery at Hershey, and a consultant in plastic surgery for the Elizabethtown State Crippled Children's Hospital.*

formity of the index finger with locking in extension at the proximal interphalangeal joint. The thumb web was contracted and the thumb shortened with an arthrodesis of the distal joint (Figures 1 and 2).

At the patient's insistence, an attempt at grafting was done, excising the palmar skin from the volar aspect of the wrist to the middle palmar crease, ulnarly to the midaxial line and radially to the base of the thumb. The pretendinous bands of the palmar fascia were resected and the graft secured peripherally with running sutures and a tie-over dressing. At the same time, a reconstruction of Landsmeer's ligament was performed through a midaxial incision of the index finger to correct the recurvatum.<sup>3</sup>

A complete take of the graft ensued and two subsequent grafting procedures were done on the same hand, one to resurface the thumb and expand its web space and the other to complete the replacement of the distal palmar skin. The patient has had no evidence of involvement of the grafted skin and the lack of erythema and scaliness makes the hand more cosmetically presentable. Improved function has been gained through correction of the recurvatum deformity of the index finger (Figure 3).



Figure 3. Postoperative photograph demonstrating replacement of involved skin.

A 28 year old black female was seen in consultation for alleged facial scarring (depigmentation) resulting from injuries sustained by burns in an automobile accident several years previously. The depigmented areas involved the malar and frontal areas with some isolated spots on the cheeks. A biopsy revealed changes compatible with lupus erythematosus. A linear depigmented area

in the central forehead was deeply dermabraded and overgrafted with a moderately thick split thickness skin graft. The "take" was acceptable and at the patient's request, further attempts were made to dermabrade and overgraft the nose and malar areas. Some graft was lost due to the accumulation of blood beneath the graft, but the patient's eyes improved to the point that at this writing she wishes to undergo further dermabrasion and grafting.

Both of the patients had demonstrated discoid lupus erythematosus. At the time of surgery, neither were receiving systemic steroids; however, based on the experience of Tuerk<sup>1</sup> and Warrenfeltz, *et al.*,<sup>2</sup> steroid therapy should not be a deterrent to grafting.

This report is presented to acquaint interested surgeons in the possibility of skin grafting areas which are unsightly or distressing to the patient as a result of discoid lupus erythematosus. □

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#### education

*This issue carries no education course listings. The January issue contained a comprehensive list of continuing education courses being offered in all parts of Pennsylvania. Consult that issue or write for a copy of the supplement to: Council on Education and Science, Pennsylvania Medical Society, 20 Erford Road, Lemoyne, PA 17043.*





**RECENT CHANGES**

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**Mailgram**

# THERE ARE A LOT OF PEOPLE GETTING BETWEEN YOU AND YOUR PATIENT.

Medicine today is in the spotlight, subjected to all kinds of scrutiny. Your control over patient therapy is being monitored, judged and occasionally abrogated, sometimes by unknown third parties.

The worry is that in the wake of this focus, the relationship between you and your patient will be weakened, without offsetting benefits. Consider three examples:

**Drug substitution** In most states, pharmacy laws, regulations or professional custom stipulate that your non-generic prescriptions be filled with the precise products you prescribe. But in the last five years, a dozen or more State laws have been changed, permitting the pharmacist in most cases to select a product of the same generic drug to fill any prescription.

Ironically, this dilution of physician control has taken place against a background of growing evidence that purportedly equivalent drug products may be inequivalent, since neither present drug standards nor their enforcement are optimal. In fact, the FDA itself says it has not enforced the same standards for hundreds of "follow-on" products that it had applied to the original FDA approvals. Thus physician control over patient therapy is being eroded with a risk that patients may be exposed to drugs of uncertain quality.

The major advertised claim for substitution is reduced prescription prices for consumers. Yet no documentation of any significant savings has been produced.

**MAC** Maximum Allowable Cost, MAC for short, is Federal regulation designed to cut the Government's drug bill by setting price ceilings for drugs dispensed to Medicare and Medicaid patients. Unless the prescriber certifies on the prescription that a particular product is medically necessary, the Government intends to pay only the cost of the lowest-priced, purportedly-equivalent,

generally-available product. The effect of the program may be that elderly and indigent patients will be restricted to products which someone in Washington believes are priced right. Practicing doctors will have little to say about administration of the program, since Government will have absolute authority to make its choices stick.

**The drug lag** The future of drug and device research depends upon a scientific and regulatory environment that encourages therapeutic innovations. The American pharmaceutical industry annually is spending more than \$1 billion of its own funds and evaluating more than 1,200 investigational compounds in clinical research. Disease targets include cancer, atherosclerosis, viruses and central nervous system disorders, among others. But there is a major barrier to the flow of new drugs to your patients: The cost of the research is more than ten times what it was, per product, in 1962; and whereas governmental clearance of new drug applications took six months then, it commonly consumes two years now.

The FDA needs adequate time, of course, to consider data. But it is equally clear that the present approval process contributes to needless delay of needed therapy. That's why the increased efficiency of the drug approval process is vital to all our futures.

If these issues concern you, we suggest that you make your voice heard—among your colleagues and your representatives in State legislatures and in Washington.

It could make a difference in your practice tomorrow.



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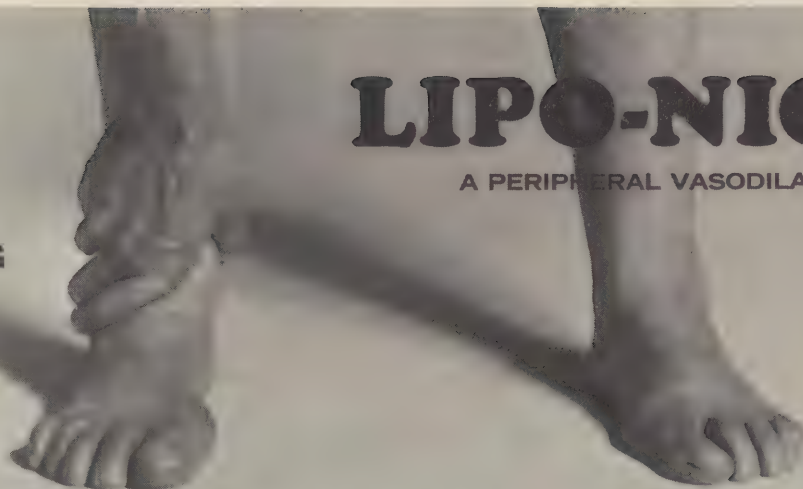
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• Indicates membership in the Pennsylvania Society at time of death.

• **John E. Baltzer**, Shickshinny; Johns Hopkins University School of Medicine, 1947; age 54; died February 24, 1977. He was in the private practice of family medicine and affiliated with Nanticoke State General Hospital.

• **George H. Benz**, Pittsburgh; University of Pittsburgh School of Medicine, 1937; age 64; died March 23, 1977. He had practiced medicine for 36 years and was senior staff physician in internal medicine at the St. Joseph's Hospital division of the South Hills Health System.

• **Richard S. Brown**, Lewistown; Jefferson Medical College, 1952; age 52; died January 16, 1977. A general surgeon, he was president of the Mifflin-Juniata County Medical Society in 1964, secretary of the county society the following year, and served on several committees over the years.

• **Edward W. Collins**, East Stroudsburg; Temple University School of Medicine, 1912; age 88; died March 16, 1977. An otolaryngologist, he was formerly on the staff of Episcopal Hospital and on the faculty of the University of Pennsylvania School of Medicine. He retired in 1969 after 57 years in medicine.

• **Lamar H. Davenport**, DuBois; University of Pennsylvania School of Medicine, 1926; age 76; died February 21, 1977. He had practiced medicine and surgery in the DuBois area for more than 50 years.

• **Sebastian A. Donghia**, Vandergrift; George Washington University School of Medicine, Washington, D.C., 1937; age 64; died February 18, 1977. He had practiced medicine in Vandergrift since 1945.

• **Marian Dziamski**, Rydal; Hamburg Medical School, Hamburg, Germany, 1951; age 52; died May 22, 1976. He practiced radiology in Philadelphia.

• **Benjamin G. Feen**, Cherry Hill, New Jersey; Medical College of Georgia, Augusta, Georgia, 1931; age 71; died October 15, 1976. He was a retired captain in the United States Navy and specialized in industrial medicine.

• **Abraham J. Kaufman**, Carbondale; Jefferson Medical College, 1931; age 70; died March 3, 1977. He had practiced medicine in Carbondale for over 40 years and was serving as the community's mayor, a position he had held since 1967.

• **Marjorie R. Law**, Kingston; Woman's Medical College, 1923; age 81; died March 17, 1977. She had practiced medicine for more than 50 years and for many years specialized in pulmonary diseases.

• **Edgar F. Lillicrapp**, Sarasota, Florida; Hahnemann Medical College and Hospital, 1939; age 64; died February 16, 1977. He had practiced medicine in Hatboro for 34 years.

• **Valentine R. Manning**, Philadelphia; Temple University School of Medicine, 1938; age 64; died February 21, 1977. He served the Philadelphia County Medical Society as treasurer and secretary, and was a past president of the Pennsylvania Society of Colon and Rectal Surgery. He had taught proctology at the University of Pennsylvania Graduate School of Medicine and Temple University School of Medicine.

• **Solomon S. Mintz**, Jenkintown; Hahnemann Medical College and Hospital, 1941; age 64; died February 26, 1977. He was a cardiologist at Albert Einstein Medical Center, Daroff Division, and University of Pennsylvania Graduate Hospital. He was former director of medical education and post graduate education at Einstein.

• **Otto C. Reiche**, Stroudsburg; Medico-Chirurgical College of Pennsylvania, 1910; age 94; died March 4, 1977. He had practiced ophthalmology for 55 years.

• **Ulrich D. Rumbaugh**, Kingston; Jefferson Medical College, 1923; age 90; died February 24, 1977. He was former head of the physical therapy department at Wilkes-Barre General Hospital and later practiced physical medicine in Kingston for 35 years until his retirement in 1957.

• **Henry A. Gorman**, Lewisburg; University of Pennsylvania School of Medicine, 1909; age 88; died February 17, 1977. He was former chief of the chest clinic at Philadelphia Veterans Administration Hospital and superintendent of Hamburg State Sanitorium.

• **Leon H. Warren**, Rutland, Vermont; University of Pennsylvania School of Medicine, 1931; age 73; died February 11, 1977. Formerly of Germantown, he was a retired forensic physician and dermatologist and lecturer in dermatology at Temple University School of Medicine.

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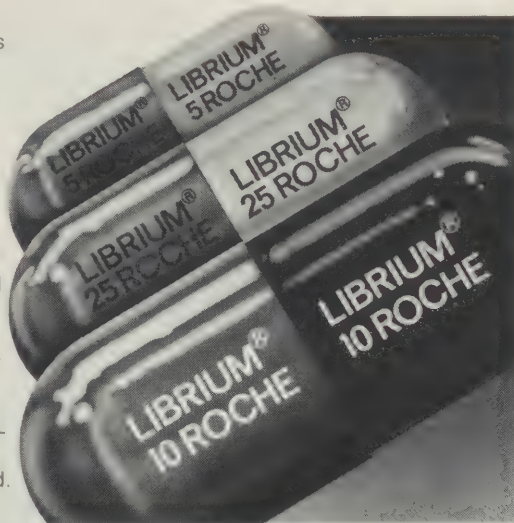


# THE ANXIETY-SPECIFIC.

- a predictable pattern of patient response
- seldom associated with serious side effects, in proper dosage
- rarely interferes with mental acuity
- used concomitantly with many primary medications
- three dosage strengths meet most patient needs

## LIBRIUM® chlordiazepoxide HCl/Roche 5mg, 10mg, 25mg capsules

Libritabs® (chlordiazepoxide) available  
in 5 mg, 10 mg and 25 mg tablets.



**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** Relief of anxiety and tension occurring alone or accompanying various disease states.

**Contraindications:** Patients with known hypersensitivity to the drug.

**Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**Precautions:** In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psycho-

tropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relation-

ship has not been established clinically.

**Adverse Reactions:** Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

**Usual Daily Dosage:** Individualize for maximum beneficial effects. **Oral—Adults:** Mild and moderate anxiety and tension, 5 or 10 mg *t.i.d.* or *q.i.d.*; severe states, 20 or 25 mg *t.i.d.* or *q.i.d.* **Geriatric patients:** 5 mg *b.i.d.* to *q.i.d.* (See Precautions.)

**Supplied:** Librium® (chlordiazepoxide HCl) Capsules, 5 mg, 10 mg and 25 mg—bottles of 100 and 500; Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25, and in boxes containing 10 strips of 10; Prescription Paks of 50, available singly and in trays of 10. Libritabs® (chlordiazepoxide) Tablets, 5 mg, 10 mg and 25 mg—bottles of 100 and 500. With respect to clinical activity, capsules and tablets are indistinguishable.



Roche Laboratories  
Division of Hoffmann-La Roche Inc.  
Nutley, New Jersey 07110

Please see following page.



# THE ANXIETY-SPECIFIC.

Since its discovery in the research laboratories at Roche, Librium has been the object of ongoing pharmacologic and clinical investigation.

The published record on Librium is enormous. So large, in fact, we put it into a computer literature retrieval system to make it more accessible in answering your inquiries.\*

It's a record that reveals a consistent pattern of patient response. A highly favorable benefits-to-risk ratio. And minimal interference with many primary medications.

Doing one thing well. Basically, that's what Librium is all about.

**LIBRIUM®**   
**chlordiazepoxide HCl/Roche**



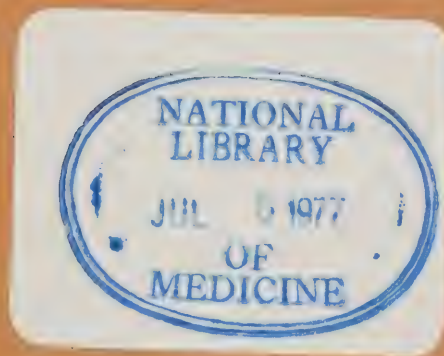
\*If you have a question about Librium or any other Roche product, write to Professional Services, Roche Laboratories, Nutley, New Jersey 07110.

Please see preceding page for a summary of product information.

01  
E385K

# Pennsylvania Medicine

Vol. 80, No. 6 JUNE 1977



## OFFICERS' CONFERENCE

# 77





# A character all its own.



Valium (diazepam) is a benzodiazepine with a character all its own.

Pharmacologically, it has been described as more potent mg-per-mg than other available anxiolytic benzodiazepines. Pharmacokinetically, only Valium provides active *diazepam* as well as the active metabolites 3-hydroxydiazepam, desmethyldiazepam and oxazepam.

But the individual character of Valium is even more apparent clinically than pharmacokinetically. And far more significant. That's because of the patient response obtained with Valium. A response which brings a calmer frame of mind. A response which has a pronounced effect on the somatic symptoms of anxiety, particularly muscular tension. A response which helps the patient feel more like himself again because of the way Valium reduces the overwhelming symptoms of anxiety and psychic tension.

Another important aspect of the clinical character of Valium is safety. Though drowsiness, ataxia and fatigue are possible, these and more serious side effects are rarely a problem. Of course, as with all CNS-acting drugs, patients taking Valium should be cautioned against driving, operating dangerous machinery or the simultaneous ingestion of alcohol.

Unquestionably, many psychotherapeutic agents, including other benzodiazepines, have antianxiety effects. But one fact remains: you get a certain kind of patient response with Valium. It's a response you want. A response you know. A response you trust as part of your overall management of anxiety and psychic tension.

## Valium<sup>®</sup> (diazepam)<sup>IV</sup>

2-mg, 5-mg, 10-mg scored tablets  
a prudent choice in psychic  
tension and anxiety

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

**Contraindicated:** Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**Precautions:** If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

**Side Effects:** Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.



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Nutley, New Jersey 07110



#### BOARD HOLDS SPECIAL MEETING

A special meeting of the Board of Trustees was held June 5 to consider a negotiated settlement with

Argonaut Insurance Co. The proposed settlement resulted from action taken by the Board at its May meeting, when it requested counsel to investigate the possibility of negotiating on the pending court actions with a view to ending them, permitting Argonaut to be released from its master agreement with the State Society. Negotiations are pending after rejection by the Board of the initial offer by Argonaut. Trustees agreed to return to their districts to sample local opinion regarding a possible settlement which would require activation of the Society's captive insurance company. The Board will consider the matter again on or before August 24, the date of the next scheduled meeting.

#### PMS SUCCESSFUL IN VEHICLE CODE MATTER

Society executives have met with officials of the Department of Transportation and

appear to have convinced them that Section 1518 of the Vehicle Code, scheduled to become effective July 1, is a violation of patient confidentiality and specifically a violation of the confidentiality section of the Mental Health Act. PennDOT has agreed to seek an amendment which would delete Section 1518, which says: "All physicians...must report to the department in writing...every person over 15 years of age diagnosed as having any specified disorder or disability within 15 days." PennDOT officials also have said a moratorium on enforcing Section 1518 would be issued if the amendment is not adopted before July 1, 1977.

#### CLINICAL LABORATORY RULES UPHELD

The Society is increasing activity seeking the passage of S.B. 233, which specifically

excludes physicians' office laboratories from the Clinical Laboratories Act, in the wake of a June 3 Supreme Court decision. The Court upheld the right of the Department of Health to license and regulate office laboratories of private physicians, ending court actions initiated by the Society more than two and a half years ago. The Society held that it was never the intent of the Legislature to cover physicians' office laboratories in the Act.

#### PMS INTERVENES IN ISO RATE FILING

The State Society had intervenor status in hearings June 7 by the Insurance Department

on a rate increase request of the Insurance Services Office (ISO). ISO's filing requests to increase by 20.1 percent the difference between premium levels for base rates for medical malpractice insurance (\$25,000/\$75,000) and the coverage required by Pennsylvania law (\$100,000/\$300,000). ISO represents a number of insurance companies for the purpose of rate making.

#### CHIROPRACTORS BRING SUIT

The State Society is one of eight defendants in a class action suit filed May 18 by the Pennsylvania Chiropractic

Society in U.S. District Court, Philadelphia. The suit charges restraint of trade and claims the medical profession denies chiropractors access to hospital x-ray and laboratory services.

#### INTERNS AND RESIDENTS TO MEET

The Interns and Residents Steering Committee told the Board of Trustees that it is planning

an initial statewide meeting of interns and residents during the Society's Annual Business Session in Lancaster, October 25-27, 1977. Committee members, who met with President William J. Kelly, M.D., and President Elect John V. Blady, M.D.,



during Officers' Conference, are J. Patrick Tokarz, M.D., Hershey; A. Patrick Jonas, M.D., Hershey; and Richard J. Kusick, M.D., Allentown. The Society has over 550 intern and resident members.

PMS DEMANDS IMPLEMENTATION OF MEDICAL PRACTICE ACT      The Board of Trustees voted May 18 to demand that the Bureau of Professional and Occupational Affairs and the State Board of Medical Education and Licensure begin implementation of the disciplinary sections of the Medical Practice Act by July 1. The Board further asked for a monthly fiscal accounting regarding the use of the more than \$2 million collected from physicians for this purpose. The Board appointed LeRoy C. Erickson, director of educational activities for the Society, official representative to the state medical board.

BOARD ADOPTS LAETRILE POSITION      The Board of Trustees on June 5 adopted the following statement: "Laetrile (apricot pits) has no scientific basis for the treatment of cancer. Laetrile is not recognized by any acceptable body of qualified experts in the field of drug research or cancer treatment as a safe and effective drug. The legalization of Laetrile may exploit the victims of cancer by offering false hope for the hopelessly ill. The only people to be helped by the legalization of this drug would be its promoters who prey on the misguided beliefs of some cancer victims and their families."

SUPPORT VOTED FOR INCREASED FUNDS FOR SCHOOLS      The Board of Trustees voted May 18 to support the request of Pennsylvania's medical schools for an increase in the state's capitation, which has not changed since 1971. The Council on Governmental Relations and the Deans' Committee will cooperate in this effort.

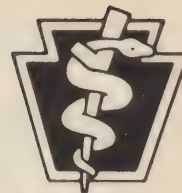
GENERIC DRUG ACT INCREASES PHONE BILL      The Pennsylvania Department of Health on May 24 added three additional toll free hot lines to keep up with the volume of calls on the new Generic Drug Act which became effective the day before. The number is 800-692-7254. The department is allowing a 45-day transition period during which time old prescription blanks may be used, as long as the format described in the Act is handwritten in as follows: two signature lines with "substitution permissible" on the right and "no substitution" on the left.

SOCIETY TO OPPOSE HOSPITAL RULES      The Board voted May 18 to oppose the Department of Health's proposed hospital regulations in their present form, citing 50 deficiencies in them. Secretary of Health Leonard Bachman, M.D., who was present at the meeting, was asked to appoint a committee representing PMS, the Hospital Association of Pennsylvania, and the health department to negotiate changes before final adoption.

PMS TO SUPPORT ACADEMY OF O&O      The Society will file an amicus curiae brief in Commonwealth Court supporting the Pennsylvania Academy of Ophthalmology and Otolaryngology. At stake is the academy's application for the Medical Eye Care Foundation of Pennsylvania. The application was disapproved by the health and insurance departments because optometrists were not included. The academy is appealing.

SURVEY FINDS SOCIETY IN GOOD HEALTH      Dr. Charles D. Pringle, Penn State professor who analyzed data gathered in the survey recommended by President Kelly in his inaugural address, reported to the Board on May 18. Several Society units will study survey results and report back at later meetings with recommendations for the Board's consideration.

# Pennsylvania Medicine



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JUNE 1977

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20 Erford Road  
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Telephone (717) 238-1635

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consider the effect on  
coexisting diabetes when  
you prescribe a vasodilator\*



(POSTERIOR VIEW OF PANCREAS)

no interference in the management of the diabetic patient has been reported with

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the compatible vasodilator

TABLETS, 20 mg.

**\*Indications:** Based on a review of this drug by the National Academy of Sciences-National Research Council and/or other information, the FDA has classified the indications as follows:

Possibly Effective:

1. For the relief of symptoms associated with cerebral vascular insufficiency.
2. In peripheral vascular disease of arteriosclerosis obliterans, thromboangiitis obliterans (Buerger's Disease) and Raynaud's disease.

Final classification of the less-than-effective indications requires further investigation.

**Composition:** Vasodilan tablets, isoxsuprine HCl, 10 mg. and 20 mg.  
Vasodilan injection, isoxsuprine HCl, 5 mg., per ml.

**Dosage and Administration:** Oral: 10 to 20 mg., three or four times daily.

Intramuscular: 5 to 10 mg. (1 or 2 ml.) two or three times daily. Intramuscular administration may be used initially in severe or acute conditions.

**Contraindications and Cautions:** There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding.

Parenteral administration is not recommended in the presence of hypotension or tachycardia.

Intravenous administration should not be given because of increased likelihood of side effects.

**Adverse Reactions:** On rare occasions oral administration of the drug has been associated in time with the occurrence of hypotension, tachycardia, nausea, vomiting, dizziness, abdominal distress, and severe rash. If rash appears the drug should be discontinued.

Although available evidence suggests a temporal association of these reactions with isoxsuprine, a causal relationship can be neither confirmed nor refuted.

Administration of single dose of 10 mg. intramuscularly may result in hypotension and tachycardia. These symptoms are more pronounced in higher doses. For these reasons single intramuscular doses exceeding 10 mg. are not recommended. Repeated administration of 5 to 10 mg. intramuscularly at suitable intervals may be employed.

**Supplied:** Tablets, 10 mg., bottles of 100, 1000, 5000 and Unit Dose; Tablets, 20 mg., bottles of 100, 500, 1000, 5000 and Unit Dose; Injection, 10 mg. per 2 ml. ampul, box of six 2 ml. ampuls.

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Now, a new service for PMS members:

# Announcing Memberloan a unique financial service available to members of the Pennsylvania Medical Society on a preferential basis.

This recently endorsed program provides a vital financial service that members can use to resolve any number of important financial needs.

Although complete details about the plan will be mailed to our members in the coming weeks, we want you to be aware of some of the special features and benefits of this new service.

- Memberloan is issued on your signature—there's no collateral required. The amounts available range from \$5,100 to \$25,000.
- The convenient one-step application/note form can be completed in the privacy of your office or home. The entire transaction is handled by mail.
- Funds advanced are on an interest bearing basis. You pay only for the money you use, while you use it.
- The preferred interest rates offered are based on the amount borrowed; you select the terms that are most convenient to you. The maturities range from 48 to 84 months. Examples of the preferential rates are shown below:

# OF MONTHLY PAYMENTS	AMOUNT FINANCED	AMOUNT OF MONTHLY PAYMENT	FINANCE CHARGE	TOTAL OF PAYMENTS	ANNUAL PERCENTAGE RATE
84	\$25,000	\$468.50	\$14,354.00	\$39,354.00	14%
72	18,000	370.90	8,704.80	26,704.80	14%
60	12,000	279.21	4,752.60	16,752.60	14%
48	6,000	166.98	2,015.04	8,015.04	15%
48	5,100	144.53	1,837.44	6,937.44	16%

- There are no prepayment penalties—you pay off your Memberloan any time you wish and, you can reduce total finance charges by repaying more than the monthly payment at any time.

- Credit life insurance (up to a maximum of \$10,000) is included at no additional cost for members under age 66.

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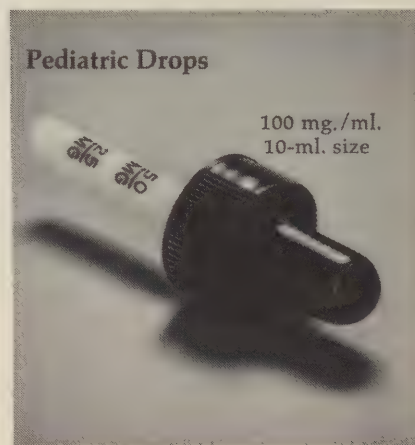
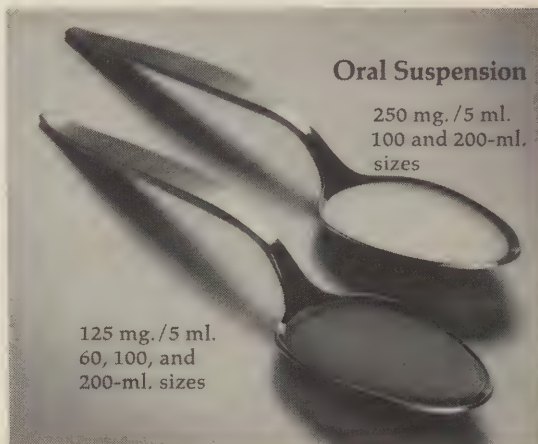
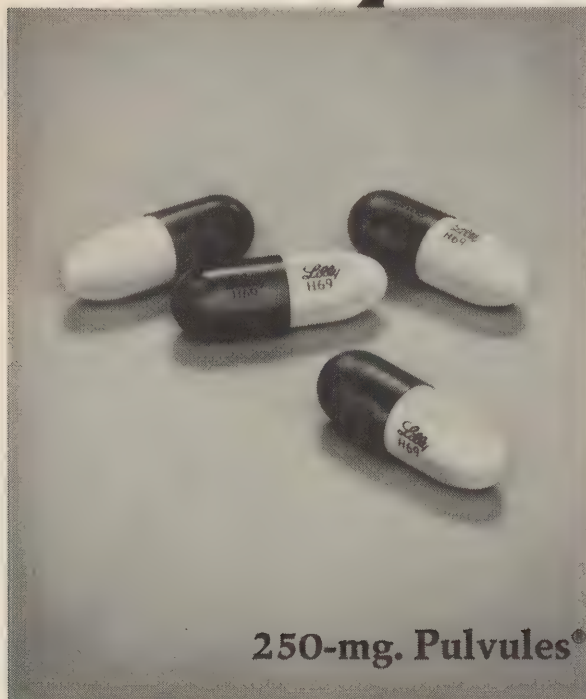
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Indianapolis, Indiana 46206



## Officers' Conference presents overview of current issues

The 1977 Officers' Conference brought together physician leaders and government officials in a series of interviews, panel discussions, and question and answer sessions, packing into a 24-hour period an overview of the problems facing the profession

today.

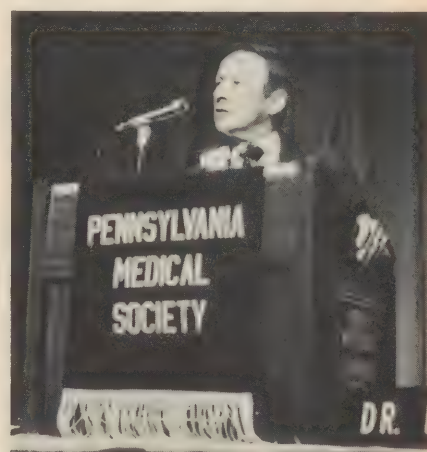
R. William Alexander, M.D., of Reading was chairman of the committee which engineered the program. Serving with him were Drs. J. Mostyn Davis, of Shamokin; George R. Fisher, of Philadelphia; Paul F. Kase, of

Harrisburg; John P. Mraz, of Erie; William J. Kelly, president of the Society, of Pittsburgh; and Orlo G. McCoy, representative of the Board of Trustees, of Canton.

Below and on the next page are scenes from the conference.



CONFERENCE Chairman R. William Alexander, M.D., listened as Harley M. Dirks, assistant director of the AMA's Department of Congressional Relations, discussed national issues and legislative prospects.



THE ROLE of the AMA and reasons for active participation were discussed by William Y. Rial, M.D., of Swarthmore, vice speaker of the AMA House of Delegates and member of the AMA Board of Trustees.



DISCUSSING state legislation in an informal interview setting were Senator W. Louis Coppersmith, of Johnstown, chairman of the Senate Health and Welfare Committee, and Michael J. Levis, M.D., of Pittsburgh, chairman of the Society's Council on Governmental Relations.

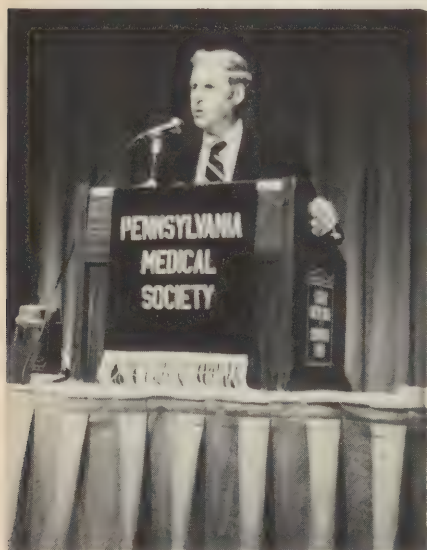


THE SOCIETY'S legal counsel, Fred Speaker, briefed officers about the various legal actions in which the Society is currently involved.

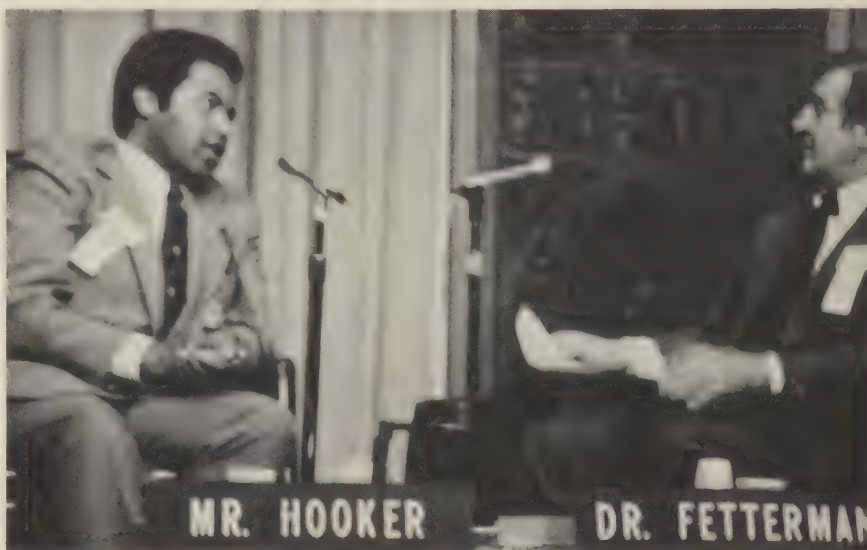




*STATE and county society officers and their guests were entertained at dinner by Dr. Murray Banks.*



*REPRESENTATIVE Richard A. McClatchy, Jr., of Rosemont, appeared on the panel which discussed nursing homes. Representative McClatchy is owner-operator of a nursing home.*



*GOVERNMENT red tape was the topic when Thomas L. Hooker, deputy secretary of the Department of Public Welfare, was interviewed by Henry H. Fetterman, chairman of the Council on Medical Service.*

*POLICING the profession was the subject of the interview of Richard C. Lyons, M.D., of Erie, chairman of the State Board of Medical Education and Licensure, by James A. Raub, M.D., of Sewickley, chairman of the Council on Education and Science.*



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☐ I have heard enough. I am a member of the Pennsylvania Medical Society, so please enroll me as a member of the Pennsylvania Medical Cooperative. Enclosed you will find a check in the amount of \$200 to cover the membership requirement. It is my understanding that this is a life-time subscription entitling me to a vote in the affairs of the Cooperative and giving me the right to purchase all medical supplies offered by the Cooperative.

☐ I am impressed by what I have read, but I would like to know more. Please send me more information and a membership application on the Co-op.

(Please make checks payable to the Pennsylvania Medical Cooperative.)

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**Another member benefit of the Pennsylvania Medical Society!**



# Physicians on radio reach thousands every week

ROBERT R. WEISER  
Communications Division

Every day almost everyone listens to the radio. They wake up, drive, cook, work, eat, and even sleep with it.

Radio and television are the public's prime sources of news today. Depending on whose estimates you use, the broadcast media provide 70 to 80 percent of the public's information. Consequently, public relations efforts geared solely to newspapers miss something—most of the public.

If county societies take the time to learn a few simple rules, radio will offer public relations advantages no other medium can match.

Radio is far more accessible than television. Pennsylvania has nearly 350 radio stations but only 25 television stations. Every county medical society has access to at least one radio station, while most have several within their boundaries.

Production of quality public relations programming for radio



DR. SMITH

can cost thousands of dollars for dramatized spots; but it can cost a county society absolutely nothing if its members are willing to contribute their time. Physicians have something the public desperately wants—medical information. If they are willing to offer their time, they will probably find a station to give its time and handle the production.

Radio programming can serve two purposes. It can provide the public with needed health information, at the same time improving medicine's image by identifying the county medical society with a public service.

## Radio shows

Each week more than 60 stations in the state carry a five minute health news show called "Today's Health." Hosted by David A. Smith, M.D., medical editor of *PENNSYLVANIA MEDICINE*, the show has an estimated audience of over 300,000. Written and produced by the staff of the State Society, the show is co-sponsored by the medical society of the county in which it is aired. "Today's Health" offers information on medical advances, health tips, and explanations on how the body functions.

"Today's Health" is available free to any county medical society. Sponsorship involves no cost, just the effort of placing the show on a station. Once the station agrees to carry "Today's Health" each week, PMS will see that the tape is delivered on time. For a sample tape and script, contact Bob Lamb at the State Society headquarters.

WCHE radio in West Chester produces a weekly show, called "Chester County Commentary," featuring Robert Poole, M.D., of the Chester County Medical Society. He discusses a variety of medical topics including amniocentesis, venereal disease, or the malpractice crunch. "Chester County Commentary" is a good example of what can be done on radio at the local level. It is produced by WCHE at no cost to the county society.

## Public service spots

The two above examples are one type of public service



DR. POOLE

programming; another is public service spots. Spots are usually 30 or 60 seconds in length and used the same way as commercials.

During 1976 the PMS Committee on Quackery produced six 30 second spots. Distributed to nearly every station in the state, the spots were used to dispel some of the current myths about nutrition. At least one of the six spots was aired in every major radio market in the state.

Public service spots can be prepared on a local level. Some radio stations accept a script which their own announcers will record or read live on the air. Or a county society may arrange to record the spots, either at the station or through a commercial producer. The State Society is ready to give help to county societies who want it.

Besides radio talk shows and public service spots are other types of programming such as one time specials on a topic of particular interest to the community or "call-in" shows allowing listeners a chance to ask their own questions.

Radio must be a vital part of county societies' public relations efforts. They have a unique resource available to no one else—M.D. membership. It is time to use that resource and go "on the air." □



# Legislative program mix of affirmative, preventive action

MICHAEL P. LEVIS, M.D.  
Pittsburgh

As the Pennsylvania Legislature approaches the half year mark in 1977, it can point to very little in the way of accomplishment in the first quarter of the current two-year session. Legislators took their time handling the business of the budget. The Senate finally passed its version, S.B. 770, on April 27 and sent it to the House, where consideration could take another two months. The House of Representatives is leaderless because of the trial of House Speaker Herbert Fineman, indicted on charges he took money to influence professional schools on certain admissions.

Interest groups, however, are having legislation introduced, and at the very least, it is being referred to the proper committees, in most cases, that is. One bill in which physicians have an interest, S.B. 679, which would permit professional corporations to seek malpractice coverage if they wish from the Catastrophe Loss Fund, was first referred to the Senate Committee on Public Health and Welfare. While this caused some delay in action on the bill, on April 26 that committee released the bill and it was properly referred to the Senate Insurance Committee, which is expected to act soon and report it to the floor.

This is only one of a number of amendments to Act 111 of 1975, the medical malpractice act, which the Society plans to have introduced when the session is really under way.

The others, all studied by the Council on Governmental Relations as well as by the Board of Trustees and the ad hoc committee to study malpractice insurance are:

1. Three year statute of limitations;
2. Limitation of payment for pain and suffering to grievous impairment;

3. Provision that punitive damages be sent to the State Board of Medical Education and Licensure rather than the plaintiff;
4. Permission for the patient to choose binding arbitration without appeal to the court;
5. Elimination of PSRO norms, standards and criteria; and
6. Provision that courts may order that an award to the plaintiff be made in periodic payments rather than in a lump sum.

No timetable for the introduction of these resolutions has been

established, but as they are introduced further details on the actual legislation will be publicized.

## Comprehensive health planning

It is expected that the Shapp Administration will cause to have introduced again this session comprehensive health planning legislation similar to S.B. 10 and H.B. 853 of the previous session. These bills attempted to impose on Pennsylvania hospitals not only certificate of need, which the State Society can support, but

(Continued next page.)



*Dr. Levis, a Pittsburgh surgeon, is chairman of the State Society's Council on Governmental Relations, a past president of the Allegheny County Medical Society, and an alternate delegate to the American Medical Association House of Delegates. Long involved in political action com-*

*mittee work, he is vice chairman of the executive committee and a member of the Board of Directors of the Pennsylvania Medical Political Action Committee and serves on the Board of Directors of the American Medical Political Action Committee.*



## **Legislative program**

*(Continued.)*

also such bureaucratic power-grabbing as rate review and disclosure of salaries of hospital based physicians. State Society lobbying efforts successfully stopped this legislation in previous sessions, and the Society is prepared to make the same effort in 1977-78 if it is again introduced. This is the kind of legislative activity which takes diligent effort on the part of the responsible staff persons. Preventing bad bills from becoming law is essential, and in this regard the Society has enjoyed success.

### **Laboratory law amendment**

The Society already has had introduced an amendment which will clarify the position of laboratories in physicians' offices, which the Department of Health attempted to regulate under the Clinical Laboratory Act of 1974. The State Society has pending a suit regarding that portion of the regulations on the basis that they exceeded the legislative intent of the Act. Now S.B. 233 would specifically exempt physicians' office laboratories used solely for the diagnosis and treatment of their own patients.

### **Ambulance services law**

Last year saw the enactment into law of two bills putting into effect emergency medical services councils throughout Pennsylvania. Their passage marked the culmination of an effort begun by the Society with the publication of a "White Paper on Emergency Medical Care" in June 1971. A third bill, S.B. 339, which would regulate ambulance services and require minimum standards for operators and equipment, has Society support and is needed to standardize the delivery of emergency medical services in Pennsylvania.

### **In support**

The Council on Governmental

Relations has studied, and the Society supports, certain legislative concepts, some of which are in bill form and some not as yet formulated. Among these is proposed legislation to safeguard the confidentiality of health care information. In line with action by the 1976 House of Delegates, the Society will have introduced and will support legislation to prevent disclosure of patient records.

In the same manner the Society will have introduced and will support a bill changing the definition of stillborn from a fetus of 16 weeks' gestation to one of 28 weeks' gestation.

A bill introduced in April, S.B. 586, concerning the physician's assistant, will have Society support. This legislation gives the State Board of Medical Education and Licensure authority to certify both the training and the practice

of the physician's assistant.

### **In opposition**

It is expected that much legislation will be introduced which Society policy dictates must be opposed, such as inclusion of chiropractic in Blue Shield. As such legislation is introduced the Society's best efforts will be put forth to protect the general public. One piece of legislation of this nature, H. B. 711, has been introduced. It would amend the Workmen's Compensation Act to give employees free choice of "healing arts practitioners," and is a move to have chiropractic services paid for under the workmen's compensation program.

The Council on Governmental Relations plans periodic reports to the membership on legislation. Look for them in future issues of PENNSYLVANIA MEDICINE.

## **Whalen lowers rates, gives 1975-76 dividend**

Malachy Whalen and Company has made two changes in the Pennsylvania Medical Society Individual Life Program. The company has reduced by an average of 9 percent the annual premiums for physicians 35 and older and increased the non-medical limit to \$100,000 through age 40 and to \$50,000 for ages 41 to 44. The rates and contract are guaranteed by the Travelers Insurance

Company to age 70.

Malachy Whalen, which also administers the Pennsylvania Medical Society Group Life Plan for Professional Corporations, has announced an 11.5 percent dividend for the 1975-76 policy year.

For details about either program call Malachy Whalen and Company collect at (412) 281-4050.

## **St. Paul lowers premiums on claims-made policies**

Because of a decrease in malpractice insurance claims during 1976, the St. Paul Fire and Marine Insurance Company has reduced malpractice insurance rates in 17 states. The reduction will affect about 80 percent of physicians insured by St. Paul. The new rates have been filed with the state regulatory officials for approval.

St. Paul reports that in 1976 claims frequency was down 11 percent from 1975, possibly due to expanded loss prevention efforts by medical societies, hospitals, and individual physicians, as

well as improving doctor/patient communications.

The effect of St. Paul's rate changes on an insured doctor's annual malpractice premium will vary from state to state. In five states the premium paid at renewal time will be higher than last year's but lower than the insured doctors would have paid under a normal claims-made premium increase. In 12 states the rate reduction will be large enough to offset the normal increase; doctors in those states will be paying less than they paid last year.



# Measles 'epidemics' spur immunization campaign

A 500 percent increase in the incidence of measles in Pennsylvania during 1976 has caused the Pennsylvania Department of Health to launch a special immunization campaign for children ages 10-18.

According to the health department, a total of 3,682 cases of rubeola were reported in the state in 1976 while only 611 cases were reported in 1975. Reported through April 1977 were 2,119 cases. A recent, nationwide study of local epidemics, which was conducted by the national Center for Disease Control in Atlanta, indicates that Pittsburgh is among 14 localities with the worst reported measles epidemics.

The greatest increases in number of measles cases occurred among middle, junior, and senior high school students. Most susceptible are those who have no history of the disease and those who have never been immunized with live vaccine. Also at risk are people immunized prior to 1965 and children under 12 months of age.

Secretary of Health Leonard Bachman, M.D., told the Society's Board of Trustees at the May 18 meeting that 200 of the state's 500 school districts have requested and are receiving assistance with immunization programs this spring. Another 200 requesting assistance from the Department of Health will hold immunization campaigns in the fall. The other 100 districts are not planning any action. He said that school district reports indicate 90 percent of children entering school are immunized, but only 78 percent of the districts are reporting.

The state health department began its immunization campaign in mid-April by urging schools to send information and consent forms to parents in order to determine the number of children susceptible to measles. The department asked school dis-

tricts to begin immediate voluntary immunizations and offered the supplies and technicians needed to administer vaccines in order to immunize as many children as possible before the end of the 1976-77 school year.

According to the *Morbidity and Mortality Weekly Report (MMWR)* of the U. S. Department of Health, Education, and Welfare (April 8, 1977, Volume 26, Number 14), 16,348 cases of measles were reported in the United States during the first 12 weeks of 1977—a 62 percent increase over the 10,075 cases reported during the corresponding 12 week period in 1976. A total of 39,585 cases were reported in 1976 compared to 24,374 in 1975.

Data obtained from states reporting measles cases by age show that an increasing proportion of cases are occurring among older age groups. Studies from 1973 show that of the cases reported by age 35 percent were among children 10 years of age and older while in 1975 that age group had 48.8 percent of the cases. *MMWR* offers the explanation that the increase among older children may be due to "gradual accumulation of susceptibles over the years during which measles transmission has been significantly suppressed."

According to *MMWR*, 95 percent of the children inoculated at the appropriate age with live, further attenuated vaccine develop antibodies. Possible reasons for the observed vaccine "failures" include: (1) vaccinating at less than optimal age when maternal antibodies may interfere; (2) vaccinating with simultaneous use of gamma globulin and further attenuated vaccine; or (3) using impotent vaccine after improper storage or handling.

*MMWR* reports that a study of 1,248 cases from 14 recent outbreaks revealed that 40.9 percent

gave a history of prior vaccination, while 59.1 percent had no history of vaccination or prior illness.

The *MMWR* report notes:

"The observation that an apparently large proportion of measles cases occurred among persons who were vaccinated does not necessarily suggest any problem with vaccine potency, inadequate immunologic response, or waning immunity. On the contrary, the only direct measurement of protection conferred by immunization is the computation of a 'vaccine efficacy rate' derived by comparing attack rates among the vaccinated with attack rates among the unvaccinated in measles epidemics. Results of such computations for recent epidemics demonstrate efficacy rates of 90 percent or more indicating that measles vaccine is highly effective, though not perfect.

## Colon/rectal surgeons hold scientific meeting

The Pennsylvania Society of Colon and Rectal Surgery will hold a scientific meeting June 17 at the Union League, Philadelphia.

Scientific presentations comprising the program will include: "Electromyography of the Anal Sphincter," by William Staas, M.D., of Thomas Jefferson University Hospital; and "Value of Biofeedback Training in Anal Sphincter Dysfunction," by Ian Sills E. Gibbons, M.D., of Hahnemann Medical College and Hospital.

Officers of the society are: Valentine R. Manning, Jr., M.D., Philadelphia, president; Buchard E. Winne, M.D., Toledo, Ohio, president elect; Gerald Marks, M.D., Philadelphia, vice president; James A. Sheets, M.D., Allentown, secretary; and W. Davy Smith, M.D., Media, treasurer.



# State Society led way in emergency care legislation —

The Pennsylvania Medical Society can take major credit for motivating activity which culminated in the signing of H.B. 1603, the "Emergency Medical Services Act," by Governor Milton J. Shapp, on November 30, 1976.

In the spring of 1971, the Society's Commission on Emergency Medical Services released for publication a document on which it had been working for two years, the White Paper on Emergency Medical Services, which appeared in the June 1971 issue of PENNSYLVANIA MEDICINE. Over 10,000 reprints received wide circulation throughout the state as well as nationally. The paper became an important resource for those working on legislation on emergency medical services. Many of its recommendations became a reality with the signing of H.B. 1603, now Act 265 of 1976.

William E. DeMuth, Jr., M.D., chairman of the Society's Commission on Emergency Medical Services, said at the time of the Act's signing:

"With the passage of this and other bills during recent legislative sessions, the long awaited statewide system of emergency medical services is now coming to fruition. These developments are most gratify-

ing not only to us as physicians whose patients benefit, but also to the Pennsylvania Medical Society, which sounded the call to recognize and correct the deficiencies in emergency health care delivery in the Commonwealth. Now the results of our leadership are being realized."

The Act establishes Emergency Health Services Councils throughout the state, defining one as "an organization not for profit which is recognized by the Department of Health as representative of the health professions and major public and voluntary agencies, organizations, and institutions concerned with providing emergency health care." According to the Act, the Councils, 15 in all, are to develop and implement comprehensive emergency medical programs within their areas.

"From the department's vantage point," said H. Arnold Muller, M.D., medical director of the Health Department's Division of Emergency Health Services, "the Act complements the State Emergency Medical Services System plan of 1975, in that it provides a Commonwealth grant mechanism for emergency health services, and seeks to insure and

encourage an orderly process in emergency health systems development."

## Comprehensive plans ordered

Each council is to prepare a comprehensive emergency plan for its area within one year of receiving its grant. These emergency medical services systems must provide personnel, facilities, and equipment in the areas to handle every emergency, whether it is a single patient crisis or a natural disaster.

The new law authorizes the Secretary of Health to assist in training emergency medical personnel through grants and contracts to schools of medicine, nursing, and osteopathy, teaching hospitals, and other institutions. The department may also help in the purchase of ambulances, ambulance equipment, communications equipment, and some equipment for hospital emergency rooms. State funds for such purchases may not exceed 50 percent of the cost under the first grant or 25 percent in succeeding grants.

## Systems details listed

The Act spells out in some detail an acceptable emergency medical services system. Requirements include:

1. An adequate number of health professionals, allied health professionals, and other health personnel with appropriate training and experience;
2. A plan to provide continuous training, including clinical training to the system's personnel;
3. A central communication system which: a. utilizes emergency medical telephonic screening to determine the appropriate emergency service response, b. utilizes the universal emergency telephone number, 911, and, c. has a direct communication network connection with the personnel,

## Erythromycin successful against 'Legion' bacillus

Recent findings by the Pennsylvania Department of Health suggest that erythromycin may be the drug of choice against the bacillus isolated from victims of "Legionnaire's Disease."

The health department announced May 11 that a 53 year old Elk County man, who had developed the disease in March, responded favorably when treated with the antibiotic.

Prior testing by the health department laboratory in Philadelphia had shown that guinea pigs given lethal doses of the bacillus

recovered when treated with erythromycin. Those findings were backed up by previous evidence obtained by the federal Center for Disease Control in Atlanta which included *in vitro* determination of antimicrobial susceptibility, and protection studies using embryonated hen's eggs.

Health officials believe that infection by the bacillus occurs at a low level and in the past has probably been misdiagnosed as pneumonia. Patients with unusual or questionable cases of pneumonia may now be tested for "Legionnaire's Disease."



## years of effort show results in 1976

facilities and equipment of the system and with other appropriate systems.

4. An adequate number of ground, air and water vehicles of appropriate design criteria. The operators and other personnel of these vehicles must meet appropriate training and experience requirements.

Act 265 also orders that systems be able to transport patients with special problems to specialized critical care facilities, that duplication be kept to a minimum, that all phases of each system will have standardized patient data, that systems must educate the public in such matters as first aid and cardiopulmonary resuscitation, and that progress under the Act must be reported to the Legislature.

Because of the special needs of rural areas, the Legislature earmarked up to 20 percent of any appropriation for areas outside a Standard Metropolitan Statistical Area.

### Emergency personnel defined

Governor Shapp also signed on November 30, 1976, H.B. 730 into Act 264 of 1976. This law defines types of emergency personnel and stipulates the kinds of services they may perform.

It defines "emergency medical technician-advanced" (EMT-advanced) as a technician trained in advanced programs of emergency cardiac and non-cardiac care. Under the supervision of a physician these technicians may: (1) administer parenteral medications and solutions, (2) perform gastric and pharyngeal suction by intubation, (3) establish and maintain an airway by endotracheal intubation, and (4) perform defibrillation.

Another category is the "emergency medical technician-ambulance" (EMT-ambulance). This individual must have completed an approved course of instruction in emergency care and

transportation of the sick and injured or must have demonstrated comparable knowledge and skills in emergency care. Ambulance technicians may "render emergency medical care including pulmonary resuscitation *but not the delivery of medications, intubations, or the use of defibrillating equipment.*"

"From the state's perspective," said Dr. Muller of Act 265, "finally an EMT-ambulance and [EMT-advanced] have been legally defined and their scope of activities has been described. The Act

places the [EMT-advanced] under physician control and in so doing it relieves both the paramedic and the physician from liability for civil damages resulting from the action of instruction, respectively, unless there is gross or willful negligence."

The one issue still to be addressed by the Legislature is the licensing and standardizing of ambulance services. Such legislation was introduced in 1977 and has been passed in the Senate. S.B. 339 now awaits House action.

### State psychiatrists hold annual meeting

Primary prevention of emotional illness by intervention at crucial points in human development was the subject of the scientific portion of the Pennsylvania Psychiatric Society's annual meeting April 15-17 at the Hotel Hershey, Hershey.

Among the participants in the program, emphasizing the individual child and his family, were: H. Allen Handford, M.D., Villanova, director of Children and Youth Services, Office of Mental Health, Department of Public Welfare; and Ruth Kane, M.D., of Pittsburgh, who is chief of children and adolescent services at St. Francis General Hospital's Mental Health/Mental Retardation Center, and project director in primary prevention under a grant from the National Institute

of Mental Health.

William P. Camp, M.D., medical director of Friends Hospital in northeast Philadelphia, was installed as president during the business portion of the meeting. Other officers are: Carmela de-Rivas, M.D., Wayne, president elect; John M. Donnelly, II, M.D., Ardmore, secretary; and Joseph M. McGrath, M.D., Harrisburg, treasurer. Morton Johan, M.D., Pittsburgh, is immediate past president.



DRS. CAMP AND JOHAN



PSYCHIATRISTS' SCIENTIFIC SESSION



# Blue Shield stops benefits notices for non-participants

Leif C. Beck, LL.B.  
Vasilios J. Kalogredis, J.D.  
Bala Cynwyd

Pennsylvania Blue Shield has discontinued the practice of sending Explanation of Benefits notices to non-participating doctors.

This administrative change, effective April 22, applies to both paid and rejected claims. Only the subscriber (patient) will be notified of the disposition of the claim.

The change in policy is understandable as it will save Pennsylvania Blue Shield thousands of dollars in postage, forms, envelopes, etc. However, it will force non-participating physicians to look critically upon their insurance and collection followup systems.

In our recent article in *PENNSYLVANIA MEDICINE* ("Insurance form system critical for non-participants," February 1977) we discuss the benefits notice as a key element of our system. Now that Blue Shield no longer notifies non-participants, new steps must be instituted.

We had suggested that an office call the patient upon receipt of the benefit notice—the best followup method (assuming the patient had not already paid the bill). If immediate telephone contact could not be made, the office could send automatically a pre-printed note informing the patient of the office's knowledge of payment.

In this "post notice era" a non-participating office must establish a different procedure. We recommend that each office critically determine the average amount of "swing time" between the filing of a Blue Shield claim and the receipt of payment by the subscriber. Once this very important figure has been reasonably determined, a working system can be established.

The completed and filed insurance forms can be placed in a "suspense" file or notebook in

chronological order (*by filing date*, which should be stamped on each form). Assuming a four week turnaround time, when the four weeks are up (which can be

## 65-Special rates raised June 1

Pennsylvania Blue Shield has increased by \$11.40 annually the premium for the 65-Special Program. Effective June 1, the monthly rate for subscribers increased from \$4.10 to \$5.05 and is expected to generate \$8.9 million annually.

The Insurance Department stated that Blue Shield was forced to increase the rate because of rising costs and increased utilization of the 65-Special Program. According to Insurance Commissioner William J. Sheppard, total dollars spent for physicians has increased by about 206 percent—an increase matched by the cost of hospital care. People 65 and older, who comprise only 11 percent of the population, visit their doctors 40

determined easily by leafing through the file or notebook) the office can call or write (if necessary) the patient as under the notice system.

percent more frequently than other Americans.

"Initial office visit fees exclusive of any additional treatment costs have risen well in excess of 50 percent since 1969," said Sheppard. "For the elderly and for Blue Shield this means that 20 percent copayment responsibility of medicare recipients translates into a 50 percent greater dollar outlay—at a minimum—for office visits."

Blue Shield's original request for a \$9.8 million rate hike was denied in December by Commissioner Sheppard because the filing failed to provide a subsidy of rates for 65-Special subscribers. The revised filing incorporates an approximate \$1 million subsidy.

## ACP offers self-assessment program

The American College of Physicians (ACP) will sponsor 23 courses providing an intensive review of the spectrum of medicine. The five day (30 hour) courses will be offered in 23 locations across the United States during the months of August, September, and October.

Two of the courses are scheduled to be held in Pennsylvania: Philadelphia, Marriott Motor Hotel, September 26-30; and Pittsburgh, William Penn Hotel, October 3-7.

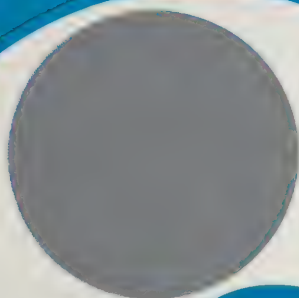
Course instruction will be based on a 283 page syllabus that encompasses developments in internal medicine during the past five years. The faculty of each course will consist of professors

from various medical schools in the respective areas. Course material will complement self-learning activities of the ACP Physician's Medical Knowledge Self-Assessment Program IV (MKSAP IV) and may be used in preparation for the American Board of Internal Medicine recertification examination to be held in the fall.

Courses will begin at a high level as participants are expected to have studied the MKSAP IV for several months prior to attending a course.

For a catalog on the courses write: Registrar, ACP-MKSAP Courses, American College of Physicians, 4200 Pine Street, Philadelphia, PA 19104.

# TO HELP PROLONG ANTACID RELIEF OF PAIN



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Please see following page for  
brief summary of prescribing information.



# PRO-BANTHINE®

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## HELPS RUB OUT ULCER PAIN 3 WAYS

1. prolongs antacid action...
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Antacids relieve ulcer pain. Pro-Banthine administered with antacids can prolong their neutralizing action and, by relieving smooth muscle spasm, "... provides dramatic relief of pain in ulcer patients."<sup>1</sup> And if adherence to the antacid schedule is a problem,<sup>2</sup> adding Pro-Banthine to the regimen may help reduce gastric acidity to desired levels.

1. Goth, A.: Medical Pharmacology, Principles and Concepts, ed. 7, St. Louis, C. V. Mosby Company, 1974, p. 455

2. Schneider, R. P., and Roach, A. C.: An Antacid Tasting: The Relative Palatability of 19 Liquid Antacids. South Med. J. 69: 1312-1313 (Oct.) 1976.

**PRO-BANTHINE®**  
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**Indications:** Pro-Banthine is effective as adjunctive therapy in the treatment of peptic ulcer.

Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the other indications as follows:

"Probably" effective: as adjunctive therapy in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis, acute enterocolitis, and functional gastrointestinal disorders).

Final classification of the less-than-effective indications requires further investigation.

**Contraindications:** Glaucoma, obstructive disease of the gastrointestinal tract, obstructive uropathy, intestinal atony, toxic megacolon, hiatal hernia associated with reflux esophagitis, or unstable cardiovascular adjustment in acute hemorrhage.

**Warnings:** Patients with severe cardiac disease should be given this medication with caution. Fever and possibly heat stroke may occur due to anhidrosis.

In theory a curare-like action may occur, with loss of voluntary muscle control. For such patients prompt and continuing artificial respiration should be applied until the drug effect has been exhausted.

Diarrhea in an ileostomy patient may indicate obstruction, and this possibility should be considered before administering Pro-Banthine.

**Precautions:** Since varying degrees of urinary hesitancy may be evidenced by elderly males with prostatic hypertrophy, such patients should be advised to micturate at the time of taking the medication.

Overdosage should be avoided in patients severely ill with ulcerative colitis.

**Adverse Reactions:** Varying degrees of drying of salivary secretions may occur as well as mydriasis and blurred vision. In addition the following adverse reactions have been reported: nervousness, drowsiness, dizziness, insomnia, headache, loss of the sense of taste, nausea, vomiting, constipation, impotence and allergic dermatitis.

**Dosage and Administration:** The recommended daily dosage for adult oral therapy is one 15-mg. tablet with meals and two at bedtime. Subsequent adjustment to the patient's requirements and tolerance must be made.

**SEARLE** Searle & Co.  
San Juan, Puerto Rico 00936

Address medical inquiries to:  
G. D. Searle & Co.  
Medical Communications Department, Box 5110  
Chicago, Illinois 60680

## Chiropractic twisted by court again

**FRED SPEAKER**  
Harrisburg

Pennsylvania Commonwealth Court has ruled<sup>1</sup> that chiropractors have a limited ability to practice generally and are not entitled to use acupuncture.

The case came to the Commonwealth Court when a doctor of chiropractic's license was suspended for violation of a regulation of the State Board of Chiropractic Examiners which states that "acupuncture is not within the scope of the practice of a chiropractor."<sup>2</sup> The court, with one judge dissenting, affirmed that determination.

Judge Theodore O. Rogers, writing the majority opinion, notes that the court decided that, since acupuncture is not within the general definition of chiropractic, it did not have to decide whether acupuncture is surgery. He goes on to outline several arguments against chiropractors which give aid and support to those who believe that chiropractic is a lesser and limited practice of the healing arts:

"Nothing in the material following the first sentence deviates from or expands its definition of chiropractic science as limited to the relationship between articulations and the nervous system. Nothing in . . . [the statute] suggests that chiropractic includes treatment of the nervous system independent of treatment of misaligned or dislocated vertebrae or other articulations. Nothing in

this record indicates that acupuncture is, or is intended to be, a treatment of misaligned or dislocated vertebrae or articulations. Indeed, the appellant writes in his brief that 'it is impossible to state conclusively the effect of acupuncture on misaligned or displaced articulations.' Except for the inclusion of the word 'conclusively,' this is an accurate statement of the only conclusion on this vital point which could be made on the basis of this record.

"While the appellant only hints that he may depend on the phrase 'the furnishing of necessary patient care for the restoration and maintenance of health' as support for the chiropractor's engaging in treatment not relating to articulations, we think it appropriate to note that the quoted phrase does not authorize chiropractors to engage in the general practice of the healing art, which is permitted only those licensed under The Medical Practice Act . . . which specifically excludes chiropractic from its application. . . .

"The appellant also says that the denial to chiropractors of the right to practice acupuncture is discriminatory and violative of their constitutional guarantee of equal protection. The same com-

plaint was made in *Howe v. Smith*, 203 Pa. Superior Ct. 212, 199 A.2d 521 (1964), concerning the refusal of the Commonwealth's representative to accept certificates from chiropractors concerning physical fitness of certain motor vehicle operators. In rejecting the complainant's argument the Superior Court, while acknowledging as do we, that many chiropractors have extensive knowledge and training, nevertheless concluded that the equation of chiropractors and physicians is not yet realistic because of a real distinction between them in terms of required education and training, licensing and scope of practice; and that the classification made by the Legislature was constitutional. See also *Pennsylvania Department of Transportation v. Pennsylvania Chiropractic Society*, 22 Pa. Commonwealth Ct. 483, 349 A.2d 509 (1975).

"Finally, we discern no public interest requiring that chiropractors practice acupuncture and, indeed, there is evidence in this record that acupuncture can cause immediate and serious medical problems requiring the attention of a physician.<sup>3</sup>"

A late check with the Commonwealth Court indicates that this decision will not be appealed. Accordingly, it is another in a growing line of judicial decisions which establish that chiropractic has seriously limited authority in the healing arts. □

*Mr. Speaker is an attorney with Pepper, Hamilton & Scheetz, legal counsel for the State Society.*

1. *Commonwealth of Pennsylvania v. Schatzberg*, Commw. Ct. A.2d, 978 C.D. 1976 (March 28, 1977).

2. 49 Pa. Code §5.3

3. *Id.* at 3-7, slip opinion.



## Major tort changes—will lawyers make them?

FRED SPEAKER

Harrisburg

During the past several months, America's attorneys have moved to control some of the adverse social implications of the medical malpractice insurance crisis. And, although it seems strange to some physicians, many of the efforts of their legal brethren promise results that will be of significant benefit to the medical profession.

Of course, it is true that the efforts to bring about major changes in the tort system have been, and will be, strongly opposed by many influential attorneys. But the process of reform is being advanced, also by attorneys.

Last August, at its annual meeting in Atlanta, the House of Delegates of the American Bar Association (ABA) considered and debated at length significant changes in the present law affecting medical malpractice and liability insurance. A series of recommendations was offered by the ABA's Commission on Medical Professional Liability, chaired by Lyman M. Tondel, Jr., a lawyer from New York City. The commission, composed of lawyers, physicians, and representatives of the insurance industry, proposed recommendations dealing with confidentiality and immunity of medical disciplinary boards, establishment of joint underwriting associations (JUA), binding arbitration, and significant tort changes.

The ABA House of Delegates adopted without debate a policy advocating state laws authorizing the creation of a JUA to assure the availability of coverage of medical malpractice claims. In addition, the House of Delegates adopted resolutions urging that

immunity and confidentiality be granted medical licensure boards and supporting the call for binding arbitration; the resolutions were adopted after a long series of attempts to amend or defeat them. The resolution supporting binding arbitration states in part:

*Arbitration should be entered into, if at all, on a voluntary basis with full knowledge that the arbitration panel's decision is final and binding; once entered into, arbitration should be final and binding. The question of the time at which an arbitration agreement should be entered into is not concluded hereby and shall be considered at a later date.*

It should be clear that this resolution must help in persuading the legislature to allow physicians and patients to agree to make arbitration binding and final. This is part of the current State Society legislative program.

The final resolution adopted by the ABA touched the most important issue, tort reform, and effectively delayed action pending widespread comment on the proposals to the commission. The commission had recommended in its interim report adoption of a resolution stating that the ABA:

*... recognizing that many proposed tort law changes are sound aside from any effect they might have on insurance premiums, supports the substance of the recommendations set forth in Appendix C with respect to tort law and procedure as they relate to medical malpractice claims.*

Despite the ABA's delay of adoption of this resolution, consideration of tort reform has not

been stopped. It will be considered by the ABA House of Delegates this summer. Accordingly, the specific recommendations should be examined by Pennsylvania physicians.

Many of the recommendations are inappropriate for Pennsylvania, as they already have been adopted in the Commonwealth. Of the 17 recommendations for legislative action, seven favorable ones fall into this category. They include provision for itemized verdicts,<sup>1</sup> decreasing maximum schedule for contingency fees,<sup>2</sup> establishment of pools of medical expert consultants,<sup>3</sup> reduction of award by advanced payments,<sup>4</sup> plaintiffs not permitted to allege the total amount of damages claimed,<sup>5</sup> prohibition of liability for an oral promise to cure,<sup>6</sup> and support of the AMA's position on the use of *res ipsa loquitur*.<sup>7</sup> An eighth recommendation has already been adopted in Pennsylvania; it is likely to be the only one opposed by a majority of doctors and may be challenged successfully. It calls for the pre-trial exchange of experts' reports. This is required under the rules of

1. See, e.g., *Greet v. Arned Corp.*, 412 Pa. 292 (1963); *Mottla*, 6 *Standard Pennsylvania Practice*, Chap. 27, §§50-61 (1960).

2. *Health Care Services Malpractice Act*, 40 P.S. §1301.604.

3. *Action of PMS Board of Trustees and Counselors*, March 10, 1976.

4. *Health Care Services Malpractice Act*, 40 P.S. §§1301.512-3.

5. *Rule 1044, Rules of Civil Procedure*.

6. *Health Care Services Malpractice Act*, 40 P.S. §1301.606.

7. *Pennsylvania actually has a more restrictive limitation of the attempted use of the res ipsa loquitur doctrine* [See, e.g., *Collins v. Hand*, 431 Pa. 378 (1968)].



procedure adopted<sup>8</sup> earlier this year by the administrator for Arbitration Panels for Health Care.

A ninth recommendation, already partially adopted in Pennsylvania, reduces awards by the amount of collateral source payment received. In Pennsylvania, Act 111 provides that there is a reduction when public source payments are received.<sup>9</sup>

Of the remaining eight recommendations, one—that patients should have access to their medical records without suit—probably should not be opposed by organized medicine. Five of the remaining ones have goals similar to those of organized medicine. They concern:

Notice of intent to sue—a prospective malpractice plaintiff must give reasonable (three to six months) notice before bringing suit.

Non-taxable awards—the jury must be informed that an award that includes lost earnings is not subject to income taxation.

Periodic payments—legislation must be enacted permitting the payment of future damages to be made in periodic installments. This is part of the current PMS legislative proposal.

Punitive damages—such damages should not be permitted in medical malpractice cases. The current Society legislative practice includes a provision that if punitive damages are awarded they are to be paid to the State Board of Medical Education and Licensure.

Informed consent—the recommendation to the ABA includes the following language:

*In obtaining a patient's consent, the physician should disclose those risks which a reasonable physician in the same or similar locality would disclose; provided that a patient who asks for additional information has a right to be further informed by the physician, and a patient who asks not to be told of risks has a right*

*not to be informed (emphasis added).*

This provision would be more favorable than the present provision in Pennsylvania which requires a physician to disclose the risks and alternatives that a reasonable patient would consider material.<sup>10</sup>

The final two recommendations touch two of the most sensitive areas of tort law. They do not advocate a sufficient level of reform, but they do contain the seeds of argument to substantially improve Pennsylvania law. With respect to the statute of limitations, it is recommended that:

*An action for malpractice should be commenced within two years from the time the incident which gave rise to the action occurred, or within one year from the time the existence of an actionable injury is discovered, whichever is longer. Except for cases involving a foreign object or fraudulent concealment, no action should be brought more than eight years after the occurrence of the incident which gave rise to the injury. Where a foreign object has been left in the body, a patient should have one year after the object is discovered in which to bring an action.*

Under Act 111, the legislature has decreed that a physician will escape liability for any action started more than four years late,<sup>11</sup> although the Catastrophe Loss Fund will be liable thereafter. The State Society is seeking to reduce the statute of limitations to an outside limit of three years, and in its efforts to support the limitation has run into opposition from lawyers who argue that any limitation is unfair. It is implicit in the recommendation to the ABA that limitations are not unfair, so the argument now becomes what limits should be applied.

The final recommendation involves a limitation on the amount

of awards. The recommendation to the ABA states:

*Economic Loss: No dollar limit or recoverable damages should be enacted which can operate to deny a plaintiff in a medical malpractice action full compensation for economic loss.*

*Non-Economic Loss: The commission takes no position on whether it is appropriate to place a ceiling on the recovery of non-economic loss.*

Unlike the commission, the Society does take a stand on placing a ceiling on the recovery of non-economic losses. Believing that it presents the greatest single opportunity for meaningful reform, the Society has prepared draft legislation which would eliminate recovery for non-economic losses unless the patient has been grievously impaired. The impact of the commission's statement that it takes no position on this subject is a major improvement over the stand taken by most lawyers thus far, arguing that there can be no limitation whatsoever.

The progress of the commission package thus far—to the point of its consideration by the ABA—is most encouraging. Adoption of the package by the ABA would have a remarkable influence on legislative consideration. Accordingly, it seems imperative for physicians, who are most directly affected by the malpractice crisis, to attempt to promote passage of the package.

Physicians may take immediate action by contacting Pennsylvania members of the ABA House of Delegates<sup>12</sup>—or friends who know them—and urge a positive reaction.

Attorneys are on the threshold of great reform in the tort system. Doctors should help them step across. □

8. 37 Pa. Code §171.51(e) (4); 7Pa. Bull. 389 (Feb. 5, 1977).

9. Health Care Services Malpractice Act, 40 P.S. §1301.602.

10. Health Care Services Malpractice Act, 40 P.S. §1301.103.

11. Health Care Services Malpractice Act, 40 P.S. §1301.605.

12. William Fuchs, 1418 Packard Building, Philadelphia 19102; Irwin Benjamin, 22 S. Third Street, Harrisburg; Frederick H. Bolton, 100 South Street, Harrisburg 17108; Joseph Gallacher, 312 Scranton Electric Building, Scranton 18503; Carl E. Glock, P.O. Box 2009, Pittsburgh 15230; Lewis H. Van Dusen, Jr., 1100 PNB Building, Philadelphia 19107.





## MDs in the news

*The Lancaster City and County Medical Society recently honored its oldest member, Elizabeth Bricker, M.D., who celebrated her one hundredth birthday April 25. Dr. Bricker graduated from Pennsylvania State University in 1900 with a degree in biology. In 1903 she graduated from the Woman's Medical College and began to practice medicine in Lititz. Ten years later Dr. Bricker entered government service with the Pennsylvania Department of Labor and Industry as a public health and preventive medicine*

*physician. She retired in 1935 as chief of the department's hygiene section and returned to Lititz. Dr. Bricker graduated from the Woman's Medical College 51 years after the college graduated its first class of eight women. At that time, in 1852, the Pennsylvania Medical Society would not recognize female physicians and went so far as to forbid its members to consult professionally with them. By 1871 the Society allowed consultation but not membership, and in 1888 female physicians were accepted as members.*

**Michael H. Geller, M.D.**, Allentown, was recently appointed chief of radiology at Allentown and Sacred Heart Hospital Center. He has been associate director of radiology since 1974.

Two faculty members of the Medical College of Pennsylvania were recently elected to offices of the newly founded Philadelphia Colposcopy Society. They are **Albrecht W. Schmitt, M.D.**, Penn Valley, clinical

associate professor of obstetrics and gynecology, who was elected president; and **Dorothy Barbo, M.D.**, Roxborough, associate professor of obstetrics and gynecology, who was elected member of the board of directors.



**DR. SCHMITT**



**DR. BARBO**

**William C. Beck, M.D.**, was elected recently as president elect of the Association for the Advancement of Medical Instrumentation. Dr. Beck, who will assume the presidency in 1978, is president of the Donald Guthrie Foundation for Medical Research, Sayre.

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A Carnation A Day: A Pro-Life Doctor's Story is an account of the life and career of Mario Castallo, M.D., an obstetrician-gynecologist with a lifelong commitment to the preservation of human life. Dr. Castallo, now an honorary clinical professor of OB-GYN, at Jefferson Medical College, Thomas Jefferson University, served on the faculty of Jefferson from 1933-71. In his book Dr. Castallo tells about: his first glimpses of the primitive methods which his father, a country doctor, used to practice medicine; his days in medical school and his difficulty in obtaining an OB-GYN residency because of his religion, Catholicism; and his recent experiences in taking a stand on the right to life of the unborn infant. A Carnation A Day is the story of Dr. Castallo's lifelong attempts to comfort the afflicted and afflict the comfortable.

The following physicians were recently certified as diplomates in their respective specialties: **Paul A. Bialas, M.D.**, Pittsburgh, and **William H. Shoff, M.D.**, Harrisburg, by the American Board of Internal Medicine; **Pat Bruno, M.D.**, Sunbury, by the American Academy of Pediatrics; **Henry W. Shoenthal, M.D.**, New Paris, and **Adam Trybus, M.D.**, Hollidaysburg, by the American Board of Family Practice; and **Paul H. Douglass, M.D.**, York, **Ernest Y. Normington, II, M.D.**, Allentown, and **Peter W. Ross, Jr., M.D.**, Bloomsburg, by the American Board of Obstetrics and Gynecology.

Four physicians at Methodist Hospital, Philadelphia, recently received new medical staff appointments. They are: **John R. Prehatny, M.D.**, director of surgical service and chief of department of general surgery; **Robert E. Kozub, M.D.**, chief of the department of cardiology; **Paul L. Lewis, M.D.**, director of the pathology service and clinical laboratories; and **Joseph F. McCloskey, M.D.**, associ-

ate director of the pathology service and clinical laboratories.



DR. PREHATNY



DR. KOZUB



DR. MCCLOSKEY



DR. LEWIS

**Kenneth W. Diddle, M.D.**, was named recently as medical director of Jeannette District Memorial Hospital. Dr. Diddle is in the private practice of internal medicine in Jeannette.





## MDs in the news

Among the physicians recently named fellows of various specialty organizations are the following:

American Academy of Forensic Sciences—**Richard P. Bindie, M.D.**, Pottsville.

American College of Cardiology—**Muhammad Munir, M.D.**, Pottsville.

American College of Physicians—**A. Thomas Andrews, M.D.**, Harrisburg; **A. Rab Chowdhury, M.D.**, Reading; **Charles F. Grammes, M.D.**, Danville; **Lawrence K. Harris, M.D.**, Muhlenberg Park; **Maurice J. Lewis, M.D.**, Harrisburg; **Bruce R. McKay, M.D.**, Sayre; and **Thomas C. Michaelson, M.D.**, Phoenixville.

American College of Radiology—**R. William Alexander, M.D.**, Reading; **Stephen C. Bruno, M.D.**, Pittsburgh; **Ronald J. Clearfield, M.D.**, Lower Burrell; **Howard E. Fink, Jr., M.D.**, Camp Hill; **Milton A. Friedlander, M.D.**, Camp Hill; **Marvin E. Haskin, M.D.**, Philadelphia; **Carl M. Kaplan, M.D.**, Pittsburgh; **Andrew W. Koch, M.D.**, Lancaster; **James W. Lecky, M.D.**, Pittsburgh; **Frederick J. Munson, M.D.**, Bethlehem; **Howard M. Pollack, M.D.**, Cheltenham; **Norman S. Williams, M.D.**, Pittsburgh; and **Lionel W. Young, M.D.**, Pittsburgh.

American College of Surgeons—**Robert C. Hunsicker, M.D.**, Bethlehem.

**John J. Shane, M.D.**, recently assumed the chairmanship of the advisory committee of the Samuel W. Miller Memorial Blood Center, a volunteer donor community blood center responsible for supplying blood and blood components used in the seven hospitals in Lehigh and Northampton Counties. Dr. Shane is director of laboratories at Quakertown Community Hospital and professor of pathology at Hahnemann Medical College and Hospital.

**J. Shue Hamman, M.D.**, was elected president of the American College of Utilization Review Physicians, Inc., at its national meeting held recently in Philadelphia. Dr. Hamman is an

obstetrician-gynecologist practicing in Harrisburg and Mechanicsburg and is clinical instructor at the Pennsylvania State University College of Medicine at the Milton S. Hershey Medical Center.

*Simple self-indulgence during retirement is not enough for everyone and it was not enough for Leonard F. Bush, M.D., after his 1974 retirement as executive director of the Geisinger Medical Center in Danville. As Dr. Bush told The Lutheran (Volume 15, Number 3, February 2, 1977), "Because I have such a young wife and I'm so active myself, we decided we'd do something worthwhile each year in retirement." So, during 1975 and 1976 Dr. Bush and his wife, Jean, spent six weeks as unpaid volunteers at Bach Christian Hospital in Qalanderabad, Pakistan. Conditions at Bach were enormously different from those Dr. Bush left at Geisinger. Before performing surgery, Dr. Bush himself had to administer the anesthesia. He said, "It had been 35 years since I performed hernia operations or bowel resections or delivered babies. It was a great experience to get back into that kind of medicine again." Except for four years with the Army Medical Corps during World War II, Dr. Bush spent his whole medical career at Geisinger, first as an intern in 1934, then as chief of orthopedics, and finally as executive director from 1958 to 1974. Dr. Bush said he doesn't think he and his wife do anything special, "... but it does something special for us."*

**Randolph C. Blodgett, Jr., M.D.**, recently received the distinguished service award of the Central Pennsylvania Chapter of the Arthritis Foundation. Dr. Blodgett is immediate past chairman of the medical and scientific committee of the chapter. He is director of the department of

rheumatology at Geisinger Medical Center, Danville.

The following physicians were recently appointed to new posts at the University of Pittsburgh School of Medicine: **Donald H. Reigel, M.D.**, associate professor of neurosurgery; **Oscar McNaughton Reinmuth, M.D.**, department chairman and professor of neurology; and **Kook Sang Oh, M.D.**, professor of radiology and pediatrics.

**Dorothea D. Glass, M.D.**, medical director of the Moss Rehabilitation Hospital, Philadelphia, was recently elected to the Board of Directors of the American Lung Association of Philadelphia and Montgomery Counties. Additionally, Dr. Glass recently served as an alternate delegate to the White House Conference on Handicapped Individuals, held in Washington, D.C., May 23 to 27.

**Richard A. Newman, M.D.**, was appointed recently as medical director of the new psychiatric unit at Paoli Memorial Hospital, Paoli. Dr. Newman is former senior consultant to the division of education and associate professor of psychiatry at Hahnemann Medical College and Hospital.

**Warren A. Katz, M.D.**, Penn Valley, has written a recently published textbook entitled *Rheumatic Diseases-Diagnosis and Management*. Dr. Katz is clinical professor of medicine and chairman of the division of rheumatology at the Medical College of Pennsylvania and serves as chairman of the Governor's Task Force on Arthritis.

**Robert E. Cooke, M.D.**, was recently chosen president of the Medical College of Pennsylvania, to assume the position July 1. Currently vice chancellor for health services at the University of Wisconsin, he will replace Jeanne D. Brugger as president of the medical college.



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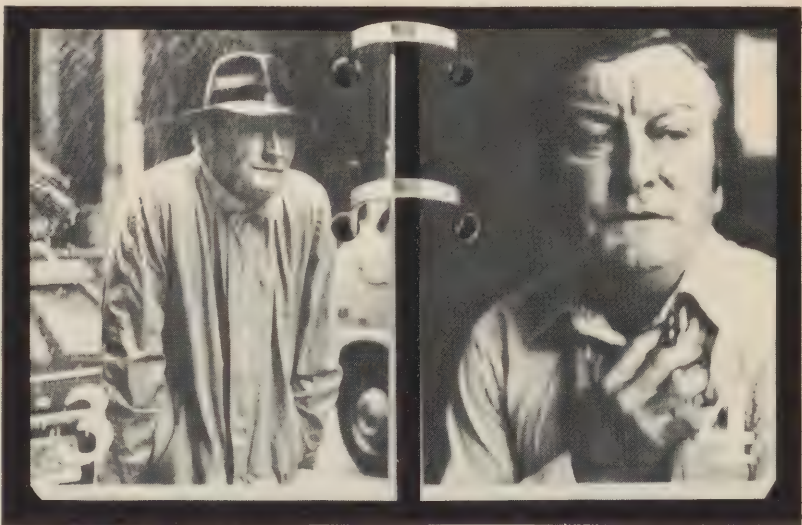
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## New Double-Blind Study ANDROID-25 vs. Placebo\*

\* **WRITE FOR REPRINT:** R. B. Greenblatt, M.D.; R. Witherington, M.D.; I. B. Sipahioglu, M.D.: Hormones for Improved Sexuality in the Male and Female Climacteric. *Drug Therapy*, Sept. 1976.

Is there a true aphrodisiac? How effective are androgens in the management of the male climacteric and male impotence? Article discusses the psychophysiological and hormonal changes in the elderly male and female and therapeutic considerations. The effectiveness of methyltestosterone in the management of male impotence was confirmed by a cross-over, double-blind study using a placebo and Android-25

(methyltestosterone 25 mg.), on 20 males, 50 years of age or older who complained of secondary impotence. Patients received a series of placebo then Android-25, or Android-25 then placebo as follows: 1 tablet/30 days; 2 tablets/30 days; 3 tablets/30 days. Sexual response was evaluated: 0 = no change; + = 25% improvement; ++ = 50% improvement; +++ = 75% improvement. Placebo effectiveness was + or ++ in 12.7% of trials. Android-25 elicited a ++, +++ or +++ response in 47.2% of trials. There was often a dose related response not observed with the placebo. This effect was not observed in younger patients (age 28-45 years).

**DESCRIPTION:** Methyltestosterone is 17 $\beta$ -Hydroxy-17-Methylandrosta-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunuchism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Post-pubertal cryptorchidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric,

avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE**

**REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. **In the male:** Eunuchoidism and eunuchism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpubertal cryptorchism, 30 mg. **REFERENCE:** Robert B. Greenblatt, M.D., and D. H. Perez, M.D.: "The Menopausal Syndrome," *Problems of Libido in the Elderly*, pp. 95-101. Medcom Press, N.Y., 1974. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250. Rx only.

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## Hymenoptera cause more deaths than rattlesnakes

Fatal reactions to insect stings account for approximately thirty to forty documented deaths per year in the United States. Undocumented or undiagnosed cases probably add to this figure. Each summer, especially during the months of June, July, and August, a significant portion of our population is exposed to the very real danger of death by acute allergic reaction to insect stings.

Hymenoptera—bees, hornets, wasps, and yellow jackets—constitute the most serious and widespread problem although hypersensitivities to other insects such as flies, mosquitoes, and ants do occur. The spectrum of reactions varies from mild local to generalized systemic. Systemic reactions represent a true medical emergency.

One of the difficulties in dealing with insect sting allergy is that there is no sure method of diagnosis prior to the sting. Skin testing with whole body extracts has not proven to be entirely reliable, producing a high percentage of both false positive and false negative responses. Normal reactions to stings may vary from mild local pain and swelling to extensive local swelling involving perhaps a whole extremity. Additionally, while the first sting may produce only severe local reactions, the next sting could be fatal. A systemic or anaphylactic reaction is signaled by dizziness, nausea, generalized itching or weakness, followed by decrease in blood pressure, dyspnea and unconsciousness which usually occurs within minutes. However, there are reported cases of delayed reactions where no immediate local or generalized symptoms appear. Many individuals sensitive to hymenoptera do not exhibit other allergies or drug sensitivities thus indicating that sting allergy probably is not limited to the identifiable atopic population.

Varying accounts of the efficacy of immunotherapy have been reported in the literature. Promising studies are being conducted utilizing pure venom in hyposensitization. Immunotherapy is

usually instituted for patients who have had systemic reactions requiring medical treatment even if those symptoms were mild. Duration of therapy is about three years but may continue for longer periods.

At present, prevention and medical treatment should be stressed. The association of avoidance by insects and immunotherapy is an unexplained phenomenon and as such should not be relied upon as absolute protection. It has been noted that insect repellants are of little value when dealing with hymenoptera. The best protective measure is to keep away from insect contact. Sting kits, which can be prescribed by a physician, should be readily available but it should be remembered that this is a first aid measure. Prompt medical treatment should be sought.

Both the physician and the public need to be better informed about allergic reactions to hymenoptera stings. Early diagnosis, treatment, first aid, and preventive measures must be emphasized. Since hymenoptera are responsible for more deaths than rattlesnakes, it is important that the physician possess adequate knowledge of the hazard so that he may recognize the problem and act promptly. He should be versed in the methods of prevention and know when to advise consultation with an allergist.

The summer months carry a particular hazard to persons who are hypersensitive to stinging insects. Children, especially, should be guarded as much as possible from the danger because their risk of contact is greater than that of other groups. All known preventive measures should be employed and therapy obtained immediately in case of a sting. Awareness of the problem of stinging insects is the key to prevention of many needless deaths which occur each year.

David A. Smith, M.D.  
Medical Editor

## Public denied prepaid medical eye care

State Secretary of Health Leonard Bachman, M.D., last year confused the public and astounded the medical community when he publicized widely the disease "pantosomatitis."

Now the secretary of health has done it again. This time the implications of his actions are deadly serious.

In April, Dr. Bachman handed down a decision that must be brought to the attention of the medical community because of its far reaching consequences. That decision, concurred in and adopted

by the Insurance Department, denied the Medical Eye Care Foundation of Pennsylvania a Certificate of Authority as a non-profit medical service corporation. The reason for this denial was that optometrists had not been included to participate as providers of medical eye care. They must be, according to Dr. Bachman, because their service, he said, is equivalent to a physician's. Thus, citizens of the Commonwealth who choose to consult an eye physician for medical diagnosis of their eye problems and for primary medical treatment are denied the opportu-



nity to use an organization designed specifically to arrange for prepayment for those services. This decision was rendered despite the fact that optometry has its own plan for prepaid optometric services.

Dr. Bachman claims that the foundation plan is "inflationary to the public" and would "further fragment a health care system that is already irrational and chaotic"! He states that such a plan would be "inflationary" because groups will "in most instances be paying for expertise that is not professionally required." In effect, Dr. Bachman has decreed that eye patients should not receive primary care from physicians.

Dr. Bachman admits, on one hand, that "ophthalmologists are the most highly trained class of providers that render primary care of the eyes" and that optometrists are "less highly trained." He then concludes that the services are equivalent! He feels that ophthalmological care is too expert for the public, and the medical program would be misleading to health consumers.

Dr. Bachman appears not to have grasped the fundamental distinction between the services of a physician and those of a non-physician. This distinction

has been recognized by courts (e.g., Washington State Supreme Court) and other governmental authorities. The attorney general of Michigan, when asked whether different examination fee schedules for ophthalmologists and for optometrists could be used by state agencies, answered "... your questions ... contain an assumption that the services of ophthalmologists and optometrists may be identical when, in actual fact, each of these professionally trained persons are engaged in performing different services. Differences arise not only from procedures employed, which may or may not be identical, but also from differences in knowledge, skill, training, approach, and professional responsibility." It takes no stretch of imagination to see the implication regarding medicine in general (e.g., audiology and otology, psychology and psychiatry, chiropractor and physician, etc.).

Which branch of medicine will next be found to be too expert, and therefore inflationary, when the physician renders primary care?

George J. Gerneth, M.D.  
Pittsburgh



## correspondence

### Stop the bleeding

To the editor:

An editorial entitled "Stop the Bleeding" appeared in the *Ambler Gazette*, March 10, 1977, edition. I think the editorial should be noted as an indication that some of the news media are trying to help the medical profession. We certainly should give recognition to those who do.

The editorial follows.

Robert A. Buyers, M.D.  
Norristown

When malpractice insurance joined the growing list of national crises two years ago, the Pennsylvania Legislature came up with some Bandaid legislation. Now malpractice is an open wound again, with dire implications for the medical and economic life of the community.

The problem with the malpractice legislation, which was designed to reduce the costly court cases which were escalating medical costs for everyone, was the same as the problem with no-fault automobile insurance. In both cases the lawyers fought to protect their interests first. In both cases they won and we lost—and we have the bills to prove it.

At the time the malpractice insurance act took effect, Pennsylvania Insurance Commissioner William Sheppard estimated that it would be at least two years before it had a major impact on malprac-

tice rates or insurance bills. The implication was that both might go down. Well, it has not been two full years yet, but it is clear that this "medicine" is only going to aggravate the malady, not provide relief.

Doctors, who are among the most dedicated professionals in society, are distraught over what the malpractice situation is doing to their own practices and their patients. There is no question that malpractice does occur and that patients must have some recourse for legitimate claims. Meanwhile doctors must continue to do all they can to upgrade standards and minimize malpractice. But there is also no doubt that malpractice claims have represented some of the greediest, most unreasonable money grabs that a judicial system given to the get-as-much-as-you-can dictum has seen. The insurance companies and lawyers are secure, if not respected. The doctors and patients suffer.

Richard A. Smith, M.D., president of the Chester County Medical Society, says that "the average cost of claims paid per doctor is \$176, but the average premium is many times higher than that. I'd like to know where all the money is going."

So would we, and that is one question that must be openly addressed in hearings scheduled for early April. Malpractice insurance has gotten out of hand and is bleeding all of us, with astronomical costs hastening the day of socialized medicine. Legislators, doctors, and concerned, responsible people and agencies have got to begin working more closely together to find a remedy before we are all victims of malpractice consumption.



## A wife speaks out

To the editor:

The local West Chester newspaper often announces the filing of malpractice suits against physicians without followup reports when the physicians are later vindicated.

Following is a letter to the editor by a physician's wife in response to a newspaper account of a suit brought against her husband. Her letter appeared in the March 3, 1977, edition of the West Chester *Daily Local News*.

Robert Poole, III, M.D.  
West Chester

As I read in local newspapers the report of a legal suit filed against my husband, it occurred to me, rather sadly, that in the 15 years of dedicated service to this community, his only presentation by you has been negative. A loving wife's view can only be prejudiced, but I would appreciate the opportunity for several comments on the current issue of alleged malpractice suits, a bitter subject for me.

During our 25 years of marriage, one of my husband's greatest sacrifices has been at the expense of family. He has responded immediately to the need of every patient, at any hour of day and night, in snow, hail, wind, rain, sometimes leaving behind a desperately sick child or wife, or perhaps ignoring his own illness.

He has worked for the residents of our community 24 hours on some days, sparing nothing of himself. For a really personal insight, I could count on one hand the times he has missed church attendance on Sunday, in spite of a totally sleepless night. Over the years he has contributed heavily to a multitude of local organizations, including Boy Scouts, marching bands and athletic organizations in seven local schools, and every known charitable organization in this county.

In addition to his contributions as a medical doctor and good citizen, using his gentle wisdom and undying loyalty, he has faithfully assisted me in the rearing of six thoroughly decent children.

It would seem that the newspapers and the community at large owe to my husband and many others like him in our midst a debt of gratitude and some kind of grateful recognition.

At my urging, and in sad acknowledgment of a harsh reality, and for the protection of our family, my husband will probably leave medical practice as soon as our children are educated. He should be a doctor to the day he dies because he has had a lifetime love-affair with medicine and by the general consensus of most patients and colleagues, he is a great doctor. But the risk is too high for us, the public greed, criticism and ingratitude defeat us.

Some year, soon I hope, when the snow blows and the wind howls, some young mother-to-be will be on her way to have her baby, and the experienced and

understanding doctor that I married will snore the night through beside me. Whoever is there to deliver her, his qualifications and attitudes, are the worry of future Americans. We tried.

Bernardine A. Abbott  
West Chester

## Unusual diagnosis

To the editor:

A 76 year old woman presented to the emergency room at Armstrong County Memorial Hospital, having been referred from a nearby nursing home. In the nursing home she had been agitated and treated with tranquilizers, which diminished the agitation but did not improve her general condition. The emergency room doctor, in common with the medical nursing staff of the nursing home, thought that she was showing a reaction to tranquilizer medication and gave her an injection of Benadryl to counteract it.

She was admitted to the psychiatric floor where the staff immediately noted that she was unable to close her mouth. A diagnosis of dislocated jaw was made; an oral surgeon was called in to reduce the dislocated jaw. The patient's agitation immediately subsided.

The woman's agitation seems to have been a result of the undiagnosed dislocated jaw. Had the dislocation remained untreated much longer, the woman probably would not have survived. In the case of an elderly person who is unable to close her mouth, the diagnosis of dislocated jaw should be entertained.

R. R. McLeod, M.D.  
Kittanning



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 George J. Muhawi, M.D., General Surgery, 1411 Grandview Ave., Pittsburgh 15211  
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Champa Paul, M.D., Pathology, 1194 Dickinson Dr., Yardley 19067  
Thomas R. Pheasant, M.D., Ophthalmology, 1026 Larchmont Ave., Havertown 19083  
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Howard K. Rabinowitz, M.D., Pediatrics, 113 Elkins Rd., Cherry Hill, NJ 08034  
Peter J. Racciato, M.D., Ophthalmology, 2024 Bn. J. Russell Cir., Elkins Park 19117  
Michael B. Roach, M.D., Orthopedic Surgery, 7950 Henry Ave., Apt. 24C, Philadelphia 19128  
Ralph S. Sando, M.D., Ophthalmology, Box 610, Havertown 19083  
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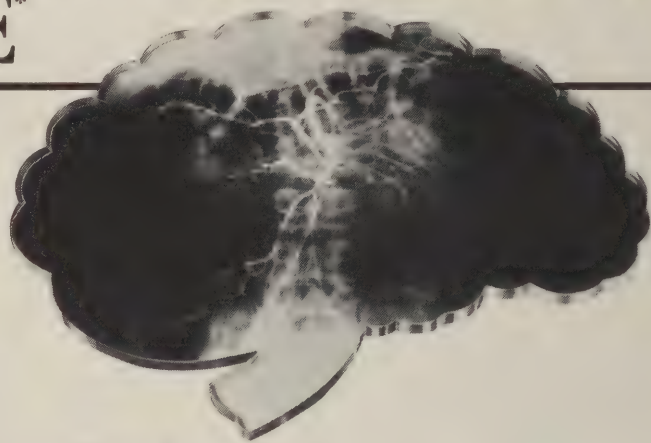


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**Adverse Reactions:** No side effects or manifestations not seen with either compound alone have been reported with Librax. When chlordiazepoxide hydrochloride is used alone, drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are avoidable in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally with chlordiazepoxide hydrochloride, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax are typical of anticholinergic agents, i.e., dryness of the mouth, blurring of vision, urinary hesitancy and constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

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**How Supplied:** Librax is available in green capsules, each containing 5 mg chlordiazepoxide hydrochloride (Librium®) and 2.5 mg clidinium bromide (Quarzan®)—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 50, available singly and in trays of 10.



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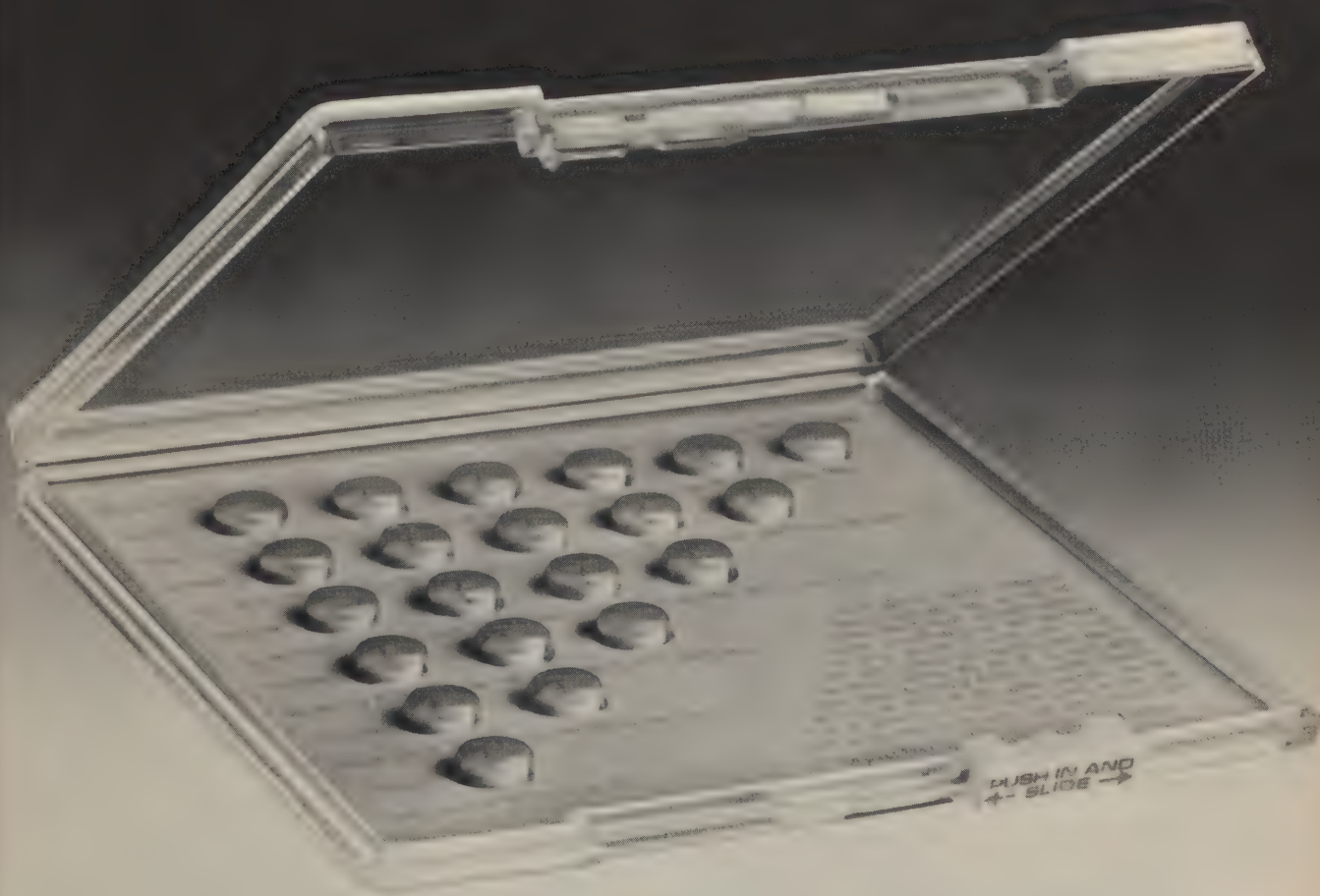
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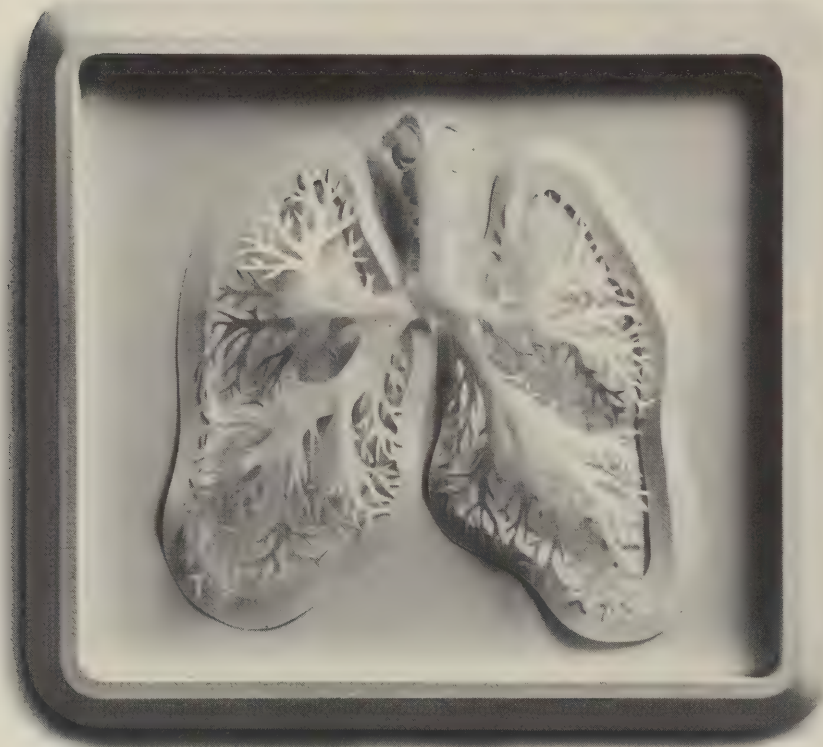
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#### WARNING

This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

**Indications:** When the combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium sparing action of triamterene is warranted. Routine use of diuretics in healthy pregnant women is inappropriate; they are indicated in pregnancy only when edema is due to pathological causes (see Warnings).

**Contraindications:** Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

**Warnings:** Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyper-

kalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K<sup>+</sup> levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K<sup>+</sup> intake. Associated widened QRS complex or arrhythmia requires prompt additional therapy. Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available.

**Precautions:** Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum K<sup>+</sup> frequently; both can cause K<sup>+</sup> retention and elevated serum K<sup>+</sup>. Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia,

thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine.

**Adverse Reactions:** Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

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## Effective leadership key to personnel motivation

LEIF C. BECK, LL.B.

VASILIOS J. KALOGREDIS, J.D.

Bala Cynwyd

Management of office personnel is an important part of any medical practice. It can make or break a medical office's effectiveness.

### Leadership needed

An important part of management is the need for leadership as a method of influencing the office assistants to perform in a productive manner.

In the smallest of offices, the physician himself often accepts the management challenge. However, even in offices with as few as two employees, it is often most desirable to have one of the office assistants fill the management role. Whoever fills the management role must be able to direct and/or modify the actions of others to gain their cooperation in doing a proper job.

**Leadership methods**—According to present management thought, leaders can influence their associates in several ways.

1. One view holds that effective leaders are considerate, warm, and supportive to their subordinates. Such leaders are in a sense accruing debts. A return of the favors so supplied is sought. Such favors become the basis of influence for the leader.

2. Other effective leaders utilize participative decision-making as a control mechanism. Involving everyone in the problem analysis as well as the derived solution results in better information generation and increases everyone's commitment to the implementation of the policy.

Flexibility is another important aspect of leadership. One must be able to consider contingency approaches to situations as they present them-

selves. Every circumstance is unique and must be individually handled.

**Self-esteem important**—An important factor in evaluating an individual's capacity to serve as a good leader is self-esteem. Those who best influence others possess a significant degree of this quality. Self-esteem is hereby defined as an individual's evaluation of his own abilities; it expresses an attitude of approval or disapproval and indicates the extent to which he believes himself capable of doing a job and making a significant contribution to something.

This valuation has been well defined as "the degree to which an individual's successes approach his expectations in those areas that are important to him."

One of the reasons those possessing a high degree of self-esteem are best able to influence others is their own sense of personal security which is not violated in interpersonal exchanges. In any organizational setting (including a medical office) such people are effective as leaders because they exhibit the same confidence toward subordinates that they have in themselves.

**The Golden Rule**—Another important part of personnel management is the Golden Rule. For management purposes, the rule (which is found not only in Christianity and Judaism, but in Confucianism, Buddhism, Islam and others) should be interpreted to mean: "To manage as you want to be managed and to supervise as you would want to be supervised."

Although it seems too obvious to have to be expressed, the most basic psychological need of a human being is to be treated as a human being. The best leaders are those who follow the Golden Rule in their management roles.

### Motivation of assistants

Motivation is a complex, internal process. Each

*The authors are the principal consultants of Management Consulting for Professionals, Inc., Bala Cynwyd.*



person has psychological and physiological needs that frequently change in strength, duration, and priority. They affect how the individual interacts with the environment. It is not true that one person can motivate another. But one can create the climate and provide the alternatives which will encourage an individual to be motivated in the desired direction.

**Motivational concepts**—There are several basic concepts and philosophies which physicians and/or office managers should apply to provide the best leadership and motivation for their employees.

1. Praise should be given when appropriate and as often as possible. There is no better way to make a person feel important than to sincerely compliment him. A compliment is recognition of the fact that the other person has done something deserving a "thank you."

"Thank you" are two of the most powerful words in the English language. How simple they are to say for a job well done; unfortunately they are too seldom said.

2. A doctor (or manager) should make himself available for frank and unhurried discussions of staff problems and complaints. We are finding more and more practices in which an office manager fills this role. This does not mean that the doctor does not get an opportunity to listen to the staff's ideas. However, it does delegate much of the preliminary

work to someone in a managing role who can devote time to it on a daily basis.

3. Staff members should never be publicly belittled or criticised. This is a basic principle of human relations recognized by all but too often ignored. People have defense mechanisms that work immediately upon criticism by someone else. A doctor must be sensitive to the feelings of his staff. To publicly belittle or criticize staff members can do nothing for their self-esteem. It also hurts them in the eyes of the other members of the staff and patients who may be present to hear the belittlement.

4. Get the assistants involved in their work. They should have some claim and say in how things are being done. This includes such things as involvement in office meetings and an active role in the decision-making process as it specifically affects them (e.g. what type of calculator, pegboard, typewriter, etc., would you prefer to work with?)

5. Discuss basic operating policies with members of your practice before putting them into effect. This will help gain employees' commitment to the policies. People are fearful of change. Most often it is because they have not been involved in working out the details of the change. It is a real putdown to an individual when someone tells her things are going to be done differently without having first allowed her to take part in that decision. In our



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more time with the office manager and doctors) to determine and seek out their thoughts.

We are repeatedly impressed by the amount of information and ideas we secure from the staff people. They know the office because they work there every day. Our consultation with the office employees

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*'One view holds that effective leaders are considerate, warm, and supportive to their subordinates. . . . Other effective leaders utilize participative decision-making as a control mechanism.'*

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is often the first opportunity they have ever had to express their opinions and recommendations to a willing listener. Every office should take advantage of this in-house source. In many situations office staff meetings (which will be described later) and other forms of direct communication benefit the practice.

6. An office should review performance periodically—at least once a year and in many instances every six months. They should be tied in to salary reviews. There is no better way to convince an employee that an employer is interested in her progress than to spend some time with her to systematically review work performance. Everyone wants to know how well she is doing. We all like to know how we compare with others and what our superiors think of us. A review also gives the employee the opportunity to privately express her views about things.

7. A written personnel policy manual is an important part of personnel management. Every medical office should have one, even if there is only one non-physician employee. A copy should be given to each of an office's present employees and to each new employee. It should be kept up to date, reflecting any new changes in benefits, responsibilities and the like. It is amazing how many times we have visited offices in which the assistants knew nothing about personnel rules or specifically about the benefits they were receiving. A typical example is an unincorporated practice with a Keogh Plan about which the employees really know nothing except that "there is some sort of a retirement plan." A medical office providing such a benefit should point it out to the employees in order to take advantage of the goodwill that can be generated.

Not having policies in writing can create feelings of discrimination and inconsistency. Many assistants do not even know what their rights are regarding vacation, sick pay, and the like. That can only cause confusion and in many cases embarrassment for the practice and the individual. A doctor should make something big of such a policy manual since it is also very important to the employees.

8. Each office should have written job descriptions for each employee clearly setting forth their primary and secondary responsibilities in that office. Generally the job is best assigned to the office manager since it is an excellent exercise in critical evaluation of the office's needs and how they may be best allocated among the staff.

A written operations manual for all of the procedures in the office is also very helpful. It can be of assistance in properly training new staff consistently and quickly. This is another excellent way a doctor may convince his staff that he is interested in their welfare. The office is trying to make it easier for them to do well so that they will look good in the eyes of the doctors, patients, and fellow staff.

It is not difficult to develop an operations manual. Each staff person can be asked to list exactly what she does (every single little thing that she does)—the job description. Then she can be asked to explain how she does each task listed in the job description; that is the operations manual.

The office manager (or in the smallest offices, the doctor) can review the notes of each staff individual to design a more specific and detailed operations manual.

9. It is also important to provide each individual with as much status as her aptitude and interest will permit. It is important to convince each person in the office that what she does is important and that the office could not manage without her performance.

10. The best possible physical working conditions should be provided. This may seem too elementary to even mention; however, we have seldom seen an office that cannot be improved from this aspect. This is sometimes a problem in the business office. Quite often, in laying out an office facility, the practice has inadequately provided for business space.

Confinement and insecurity combined will often lead to tremendous on the job stress, a potential for enormous losses of productive time. Periodically, the doctor should view his business office with an objective eye to see how it can be improved. Additional space might be provided; perhaps a rotation of work stations should be established; maybe a draft could be eliminated; maybe chairs are too high or too low.

Fresh atmosphere often helps to improve work situations. If people are sitting on top of each other and do not have room to breath or think, there can be difficulties. We have seen instances in which moving to newer and bigger quarters has resulted in a happier and more productive office, caused in part by the improvement in physical conditions.



consultation work we allow anywhere from one-half to one hour with each staff member (with a little

Too often assistants have been assigned to do collection followup calls or insurance forms work without adequate privacy or space. Under such circumstances, the individual is not able to produce as she should. Many times, upon our recommendation that she be provided some private space and time during the week, the results have been dramatic. With less interruption and more privacy one can work better. An employer who agrees to such a transition shows the employee that her function is considered important enough to make such a step.

11. One should provide the best possible equipment and systems to make work efficient and satisfying—another basic often ignored. Too often we have seen a staff member typing daily with an old, slow, beat-up manual typewriter. There are inefficient filing systems, calculators, adding machines, telephone systems, and the like. Assistants who feel they are working with awkward or outdated equipment or systems may begin to believe that their employer does not consider their work to be important enough to merit efficient equipment.

12. It is important that an office's pay plan be understood and that the pay scale be competitive within the community. Merit raises are dramatically more important than straight across the board, cost

of living increases. Unfortunately, the majority of medical office assistants have no real understanding or knowledge of an office's policy on pay raises. Often part of the problem is that the physicians and/or office manager have no set policy behind their raises.

We believe very strongly that pay raises should be tied in directly with the periodic review and evaluations discussed above. Unfortunately, too many offices give all of their employees the same raise in a given year "because it is easier." We believe very strongly that to do this is one of the biggest destroyers of office motivation. If two individuals are working together and one is producing and the other is not, the harder worker will undoubtedly question her own efforts upon seeing her co-worker receive equal pay raises.

Furthermore, an inferior worker who receives the same raise as everyone else often does not realize she is doing a bad job since the raise has indicated to her that the office is satisfied with her performance. This is unfortunate and should be avoided (and can be through periodic review and merit raises).

In many of our office surveys we have found a group to be very dissatisfied with one or more of its employees. A real threshold issue in some of the surveys is the doctors' feeling that they may want to



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let one of their employees go. Unfortunately, the doctors will often be embarrassed and fearful of doing it if they "have just given her a raise." Examples such as this illustrate how a pay plan can be misunderstood.

It is very important that salaries be reviewed at the end of every year. If a set policy is established (which it should be) and set forth in an office policy manual, it must be followed by the doctors. This is important since it guarantees the assistants that they will be reviewed while at the same time protecting the doctors from continually being "whip sawed" by the staff for raises throughout the year.

Some practices feel that it is more systematic and

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*'Effective leaders are able to create high performance standards for subordinates by expressing confidence in their abilities. . . . a pessimistic attitude makes good performance more difficult.'*

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consistent to set review on different anniversary dates for each person in the office.

Other offices set a specific time of the year during which all persons in the office receive raises. We prefer the latter approach since it is simpler. It allows the office to concentrate on salary raises at one key point in the year and decreases the potential for forgetting someone. We recognize that this may mean some people will be getting raises after only having been employed for several months. Obviously, this is a factor involved in determining the scope of the raise as compared to someone who has been there the entire year. That is how such possible discrepancies could be made up.

The doctor or office manager should know the definitive pay scales in the community. If one wants superior performance one must pay superior salaries. This is important. We are delighted to see someone getting paid well if she is doing a good job. We believe that the best run offices should feel the same way.

Unfortunately, more ill-will probably can be generated by the poor handling of a pay plan than anything else. Although what employees really want out of a job is an important consideration, there is no question that pay continues to be one of the highest items on the list.

13. As much authority and responsibility as an office manager's or doctor's nature can stand should be allocated to assistants. The aptitudes of the individual office people also determine how much responsibility they can handle; however, it is a

real mistake for the office manager to try to do everything. What often happens is that the most capable person in an office becomes the office manager, having "worked her way up the ranks." Since she "does everything better than everybody else" she will often hesitate to delegate. This is not a healthy situation. First of all, that individual cannot possibly do everything; second, she is putting the other employees in a vacuum, in a sense knocking them down in their own eyes and in the eyes of others.

14. A very important part of delegating responsibility is to encourage one's assistants to seek ways to expand their capabilities and offer them tangible assistance for new learning. An office should send people to courses, encouraging night classes and the like. If they learn more, they will be better able to handle things in an office. Employees should have access to a good library of books, magazines, cassettes and other learning aids.

15. A leader's expectation of staff members affects their individual performances in the office. People often behave as others expect them to. Effective leaders are able to create high performance standards for subordinates by expressing confidence in their abilities. Leaders who fail to develop positive expectations cause subordinates to accomplish less as a pessimistic attitude makes good performance more difficult.

An important point to remember is that subordinates will not be influenced by the leader's expectations unless the expectations seem reasonable and realistic. Goals that are too high or too low will have little impact.

16. The best way to learn is by example. This obviously is not a new concept. It is very hard to sell an idea in which one does not believe. Lack of credibility in one's actions belies his words.

### Conclusion

Physicians and office managers have a tremendous challenge—to match people with routines they enjoy and put them in a position where they can motivate themselves to do a better job. As physicians and office managers approach the challenge they should keep in mind three key considerations:

1. Even if "reasoning" may be compelling, the way a person feels usually affects his conduct more than the way he thinks.

2. Unless a subordinate is allowed to believe that his boss is human enough to understand failure, he will often fight back with every weapon at his command.

3. If one expects people to act on what he says, his conduct must show that he believes in it.

Many of the points in this article are of such a common sense nature that they seem unnecessary to mention; but in our experience we have found that often they are not followed. Physicians and medical office managers should consider the items listed above since they are crucial to the proper handling of office personnel. □



## Investment tax credit can reduce federal income taxes

EDWARD H. ACHORN, M.A., C.P.A.

DONALD L. DeMUTH, M.B.A., C.P.A.

Harrisburg

One of the biggest aids in equipping or modernizing an office is the investment tax credit. Congress intended that this tax saving device encourage investment. Since it is a credit against tax and does not reduce other deductions, it is an important tax saving device. Why not understand it and use it?

A simple example illustrates the importance of the tax credit. Assume that Dr. Taxed has purchased office equipment costing \$20,000. The equipment, for depreciation purposes, has a life of 10 years. This investment entitles him to a tax credit of \$2,000, and it has no effect on depreciation to be allowed.

Let us consider the following questions:

### Who is entitled to the credit?

*This article is part five of Know your taxes, a series dealing with federal income tax regulations and the Tax Reform Act of 1976. Mr. Achorn is assistant professor of accounting and management and Mr. DeMuth is assistant professor of accounting at the Pennsylvania State University's Capitol Campus in Middletown. For reprints write Mr. Achorn at Pennsylvania State University, Capitol Campus, Middletown, PA 17057.*

Any taxpayer investing in property: a partnership, a corporation, a Sub-Chapter "S" Corporation, an individual, an estate, or a trust.

**What type of property qualifies?** Types of property which qualify are: (1) Tangible (touchable) personal (not real estate) property (e.g., examination room equipment). (2) Other Tangible property (not a building or components) used as an integral part of: (a) manufacturing (e.g., drill press); (b) extraction (e.g., mining equipment); (c) production (e.g., oil refinery); and (d) furnishing of transportation, communications, electrical energy, gas, water, or sewage disposal services (e.g., car, bus, telephone).



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equipment). (3) Elevators and escalators. (4) Research facilities (e.g., microscopes and test equipment). Property used to furnish lodging in general does not qualify although there are exceptions.

The technical term for property which qualifies is "Section 38 Property." It may be new or used. There is a \$100,000 limit on used property. Be careful as sales and leasebacks in general do not qualify.

As is usually the case, different rules apply if you are married but filing separately.

**When does the credit apply?** It applies in the year the asset is placed in service.

**Does the credit have an effect on allowable depreciation?** None whatever. An asset normally will be depreciated the same, whether or not the credit is taken.

**Does life of the asset(s) have an effect?** The portion of the cost of an asset which qualifies is as follows: with a three to five year life the portion qualifying is 33 1/3 percent; with a five to seven year life

the portion is 66 2/3 percent; and if seven years or more, 100 percent qualifies.

**Does the amount applicable vary if there is a trade-in?** The credit is figured on the basis of the property. Let us look at a complex example. Assume Dr. Taxed had purchased some office equipment five years ago (January 1, 1972) for \$7,000. He had assumed a life of seven years, used straight line depreciation, and assumed no salvage value. On January 1, 1977, he traded the equipment for new equipment of a similar type at a cost of \$10,000, seven year life, and was allowed a trade-in value of \$3,000. Table I shows how the situation would be handled.

In this case, Dr. Taxed has recaptured a credit of \$163.31 and has a \$900. credit allowed. Thus, his tax will be reduced by a net \$736.69.

**Is there a limit on the credit?** Yes, the tax credit may not exceed the tax liability. If the liability is in excess of \$50,000, the credit may not exceed \$50,000 + 50 percent

of the excess liability over \$50,000. For example, if the liability is \$75,000, the limit would be \$50,000 + (\$25,000 @ 50 percent) or \$62,500.

**If I have more credit than I can use, is it lost?** No, it may be carried back three years (to offset prior years' taxes and secure a refund), and forward seven years (a credit against future taxes). Situations in which credits exist for multiple years might create confusion about which credit is used first. The Tax Reform Act of 1976 has clarified the situation by specifying the method to determine priority. (The first year is used.)

**Am I obligated to keep the asset for its life if I take the credit?** No, but there are consequences. Based on the current tax law, if you have kept the asset seven years, you have earned the full credit. On the other hand, if you have only held the asset five years, and had originally taken the full seven years' credit, you would have to return one-third of the credit by adding it to your tax liability in the year of disposal of the asset. The process is known as recapture. Let us consider the following example: Dr. Taxed buys a new x-ray machine for \$30,000, elects to take the full investment credit of \$3,000, and establishes a life of seven years. After five years he trades the machine for a new one. In this case, one-third of the investment credit is to be recaptured (1/3 X \$3,000 = \$1,000), that is, added to his tax liability.

To contrast, assume Dr. Taxed buys a new machine for \$30,000. He elects to take the full investment credit of \$3,000. He establishes a life of ten years. After seven years he trades it for a new machine. In this case, no investment credit is to be recaptured. The difference is that in the first example Dr. Taxed keeps the asset only five years, while in the second example he keeps the asset for the full seven years to earn the full credit.

**What are some examples of the assets usually qualifying for the credit?** Assets used in your prac-

**TABLE I**  
**Investment Tax Credit—Trade-In Value**

**Old Asset**

Original Cost	\$7,000.00
Depreciated to date (\$7,000 X 1/7 X 5 Years)	5,000.00
Adjusted Basis 1/1/77	2,000.00
Trade-In Allowance	3,000.00
Excess Trade Allowed	1,000.00

**New Asset**

Purchase Price	10,000.00
Excess Trade (Above)	1,000.00
Basis of New Asset	9,000.00

**Recapture**

Old Asset—Section 38 Allowed (\$7000 X 100%)	7,000.00
Section 38 Earned (\$7000 X 66 2/3%)	4,667.00
Section 38 Property to Be Recaptured	\$2,333.00
Investment Credit to Be Recaptured (7%)	\$ 163.31*

**Investment Credit Allowed**

Section 38 Property (New Asset Basis Above)	9,000.00
Investment Tax Credit Allowed (10%)	900.00

\*Congress has repeatedly changed the rate of the credit as well as the life. In this example, the appropriate rate is 7 percent.



tice, such as autos, office equipment, computers, medical equipment, furniture, and fixtures, etc., but no real estate.

**Can I get credit when I lease equipment and autos?** Yes; however, when you sign a lease, be certain the leasing company either passes the credit through to you or reflects the credit in your rates.

**I hear a lot about employee stock option plans (ESOP); are they important?** Generally, an additional tax credit of 1.5 percent is allowed on qualifying property if the employer places the added credit into an employee stock option plan to buy the employer's stock. Since most professional corporations do not permit ownership by non-professionals, this is probably not a factor; there must be nondiscriminatory treatment for all employees.

**Are there any complications if I incorporate?** If the property remains in the practice and you retain a substantial interest, it will

not be subject to recapture. On the other hand, if you sell an interest in a partnership or subchapter "S" corporation, it would be subject to recapture. Additionally, if you convert the asset to personal use (such as an auto), it would be subject to recapture rules.

**Can I manipulate the credit by sale and leaseback?** Probably not. No credit is allowed the purchaser of used property if it is made by the person from whom it was acquired or a related person. This would include a leaseback of used property, or a purchase of used property by a lessee.

Now that some of the more general questions have been answered, let us follow an example:

Dr. Taxed buys a new computer for his office for \$40,000. He is charged \$1,000 for freight and \$1,000 for installation. He pays the amount in full in 1977 during which year he places it in service. He estimates the life to be seven years, after which the computer will have no salvage value.

Dr. Taxed's total investment is \$42,000. He (or his partnership or professional corporation) can deduct \$4,200 from the tax liability. The fact that he paid cash or financed it has no bearing. The fact that the life of the computer is seven years means he can take the full credit. If he disposes of the computer sooner, part of the credit should be recaptured.

The important point is that he receives a \$4,200 credit against his tax. If he is in the 50 percent marginal bracket, this is the equivalent of \$8,400 in before tax dollars. Can you afford to pass that up?

In conclusion, a word of caution: Seldom does it make sense to do something simply to secure a tax break. The equipment purchase must make good business sense. To do otherwise is to put yourself in the same shoes as the wife who comes home bragging to her husband that she saved \$1,000 by buying a lifetime supply of soap powder, but has to rent a warehouse to store it. □

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The improvement  
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in patients with  
osteoarthritis



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# Bone marrow transplantation in acute leukemia

CHRISTIE LAMPING, M.D.

JEFFREY RAUB, M.D.

ISADORE BRODSKY, M.D., F.A.C.P.

Philadelphia

Experimental use of bone marrow in the treatment of various disease states has its roots deep in medical history. As early as 1891, bone marrow was administered, apparently by mouth, to patients with what was probably leukemia. In 1894, Billings presented evidence arguing for the worth of orally administered marrow suspensions in the treatment of iron deficiency anemia, but not pernicious anemia or leukemia. By 1923, saline extracts of red bone marrow and spleen had been reported to be powerful hemopoietic stimulants when administered concomitantly, either intravenously or orally.<sup>1</sup>

In 1939, Osgood, *et al.*, reported the case of a young woman with end-stage aplastic anemia who was given several cubic centimeters of her husband's bone marrow intravenously. She died five days later of apparent infection with no signs of marrow engraftment.<sup>2</sup>

Uniformly poor results in transplant efforts ended in diminished further attempts. In the mid 1950s, experiments with mice showed that transplantation of marrow is possible.<sup>3</sup> The experiments initiated the era of bone marrow transplantation, and the first significant human marrow grafts in 1958.<sup>4</sup>

Thomas has characterized the ensuing period as follows: Phase I lasted approximately five years and was noted for its general lack of success. Phase II began at the end of 1968, and owed its evolution to advances in histocompatibility typing, extensive canine experimentation, and improved methods of patient

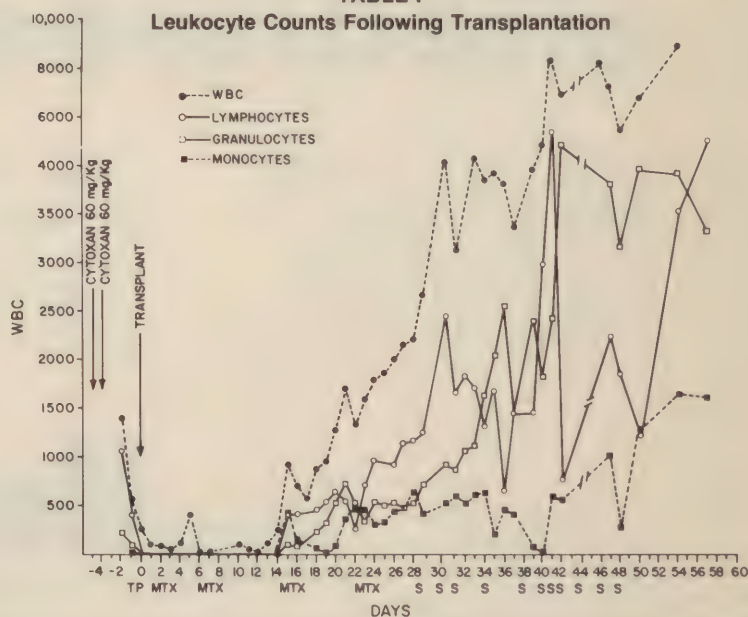
support during transient marrow aplasia. The latter would include

*Dr. Lamping is assistant professor of medicine at Hahnemann Medical College and Hospital and director of the bone marrow transplant program at Hahnemann's Cancer Institute. Dr. Brodsky, associated with the Cancer Institute, is a professor of medicine at Hahnemann. Dr. Raub, formerly with the Cancer Institute, is currently associated with Robert Packer Hospital, Sayre. The bone marrow transplantation discussed in this paper was supported by a Program Project and Medical Oncology Grant.*

platelet and granulocyte transfusions, reverse isolation or laminar air flow techniques, and more effective antibiotics.

Since 1969, major transplant centers have developed in Seattle, Boston, Baltimore, Los Angeles, and other cities, and have dealt primarily with end stage aplastic anemia and the acute leukemias. While preconditioning regimens for marrow recipients have varied from one institution to the next, the Seattle group, under the guidance of Thomas, *et al.*, has achieved a 20 percent long term survival figure for their series of leukemic patients. Their regimen includes Cytosan 60 mg/kg on each of two successive days, plus some form of intrathecal CNS prophylactic

TABLE I  
Leukocyte Counts Following Transplantation



chemotherapy. On the day of the transplant, 1000 rads of total body irradiation is delivered at a dose rate 5-6 rads/minute. Bone marrow from a donor who is human leukocyte antigens (HLA) identical and mixed lymphocyte culture (MLC) nonreactive is then infused intravenously. Between 400 and 800 cc of marrow is required. Thomas has presented an excellent review of the literature and summary of his results.<sup>5, 6</sup>

At Hahnemann Medical College and Hospital, marrow transplantations have been performed since January 1976. The following is a case report of our first patient who survived for 170 days before succumbing to recurrent acute leukemia.

### Case report

A 19 year old white female, found to have acute lymphoblastic leukemia in July 1974, entered Hahnemann Medical College and Hospital on January 17, 1976, after her third relapse.

Complications encountered during the 18 months prior to the admission included interstitial pneumonitis in October 1974, occurring during a

period of post-chemotherapy marrow suppression, and hepatitis in April 1975.

Because the duration of her most recent remission did not exceed three months, further chemotherapy had little to offer toward long term survival. Histocompatibility testing had shown the patient to be HLA identical and MLC nonreactive with a 10 year old male sibling.

Physical examination on admission showed generalized pallor and free ecchymoses over the lower extremities, but was otherwise unremarkable. Hemoglobin and hematocrit were 8.3 and 27 respectively. The white count was 5600 cells/cm<sup>3</sup> with a preponderance of lymphocytes and some blast forms. The platelet count was 19,000. A bone marrow aspirate revealed hypocellularity with frequent blastic forms. A lumbar puncture was normal.

Preparations were made to proceed with the transplant. On day -4, the patient was placed in total reverse isolation; cytoreductive chemotherapy consisting of Cytosan 60 mg/kg was administered on this and

the following day. In addition, 45 mg of cytosine arabinoside (Ara-C) were given intrathecally. On day 0, 1000 rads of total body irradiation (TBI) were administered.

Simultaneously, bone marrow was aspirated from the donor's anterior and posterior iliac crests under general anesthesia, with a yield of 525 cc (9.066 × 10<sup>9</sup> cells.) The marrow was filtered, added to a tissue culture medium according to the protocol as outlined by Thomas and Storb,<sup>7</sup> and given intravenously following TBI and reinstitution of reverse isolation. No immediate untoward effects were observed.

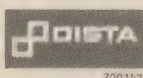
Following cytoreduction, TBI, and marrow infusion, a period of 9 to 21 days may elapse before the engrafted marrow begins to function. As Table I illustrates, our patient became essentially agranulocytic, with the total white blood count reaching a nadir of 11 cells/cm<sup>3</sup> on day 9. During this period, daily white cell transfusions, utilizing the Haemonetics continuous-flow centrifugation, were administered. This method, believed

(Continued on page 51.)

## For your patients with osteoarthritis, the recommended initial dosage\* is **1 Pulvule® q.i.d.**

\*The dosage may be adjusted in accordance with the patient's condition and changes in disease activity.

The most common type of adverse reaction reported concerned the gastrointestinal system. Dyspepsia occurred most frequently; it was observed in about one of seven patients.



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**Indications and Usage:** Nalfon is indicated for relief of the signs and symptoms of rheumatoid arthritis and osteoarthritis. It is indicated in the treatment of acute flares and exacerbations and in the long-term management of these diseases. The safety and effectiveness of Nalfon have not been established in those rheumatoid arthritis patients who are designated by the American Rheumatism Association as Functional Class IV (largely or wholly incapacitated with patient bedridden or confined to wheelchair, permitting little or no self-care).

**Contraindications:** Nalfon is contraindicated in patients who have shown hypersensitivity to it.

Because the potential exists for cross-sensitivity to aspirin and other non-steroidal, anti-inflammatory drugs, Nalfon should not be given to patients in whom aspirin and other nonsteroidal, anti-inflammatory drugs induce the symptoms of asthma, rhinitis, or urticaria.

**Warnings:** Nalfon should be given under close supervision to patients with a history of upper-gastrointestinal-tract disease and only after the Adverse Reactions section has been consulted. Gastrointestinal bleeding, sometimes severe, has been reported in patients receiving Nalfon.

In patients with active rheumatoid arthritis or osteoarthritis who also have an active peptic ulcer, attempts should be made to treat the arthritis with non-cerogenic drugs. If Nalfon must be given, the patient should be under close supervision for signs of ulcer perforation or severe gastrointestinal bleeding.

In subacute and chronic studies in rats, Nalfon caused interstitial nephritis, glomerulonephritis, and renal papillary necrosis. These abnormalities were dose related and began to appear at doses approximating the human dose. In chronic studies in monkeys, interstitial nephritis also occurred following administration of Nalfon. Although this was seen at doses considerably above the human dose, lower doses were not studied in this species. During the course of the clinical trials, one patient developed bilateral suppurative pyelonephritis, underwent laparotomy, went on to renal failure, and died with a diagnosis of septicemia and renal papillary necrosis. It is not known whether these events were drug related. A few patients developed mild elevations of the BUN during therapy with Nalfon. Since Nalfon is eliminated primarily by the kidney, the drug should not be administered to patients with significantly impaired renal function. It is desirable to perform periodic renal function tests in all patients receiving Nalfon.

**Precautions:** In chronic studies in rats, high doses of Nalfon caused elevation of serum transaminase and hepatocellular hypertrophy. In clinical trials, some patients developed elevation of serum transaminase, LDH, and alkaline phosphatase which persisted for some months and usually, but not always, declined despite continuation of the drug. The significance of this is unknown. It is recommended that periodic liver function tests be performed in patients receiving Nalfon and that the drug be discontinued if abnormalities occur.

The safety of this drug in pregnancy and lactation has not been established, and its use during these events is, therefore, not recommended. Reproduction studies have been performed in rats and rabbits. When fenoprofen was given to rats during pregnancy and continued to the time of labor, parturition was prolonged. Similar results have been found with other nonsteroidal, anti-inflammatory drugs which inhibit prostaglandin synthetase.

In-vitro studies have shown that fenoprofen, because of its affinity for albumin, may displace from their binding sites other drugs which are also albumin bound, and this may lead to drug interaction. Theoretically, fenoprofen, as well as other nonsteroidal, anti-inflammatory agents, could likewise be displaced. Patients receiving hydantoin, sulfonamides, or sulfonylureas should be observed for signs of toxicity to these drugs. In patients receiving coumarin-type anticoagulants, the addition of Nalfon to therapy could prolong the prothrombin time. Patients receiving both drugs should be under careful observation.

In patients receiving Nalfon® (fenoprofen calcium, Dista) and steroid concomitantly, any reduction of steroid dose should be gradual to avoid the possible complications of sudden steroid withdrawal.

Patients with initial low hemoglobin values who are receiving long-term therapy with Nalfon should have a hemoglobin determination at reasonable intervals.

Peripheral edema has been observed in some patients taking Nalfon; therefore, Nalfon should be used with caution in patients with compromised cardiac function.

Studies to date have not shown changes in the eye attributed to administration of Nalfon. However, because of adverse eye findings in animal studies with some other nonsteroidal, anti-inflammatory drugs, it is recommended that ophthalmologic studies be carried out within a reasonable period of time after chronic therapy with Nalfon has been started and at periodic intervals thereafter.

Since food decreases the blood levels of Nalfon, the drug should be given thirty minutes before or two hours after meals during the daytime.

When phenobarbital, which may enhance the metabolism of Nalfon, is added or withdrawn, dosage adjustment of Nalfon may be required.

Caution should be exercised by patients whose activities require alertness if they experience central-nervous-system side-effects from Nalfon.

Since the safety of Nalfon in patients with impaired hearing has not been established, these patients should have periodic tests of auditory function during chronic therapy with Nalfon.

Nalfon decreases platelet aggregation and may prolong bleeding time. Patients who may be adversely affected by prolongation of the bleeding time should be carefully observed when Nalfon is administered.

**Adverse Reactions: Digestive System**—The most common type of adverse reaction concerned the gastrointestinal system. Dyspepsia occurred most frequently, being observed in about one out of seven patients. Other adverse reactions, in descending order of frequency, were constipation, nausea, vomiting, abdominal pain, anorexia, occult blood in the stool, diarrhea, flatulence, and dry mouth.

Three instances of peptic ulceration and/or gastrointestinal hemorrhage that may have been due to the drug and four instances in which drug relationship was questionable were observed in 3,391 individuals to whom the drug was administered for periods of time ranging up to 165 weeks.

In less than 2 percent of patients, the drug was discontinued because of adverse gastrointestinal reactions.

**Skin and Appendages**—The most common adverse effect was pruritus, which was seen in about one out of ten patients. Other adverse reactions were rash, increased sweating, and urticaria.

In about 1 percent of patients, Nalfon was discontinued because of an adverse effect related to the skin.

**Nervous System**—The most frequent adverse reaction observed was somnolence, which occurred in about one out of seven patients. Other adverse effects, which occurred less frequently, were dizziness, tremor, confusion, and insomnia.

Nalfon was discontinued in less than 0.2 percent of patients because of these side-effects.

**Special Senses**—The most common adverse reaction was tinnitus, which was seen in about one out of ten patients. Other reactions observed, in descending order of frequency, were blurred vision and decreased hearing.

In about 0.2 percent of patients, Nalfon was discontinued owing to adverse effects related to the special senses.

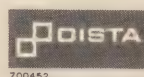
**Cardiovascular**—The most frequent adverse effect observed was palpitations. This was noted in about one out of twenty-five patients. Tachycardia was observed less frequently.

In less than 0.5 percent of patients, Nalfon was discontinued as a result of cardiovascular adverse reactions.

**Laboratory**—Anemia was noted in about one out of 500 patients. Therapy with Nalfon had to be discontinued in one patient because of anemia. Increase in alkaline phosphatase, LDH, and SGOT was observed (see Precautions).

**Miscellaneous**—Headache was seen in about one out of seven patients. Less frequently observed, in descending order of frequency, were nervousness, asthenia, dyspnea, peripheral edema, fatigue, malaise, and dysuria. [031677]

Additional information available to the profession on request



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(Continued from page 49.)

by many to be superior to other cell separator techniques, provides platelet and red cell support as well.<sup>8</sup>

On day 9, white cell transfusions were discontinued. On day 10, a bone marrow aspirate revealed the presence of precursors for all cell lines; later cytogenetic analysis revealed the male XY pattern.

The white count showed a progressive rise beginning on day 15. Absolute granulocytes exceeded 100 on day 17, 500 on day 20, and 1000 on day 32 (Table I).

## Complications

The post-transplant period was complicated by several problems, which are outlined in Table II. Major therapeutic modalities are represented here as well. These problems are perhaps best considered in their rough chronological order.

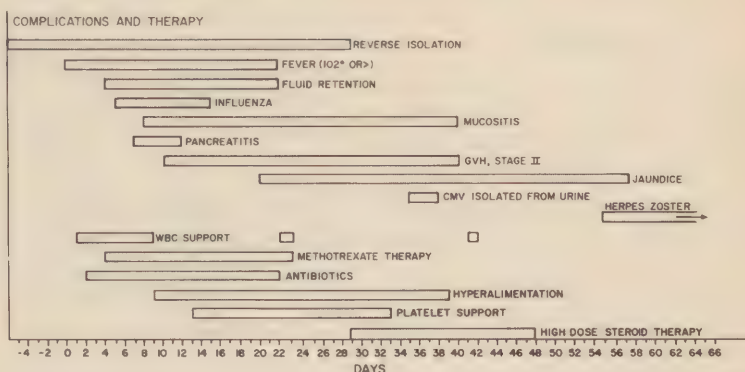
## Infection

Because of the patient's enhanced susceptibility to infection and recurrent fevers to 39.7°, parenteral antibiotic therapy was begun on day 2, consisting of Keflin, Gentamicin, Carbenicillin, and Clindamycin. In addition the patient was placed on oral and topical antimicrobials from the onset of cytoreduction.

Approximately one week post-transplant, the patient developed a productive cough with onset of bilateral basilar rales, tussive rhonchi, and scattered wheezing. A chest film on day 5 showed increased interstitial markings with a migratory pattern appreciated on subsequent films. A nasopharyngeal culture obtained on day 8 was reported over two weeks later as positive for a myxovirus strain. State laboratory testing confirmed the presence of an influenza Victoria Strain A virus, a strong indication that the patient may have withstood an episode of viral pneumonia.

On day 35, a urine specimen was found to contain cytomegalovirus. One week following discharge on day 48 the patient developed cutaneous herpetic lesions on the buttocks. These lesions became partially disseminated, and the patient was readmitted for administration of Zoster immune plasma. Resolution be-

**TABLE II**  
**Complications Following Transplantation**



gan, and the patient was discharged following a three day hospitalization.

## Graft versus host disease

Graft versus host disease (GVHD) is a potentially lethal complication of bone marrow transplantation, and describes an immunologically mediated attack by donor lymphocytes against host tissue, especially the skin, liver, and gastrointestinal tract.<sup>9</sup> While the reaction is most severe in the histoincompatible donor and recipient, its incidence is 70 percent in persons matched at the previously described genetic loci, attesting to the presence of additional, as yet unidentified tissue antigens.<sup>10</sup>

Storb, *et al.*,<sup>11</sup> have devised a grading system of I through IV for establishing the severity of the graft versus host disease (GVHD). In grade I only the skin is involved, while in grade IV there is severe involvement of all three mentioned organ systems with a pronounced decrease in the patient's clinical performance. Grades II and III represent intermediate degrees of involvement.

Two major approaches have been employed in efforts to control or prevent GVHD. They are: (1) the selection of histocompatible donor; and (2) the use of immunosuppressive agents following a transplant. Methotrexate, primarily on the basis of its effectiveness in dogs, has been used extensively and with success in attempts to prevent or ameliorate GVHD in man.<sup>12</sup> In addition, the Seattle group has found anti-thymocyte globulin

(ATG) to be effective in modifying the severity of GVHD once it has become manifest.<sup>11</sup>

The following measures were taken in the present case in attempting to modify the GVHD: (1) all blood products were irradiated with 1500 rads in order to destroy the highly radiosensitive lymphocytes which might contribute to GVHD; (2) methotrexate (MTX) was given as indicated in Table I. While Thomas, *et al.*, administer this drug in a prescribed fashion on days 1,3,6,11, and weekly thereafter to day 100, complications developed in our patient which precluded such a treatment course.

On day 12, a maculopetechial, erythematous, and slightly pruritic rash appeared on the patient's palms. By day 15, a similar pattern began to manifest itself on the soles of the feet and early GVHD was suspected. A skin biopsy of the left palm on day 19 yielded an equivocal diagnosis of GVHD, stage I. At day 23, the hands showed signs of improvement. However, by day 28, the feet showed increased erythema with a diffuse, confluent, macular rash which spared the inner arch of the foot. On day 37, the feet remained erythematous and the pedal digits were frankly swollen. An intravenous bolus of hydrocortisone phosphate resulted in dramatic improvement of the lesions within 24 hours.

Additional findings possibly related to the phenomenon known as GVHD included a transient macular rash on the nape of the neck, plus a persistent soreness of the tongue lasting up



to the time of discharge. The final diagnosis for our patient was GVHD, grade I-II, involving the skin and possibly the liver.

### Liver disease

Shortly following TBI, marked hepatomegaly was noted. This correlated with a liver span of 15 centimeters and significant right upper quadrant tenderness. Scleral icterus developed on day 19 and was associated with a progressive rise in the serum glutamic oxaloacetic transaminase, serum glutamic pyruvic transaminase, serum bilirubin, and alkaline phosphatase. The possibility of GVHD in the liver was entertained, but the patient's otherwise good clinical performance coupled with her past history expanded the differential diagnosis to include TBI-induced hepatotoxicity, reactivated viral hepatitis, methotrexate or other drug-induced liver toxicity, or possible cytomegalovirus. Further administration of methotrexate was stopped.

On day 33, a liver biopsy yielded the diagnosis of toxic hepatitis with no pathologic changes suggestive of GVHD. High dose steroid therapy was begun. The total serum bilirubin peaked at 10.7 mg percent on day 40, as did the liver enzymes. Thereafter, a steady decline ensued, and the patient demonstrated subjective improvement. The alkaline phosphatase remained moderately elevated.

### Discussion

Several aspects of this case warrant careful consideration regarding marrow transplantation in general. Major concerns in the post-grafting period include hemopoietic support, control of GVHD should it occur, prevention of infection, and adequate nutrition. The apparent episode of influenza pneumonia in our patient is intriguing in that one can only speculate as to what role the granulocyte transfusions may have played in preventing superinfection or a less optimal outcome. It has been found that in dogs, granulocyte transfusions may be useful therapy in serious bacterial infections.<sup>13</sup> Conversely, Fortuny, *et al.*, found no advantage

gained in a small series of leukemic, neutropenic patients.<sup>14</sup> The present case clearly indicates the need for continued investigation.

The resolution of the hepatic dysfunction following high dose steroid therapy raises the question: was there a GVHD component to the liver disease, and if so, was it ameliorated by the steroid treatment? Pre-existing liver disease may be a key factor since our second patient has to date shown no derangement in liver function. (She received the same conditioning regimen prior to marrow transplantation.)

It is possible that the use of steroids in GVHD in a manner similar to that for methotrexate deserves further consideration. Steroids are known for their immunosuppressive effect, but in addition may cause enhanced susceptibility to infection via a granulocyte effect, an undesirable event in these patients. Methotrexate, while an effective immunosuppressant, is also uncomfortably toxic to a very young and vulnerable marrow graft through its widespread marrow suppression.

Our patient continued to do well for more than four months post-transplantation, at which time a complete blood count showed the following: hemoglobin 12.6; hematocrit 39; white blood count 8800, with 6072 granulocytes, and a platelet count of 200,000. A bone marrow aspirate was read as normal, with no blast forms. While she had apparently overcome the entity of GVHD, she remained susceptible to certain infections, in addition to the risk of recurrent leukemia.

Finally, Thomas has set at 30 percent the risk of recurrent leukemia in those patients surviving the immediate post-transplant period. While most of these cases appear to represent recurrent, or residual, leukemia in recipient cells, the first documented leukemic transformation of engrafted human marrow cells was reported in 1972.<sup>15</sup> The etiology of such a transformation is unknown. However, in both cases the donor remained free of disease, which argues for some host alteration which affects the donor cells in the same manner as it did the original host cells. This is a critical aspect of marrow transplan-

tion and requires continued research.

In conclusion, bone marrow transplantation appears to be an increasing therapeutic modality in the treatment of the leukemias and aplastic anemias, and may provide an eventual answer to the etiology and possible cure of this disease. While it is currently limited to those individuals who possess a compatible (and usually related) donor, proposals have been made for a world bank of reactive marrow cells<sup>16</sup> and apparent successes have been observed in transplants between HLA compatible, unrelated donor and recipient. □

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# Proceedings

## Special Session of the House of Delegates

Camp Hill, April 17, 1977

*(Secretary's Note: Affirmative action by the House on the recommendations of the Reference Committee was taken unless otherwise specifically reported.)*

### The House is called to order, April 17, 1977

The Speaker, D. Ernest Witt, M.D., called the House to order at 9:10 a.m., Sunday, April 17, 1977, in the Grand Ballroom of the Penn Harris Motor Inn, Camp Hill. The Speaker indicated that delegates should be aware of Resolution 72-5, which recommends that there be no smoking in the House of Delegates or reference committee hearings. The Chair called on George A. Rowland, M.D., chairman of the Board of Trustees of the Pennsylvania Medical Society, who offered the invocation. The Speaker then called on David A. Smith, M.D., Dauphin County, chairman of the Committee on Credentials, who reported that a quorum was present.

### Announcements

Dr. Witt stated that the Chair wished to point out that Article VI, Section 3, of the Constitution states that "if any component society is without any duly accredited voting member of the House of Delegates at any session thereof, then the Active, Senior Active, Intern, or Resident member or members registered in attendance from that component society may elect himself or one delegate from their number, as the case may be, who shall be the representative of that component society and shall serve in the place of an accredited delegate."

Dr. Witt stated that the Chair also wished to remind the House that *only* duly seated delegates or their alternates have the privilege of being recognized during session. However, when the Reference Committee is in open hearing, anyone may be recognized.

### Report of Committee on Rules

Gabriel M. Lizak, M.D., Schuylkill County, chairman of the Committee on Rules, presented the following written report:

"Mr. Speaker and members of the House of Delegates:

"The Committee on Rules met and unanimously recommends the adoption of the Standing Rules of the Special Session on Malpractice of the House of Delegates of the Pennsylvania Medical Society as contained in the delegates' packet, with the following correction.

"Under the second meeting of the House, the final item, number 5, should be changed from adjournment to recess. The Proceedings of the 1975 Special Session show that it was in fact recessed, not adjourned. It is our understanding that this was done so the House could be called back for just such emergencies. We believe this change is only a technical correction.

"Mr. Speaker, the Rules Committee recommends that the Standing Rules for the Special Session (Malpractice) be adopted with the technical correction, changing number 5 of the second session to recess rather than adjournment."

### Standing Rule No. 1—Order of Business, Special Session

The first meeting of the House shall contain the items listed below, with the understanding that the Speaker may determine their order. First meeting:

1. Call to Order
2. Invocation
3. Credentials Committee Report
4. Reading of Official Call
5. Report of Special Committee on Rules
6. Announcements
7. Address of the President
8. Introduction of Reports and Resolutions
9. Introduction of Late Resolutions and Reports
10. Recess

The second meeting of the House will contain the items listed below with the understanding that the Speaker may determine their order. Second meeting:

1. Call to Order
2. Report of Committee on Credentials
3. Report of Reference Committee
4. Announcements
5. Adjournment

### Standing Rule No. 2—Procedure For Submitting Resolutions (Revised for Special Session)

As mandated in Section 3 of Article VII of the Constitution, resolutions submitted for consideration by the Special Session of the House must pertain to the matter expressly stated in the Call to the Special Session.



Resolutions may be submitted at any time prior to the special meeting of the House. Those received prior to seven days before the session shall be duplicated and included in the mailing of agenda materials. Those which arrive after the mailing but prior to the opening of the House of Delegates shall be distributed at registration and require two-thirds favorable vote of the members of the House present and voting at the first meeting of the House to become the business of the House. Any resolutions submitted after the House of Delegates is convened will require a three-fourths favorable vote of the members of the House present and voting to become the business of the House. The foregoing rule shall not apply to substitute resolutions.

All resolutions must be introduced by a member of the House of Delegates acting in his own behalf or for the component county medical society or specialty he represents.

Resolutions emanating from, and approved by, the Board of Trustees may be submitted directly to the House of Delegates at any time prior to or during the session, at the discretion of the Speaker.

All resolutions are to be submitted to the Secretary of this Society in duplicate and should include the name of the author.

The Speaker of the House of Delegates during the session of the House shall have the right to declare any resolution out of order in accordance with the principles of Sturgis Standard Code of Parliamentary Procedure.

### **Standing Rule No. 3**

The legal counsel and the executive vice president of this Society, or their designated representatives, shall review without the right of censorship each reference committee report and inform the chairman of the reference committee and the Speaker of any possible implicating statements or recommendations. This rule shall not prevent a reference committee from submitting any report that it deems proper.

### **Standing Rule No. 4—Actions of House in Effect Until Altered by House**

Any resolution or other action of this House of Delegates shall remain in effect until countermanded or altered by the House of Delegates unless otherwise specified in the body of the original action taken by the House of Delegates.

### **Standing Rule No. 5—Procedure Regarding the Bullet Ballot**

*(Secretary's Note: This standing rule relates to balloting procedures for election of officers and was thus deemed irrelevant to the business of the Special Session.)*

### **Standing Rule No. 6**

At the option of the Speaker, the Chair will not recognize the motion to vote immediately or terminate debate as being "in order" if it is added at the conclusion of a significant discussion of the immediately pending question, or at least until one additional person waiting to

speak has also had the opportunity to discuss the immediately pending question. Therefore, if the request to terminate debate is made at the conclusion of a significant discussion and declared "out of order" the motion would be considered "in order" after the opportunity had been given for at least one additional speaker of opposite persuasion to discuss the immediately pending question, in order for the House to hear both sides of every issue which comes to the floor for consideration.

### **Address of the President**

William J. Kelly, M.D., Allegheny County, president, gave a brief report on the malpractice crisis. The report follows:

Members of the House of Delegates, officers of the Society, and guests, this is a historic day. It represents the first time in recent history that I have not been wading through my beloved streams of western Pennsylvania on the opening weekend of trout season. They told me when I accepted this job that there would be sacrifices, but this is ridiculous.

Nevertheless, duty calls and it is obvious to me, as I look around the room this morning, that we have all made sacrifices to be here. In all seriousness, the matters which will come before this House today are of great importance and require the same thoughtful, careful analysis as the medicine we practice every day.

When we began this battle three years ago, there was almost no Pennsylvania evidence upon which to make decisions. We were at the mercy of statistics from the Insurance Services Office (ISO) and from the experience of other states as it impacted on insurance companies doing business in Pennsylvania.

The Argonaut program in Pennsylvania has now generated data which are considered sufficiently mature to provide figures on which rational decisions can be made affecting Pennsylvania physicians. That is the reason for summoning you here this morning. We now have enough data on Argonaut's Pennsylvania claims to look at them in terms of at least the major counties and to raise questions as to whether or not the present territories should remain unchanged.

There is now also sufficient claims experience to re-evaluate the distribution of the total premium among the specialties.

These are broad fundamental questions affecting certainly every Argonaut policyholder (approximately 4,700 physicians), and eventually, perhaps, every physician in Pennsylvania. For that reason, it is necessary that the House of Delegates be called into session to hear firsthand the explanations of the new statistics by the experts and then for the House to make decisions reflecting the interests of all 14,000 members.

For some, the status quo may appear attractive, but the perpetuation of inequities ultimately will have a divisive effect. If there is one principle that we were taught in the AMA school of negotiations, it is that to be successful negotiators, your leaders must represent and speak for a cohesive, unified organization.

As your president, the one message I have for you this morning is to urge you to lay aside local and specialty



interests and to seek to form a consensus which distributes this great malpractice insurance burden more evenly across the state. This is the time to think of ourselves not as orthopods, or anesthesiologists, or family practitioners, or internists, but as physicians. We must seize this opportunity and demonstrate to the insurance industry and to the legislature that we stand together as doctors.

As your discussions proceed this morning, I hope you will bear in mind the priorities as offered to you by the Board of Trustees. Of greatest import for the House this morning are decisions on the new territories and the class relativities. With regard to these two variables, a full range of possibilities is open to the House.

Such is not the case with the 70 percent rate filing. By contract the Commission on Professional Liability Insurance is obligated to cooperate with and assist Argonaut in the promulgation of adequate rates. The Commission on Professional Liability Insurance has spent many hours on this rate filing assisted by our independent actuary. The commission has conceded that some rate relief for Argonaut is probably necessary. Because the range of "reasonableness" is so wide, the commission has determined not to cite any specific figures. Instead it lays the burden on those responsible for determining rates, namely the Insurance Department. The Society has, however, participated in the hearings and commented when necessary.

While I am sure some of you will wish to testify regarding the 70 percent rate filing, bear in mind that this House is limited in the action that it can take on the rate filing, particularly in view of the pending \$25 million dollar suit against the Society. Nevertheless, it may be that some of the testimony given here at the House of Delegates meeting will be useful later in the rate hearings. For that reason, I would encourage you to speak your mind and get your thoughts on the record.

Finally, the staff tells me that they have a car standing by loaded with fishing equipment, ready to whisk me down to the Conodoguinet as soon as the speaker has recessed the House this afternoon. So that while I hope each of you will speak his mind, I also hope that you will do it succinctly.

#### **Reading of Official Call**

Dr. Witt reviewed the Official Call to this Special Session of the House of Delegates, as contained in a letter from Dr. G. Winfield Yarnall, dated March 22, 1977. This letter stated in part, "specifically, this Special Session will deal with matters contained in the Argonaut Insurance Company's rate filing pending before the Insurance Commissioner, including:

1. The Argonaut proposal to increase from two to four the number of territories now used in the rate-making process.
2. A proposed change in the relationship of premium to risk categories (called relativity) which would have the effect of low risk physicians carrying a larger share of the proposed premium increase than high risk physicians.
3. The proposed 70 percent rate increase itself."

Dr. Witt emphasized the Chair's intention to keep these

limitations in mind, that this Special Session is devoted exclusively to these considerations.

#### **Acceptance of Reports and Resolutions**

The report to the Special Session of the House of Delegates submitted by the Board of Trustees and Councilors, as contained in the delegates' packet, was accepted as the official business of the House.

#### **Acceptance of Resolutions**

The following resolution was received for submission to the Special Session and, as specified in Standing Rule No. 2, required a two-thirds vote to be introduced as the business of the House.

*Resolution 77-S-1: Loss Reserves.*

*(Secretary's Note: The above-listed resolution received the necessary two-thirds vote and was accepted as the business of the House.)*

#### **Announcements**

Dr. Witt drew the attention of the House to the membership of the special reference committee, as reported on a list contained in the delegates' packet.

#### **Recess**

Following the introduction of the reference committee, the Chair announced that the House would be put into recess and reconvene immediately for the reference committee hearing.

#### **Report of Special Reference Committee**

The Speaker recognized R. Robert Tyson, M.D., Philadelphia County, chairman of the Reference Committee. Dr. Tyson stated that the Reference Committee wishes to add a phrase to the report under the section entitled, "Proposed Territorial Changes." That part now reads, "Mr. Speaker, your Reference Committee heard considerable discussion concerning the advantages of a single territory for Pennsylvania versus the four (4) territories suggested by the Commission on Professional Liability Insurance. Your Reference Committee felt that the testimony was in favor of four territories as outlined by the Commission and Argonaut's filing; however, we are intrigued by the idea of one (1) territory regrouping or multiple territories.

**"Mr. Speaker, your Reference Committee recommends disapproval of the 70 percent rate increase requested by the Argonaut Insurance Company.**

**"Mr. Speaker, your Reference Committee recommends approval of the change in class relativities to 7-1 as recommended by the Argonaut Insurance Company and the Commission on Professional Liability Insurance.**

**"Mr. Speaker, your Reference Committee recommends that the relativities be studied and updated at appropriate intervals as deemed by the PMS Commission on Professional Liability Insurance.**

**"Mr. Speaker, your Reference Committee recommends approval of the recommendation for four (4) territories as outlined by the Argonaut Insurance Company and the**



### **Commission on Professional Liability Insurance."**

A motion was made from the floor that the recommendation be amended by adding that Montgomery County be associated territorially with Bucks and Chester Counties and withdraw from Philadelphia and Delaware Counties. This motion was tabled.

**"Mr. Speaker, your Reference Committee recommends that further investigation be made of the effect of one (1) territory for the State of Pennsylvania, of more than four (4) territories in the state, and the possible regrouping of the presently proposed territories and that the Commission report back to the House of Delegates at its October 1977 meeting.**

**"Mr. Speaker, your Reference Committee recommends approval of Resolution 77-S-1 as amended."**

A motion was made from the floor to approve Resolution 77-S-1, with the addition of the following resolved:

**"RESOLVED**, That the Argonaut Insurance Company be requested and required to make a full public disclosure of its records bearing upon the financial soundness of the company and of its financial relationship with Tele-Dyne Financial Corporation and Tele-Dyne Company."

This recommendation was approved by the House of Delegates. A resolution was read from the floor of the House by John Helwig, Jr., M.D., of the Philadelphia County Medical Society, for the approval of the House. The resolution reads as follows:

**"WHEREAS**, David S. Masland, M.D., the Ad Hoc Committee on Malpractice Insurance, and the Board of Trustees of the Pennsylvania Medical Society have been enjoined in a \$25 million suit; and

**"WHEREAS**, This litigation has resulted from their excellent and untiring efforts to maintain the highest quality of care for the people of Pennsylvania at the lowest possible cost; and

**"WHEREAS**, These efforts have been in behalf of all physicians in their quest to provide optimal health and medical care; therefore be it

**"RESOLVED**, That the House go on record as giving its highest commendation to these leaders who have given so much to the cause of organized medicine."

### **Announcements**

The Speaker expressed the gratitude of the House to the Reference Committee for its work in preparing the report.

### **Adjournment**

It was properly moved and seconded that the Special Session of the House of Delegates be recessed. The motion passed by acclamation. The Special Session of the House of Delegates adjourned at 3:20 p.m.

Respectfully submitted,  
D. Ernest Witt, M.D.  
Speaker  
Donald E. Harrop, M.D.  
Vice Speaker  
G. Winfield Yarnall, M.D.  
Secretary  
Barbara M. Starr  
Assistant Secretary

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## **education**

*This issue carries no education course listings. The January issue contained a comprehensive list of continuing education courses being offered in all parts of Pennsylvania. Consult that issue or write for a copy of the supplement to: Council on Education and Science, Pennsylvania Medical Society, 20 Erford Road, Lemoyne, PA 17043.*

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# T E S T E D L A T E L Y A S I M P L Y

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10

# C O M F O R T A B L E H E A R I N G

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**drug  
bulletin**

**Health care doesn't  
need more red tape**

**Drug firms challenge  
MAC rules**

**Drug  
Substitution**

**The Common Denominator  
of Health Progress  
RESEARCH**

**Mailgram 1**

# THERE ARE A LOT OF PEOPLE GETTING BETWEEN YOU AND YOUR PATIENT.

Medicine today is in the spotlight, subjected to all kinds of scrutiny. Your control over patient therapy is being monitored, judged and occasionally abrogated, sometimes by unknown third parties.

The worry is that in the wake of this focus, the relationship between you and your patient will be weakened, without offsetting benefits. Consider three examples:

**Drug substitution** In most states, pharmacy laws, regulations or professional custom stipulate that your non-generic prescriptions be filled with the precise products you prescribe. But in the last five years, a dozen or more State laws have been changed, permitting the pharmacist in most cases to select a product of the same generic drug to fill any prescription.

Ironically, this dilution of physician control has taken place against a background of growing evidence that purportedly equivalent drug products may be inequivalent, since neither present drug standards nor their enforcement are optimal. In fact, the FDA itself says it has not enforced the same standards for hundreds of "follow-on" products that it had applied to the original FDA approvals. Thus physician control over patient therapy is being eroded with a risk that patients may be exposed to drugs of uncertain quality.

The major advertised claim for substitution is reduced prescription prices for consumers. Yet no documentation of any significant savings has been produced.

**MAC** Maximum Allowable Cost, MAC for short, is Federal regulation designed to cut the Government's drug bill by setting price ceilings for drugs dispensed to Medicare and Medicaid patients. Unless the prescriber certifies on the prescription that a particular product is medically necessary, the Government intends to pay only for the cost of the lowest-priced, purportedly-equivalent,

generally-available product. The effect of the program may be that elderly and indigent patients will be restricted to products which someone in Washington believes are priced right. Practicing doctors will have little to say about administration of the program, since Government will have absolute authority to make its choices stick.

**The drug lag** The future of drug and device research depends upon a scientific and regulatory environment that encourages therapeutic innovations. The American pharmaceutical industry annually is spending more than \$1 billion of its own funds and evaluating more than 1,200 investigational compounds in clinical research. Disease targets include cancer, atherosclerosis, viruses and central nervous system disorders, among others. But there is a major barrier to the flow of new drugs to your patients: The cost of the research is more than ten times what it was, per product, in 1962; and whereas governmental clearance of new drug applications took six months then, it commonly consumes two years now.

The FDA needs adequate time, of course, to consider data. But it is equally clear that the present approval process contributes to needless delay of needed therapy. That's why the increased efficiency of the drug approval process is vital to all our futures.

If these issues concern you, we suggest that you make your voice heard—among your colleagues and your representatives in State legislatures and in Washington.

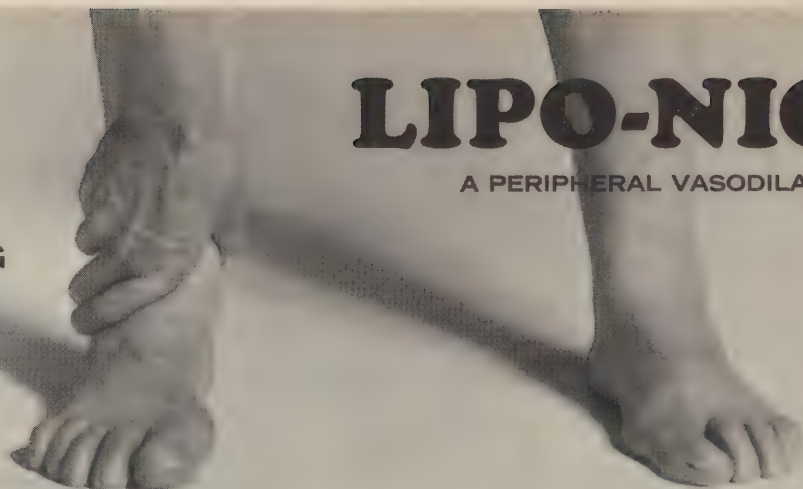
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Thiamine HCL (B-1) .. 25 mg.  
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Pyridoxine HCL (B-6) .. 10 mg.

DOSE: 1 to 5 tablets daily.

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### LIPO-NICIN/250 mg.

Each yellow tablet contains:

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Niacinamide ..... 75 mg.  
Ascorbic Acid ..... 150 mg.  
Thiamine HCL (B-1) .. 25 mg.  
Riboflavin (B-2) ..... 2 mg.  
Pyridoxine HCL (B-6) .. 10 mg.

DOSE: 1 to 3 tablets daily.

AVAILABLE: Bottles of 100, 500, 1000.

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### LIPO-NICIN/300 mg.

Each time-release capsule contains:

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Ascorbic Acid ..... 150 mg.  
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**Millersville State College** is seeking a second physician to work full time in the college infirmary. Staff consists of the director of health services and six full time nurses. The infirmary is a fully equipped 23 bed facility, located in the center of campus. The student body consists of approximately 4,450 F.T. undergraduates, 700 P.T. undergraduates, and 1,200 P.T. graduate students. Millersville State College is located in the heart of the Pennsylvania Dutch Country, approximately 3 miles from the city of Lancaster, Pa. Applicants should apply by July 15, 1977, to: F. W. McLaughlin, M.D., Director of Health Services, Millersville State College, Millersville, PA 17551. Millersville State College is an Equal Opportunity/Affirmative Action Employer.

**Family Practice** location available. Write M. S. Dudich, M.D., 7860 Spring Ave., Elkins Park, PA 19117; or telephone (215) 635-3778.

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**House and Outpatient Department Physicians**—Pennsylvania license. Competitive salaries. St. Luke's and Children's Medical Center, Philadelphia, PA 19122. Contact: J. H. Davidson, M.D., (215) 684-3900, ext. 686.

**Plant Physician**—Occupational physician, generalist, or internist, for attractive eastern Ohio locality. Complete dispensary, laboratory, and nursing services. Future possibility of advancing to corporate medical director of one of Fortune Magazine's top 500 companies. Excellent salary and fringes. For more information, please send your resume, in confidence, to: Department 755, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

**Pennsylvania, South Central**—We seek a physician for Emergency Department practice. Candidates should be interested in the E.D. as a career in a setting with good growth potential. Current volume 25,000 to 30,000 visits. E.M.T. training program established. Good medical staff relationships and quality nursing support. Community has much to offer for quality living. Contact or send C.V. to W.J. Ingalls, M.D., Director, Emergency Department, Chambersburg Hospital, 7th and King Sts., Chambersburg, PA 17201.

**Anesthesiologist**—Board Certified for full service hospital, southwestern Pennsylvania; top salary and benefits; send complete curriculum vitae to Department 751, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

**Internist, FP, and GP**—Needed for multi-specialty, hospital based group practice, highly competitive and flexible financial arrangements. Large, growing draw area. Contact John McCarroll, Director of Ambulatory Care Services, Braddock General Hospital, Holland Ave., Braddock, PA 15104; (412) 351-3800, X208.

**Anesthesiologist for Department of Anesthesiology**—200 bed general hospital in a beautiful university community located in western Pennsylvania. New construction and renovation program underway. Salary highly competitive. Pennsylvania license required. Contact Isabelo Z. Sibolboro, M.D., Director, Department of Anesthesiology, Indiana Hospital, Indiana, PA 15701.

**Physician Unit Director, Rehabilitation Medicine**—Opportunity in interesting academic program at leading medical school hospital, part of multi-institution complex in major eastern urban center. Program includes inpatient and outpatient rehabilitation and consultations; electrodiagnosis and electromyography; teaching of medical students and residents; opportunity for research at major research center. Appropriate academic rank to board certified or board eligible physiatrist. Contact: D. D. Glass, M.D., 12th St. and Tabor Rd., Philadelphia, PA 19141. An Equal Opportunity Employer.

**Psychiatric Physician I**—Part time or full time at a state psychiatric hospital situated eight (8) miles from Pittsburgh, Pennsylvania, along the Ohio River. Requires Pennsylvania license and Board Eligibility. Position constitutes State Civil Service equal opportunity employment with competitive salary arrangements and excellent fringe benefits. Contact Robert E. Weimer, M.D., Superintendent, Dixmont State Hospital, Sewickley, PA 15143; telephone (412) 761-1780.

**FP/GP Family Health Center**—Rural, mountain area in north central Pennsylvania. Dispensing quality primary care. Teaching opportunity in family practice residency. J. W. Montague, M.D., Medical Director, North Penn Family Health Center, Blossburg, PA 16912.

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**Internist for Innovative Family Health Center** in north central Pennsylvania. To support 3 family practitioners providing the in-patient component for our primary care facility. J. W. Montague, M.D., Medical Director, North Penn Family Health Center, Blossburg, PA 16912.

**Pennsylvania and New Jersey**—Emergency medicine positions available with fee-for-service group in suburban Philadelphia, northern and southern New Jersey and Pittsburgh area hospitals. Excellent income opportunity. Physician directors also desired. Please send resume to Northeast Emergency Medical Associates, 500 Spruce St., Philadelphia, PA 19106; Phone (215) 925-3511.

## POSITIONS WANTED

**Physician's Assistants**—Graduates of the first class of the Rutgers Medical School program, will be available for employment on July 1, 1977. Inquiries or requests for resumes may be addressed to: P. A. Program, P.O. Box 101, Piscataway, NJ 08854; or phone (201) 564-4444.

**OB/GYN**—30 year old American seeking association leading to partnership. Passed part I board. Available July 1977. All locations considered. Call evenings (215) 947-5613.

**Dental Anesthesiologist**—2 year anesthesiology residency, 7 years anesthesiology hospital practice. Fellow, American Dental Society of Anesthesiology. Desires position in hospital anesthesiology department or outpatient surgical clinic in Philadelphia area. Write Department 753, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

**General Surgeon**—Board eligible, with vascular and head and neck training, seeking full time, group, or partnership practice. Pennsylvania license. Wife, psychiatrist, also seeking full time or private practice. Both available July 1977. Write Department 756, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

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**COPY DEADLINE**—Copy due by the first day of month preceding month of publication. Send to PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, Pennsylvania 17043. The right is reserved to reject or modify copy to conform with publication rules.

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**WORD COUNT**—Count as one word all single words, two initials of a name, each abbreviation, isolated numbers, groups of numbers, hyphenated words. Count name and address as five words, telephone numbers as one, and "Write Department . . . , PENNSYLVANIA MEDICINE" as five.



## FOR SALE

**Location for Family Practice Available** due to death. Residence, fully equipped office with private entrance. \$98,000. Baringer Associates, Box 300, Quakertown, PA 18951; (215) 536-9550.

## FOR RENT

**Space in Professional Center**—Specialties or general practice, 4 treatment rooms, laboratory, dark room, business office, waiting room, consultation room. Primary or secondary office, furnished or unfurnished, shared lease possible. (215) 646-1665.

## FOR SALE OR RENT

**West Chester**—Very pleasant growing community outside of Philadelphia. Office used for family practice. Spacious apartment on 2nd floor also available. Located near modern hospitals. For further information or appointment call (215) 692-4622 or (215) 696-2495.

## MISCELLANEOUS

**Biomedical Electronics Service**—Repairs medical, laboratory, and other electronic equipment. Will install and remove x-ray equipment. Walker Electronics®, 117 Sylvan Terrace, Harrisburg, PA 17104; telephone (717) 233-4716.

**Conferences for Medical Professionals**—A calendar listing of over 500 national/international meetings, conferences and seminars in the medical sciences for 1977. All medical specialties included. Send a \$10.00 check or money order payable to Professional Calendars, P.O. Box 40083, Washington, D.C. 20016.

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Rittenhouse Farms specializes in purchasing farms for private ownership by the professional and management of the professional's farm investment.

This is not to be confused with the sale of tax shelters or agricultural futures, nor is Rittenhouse Farms a real estate agency representing sellers. Our services are limited to the purchase and management of farms for professionals as a long term capital gains investment.

For further information, call David Morrison at (215) 569-4530, or write to him at 2300 Two Girard Plaza, Philadelphia, PA 19102.

## RESIDENCY IN PHYSICAL MEDICINE AND REHABILITATION

Dynamic, young program with balanced academic and clinical emphasis under the supervision of ten physiatrists. Three year program and integrated internship/residency with opportunity for research and pursuit of special interests both in medical school and private hospital settings. One year's credit for four years of general practice experience or training in another specialty. Stipends from \$13,300 to \$15,200 depending on qualifications. GI schooling benefits available for veterans. We will pay for visits in selected cases. Telephone or write for information to:

John F. Ditunno, Jr., M.D., Director  
Department of Rehabilitation Medicine  
Thomas Jefferson University Hospital  
11th and Walnut Streets  
Philadelphia, Pa. 19107  
Telephone: (215) 829-6573



# 'Study Scandinavia'

## A workshop tour of Sweden, Norway, and Denmark.

Scandinavian medicine holds an interest for American physicians because of technical advances in many specialties, innovative relationships with the social services, and concern for the promotion of good health. Manifestations are the infant mortality rate, one of the lowest in the world, developments in delivering emergency and outpatient services, and progress in preventive medicine and occupational health.

The workshop will give you a firsthand view of primary care, mother and child care, emergency services, and basic research. You will talk with government officials, medical and technical specialists, university professors, and doctors in local practice.

Take advantage of this nine-day learning experience, from September 25 to October 3, 1977. Visit three major cities, Stockholm, Oslo, and Copenhagen, to learn more about the health services in the Scandinavian Countries.

- Round trip jet air transportation via Scandinavian Airlines 747 with food and beverages .
- All first class hotel accommodations.
- Continental breakfast daily, most lunches and dinners.
- Three days in Stockholm, two days in Oslo, three days in Copenhagen.
- Evening boat trip down scenic fjord to Copenhagen.

**Cost—\$899 per person, double occupancy.**

### *Tax Reform Act of 1976*

This travel program meets all the "guidelines for foreign convention tax expense" under the Tax Reform Act of 1976 as interpreted by the American Society of Association Executives. Under the new law, deductions can be allowed for expenses incurred in foreign travel. The limits are airfare and per diem allowances. Complete attendance records and other tax deduction information will be furnished so that member physicians can consult with their accountants for deductions on individual tax returns. For full itinerary and full tax information, write to Council on Education and Science, Pennsylvania Medical Society, 20 Erford Road, Lemoyne, Pennsylvania, 17043, using the application below.

Council on Education and Science  
Pennsylvania Medical Society

Please send me full details on the Study Scandinavia Workshop:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_



ROCHE

# For recurrent attacks of urinary tract infection in women

# Bactrim™ DS Double Strength Tablets

Each tablet contains 160 mg trimethoprim and 800 mg sulfamethoxazole.

## Just one tablet b.i.d. for 10 to 14 days



- Action at urinary/vaginal/lower bowel sites helps eliminate reservoirs of infecting organisms
- Distinctive antibacterial action plus wide spectrum helps eradicate recurrent UTI
- Low incidence of bacterial resistance in community practice

- Convenient *b.i.d.* dosage provides day-and-night antibacterial control
- Contraindicated during pregnancy and the nursing period. During therapy, maintain adequate fluid intake perform CBC's and urinalyses with microscopic examination.

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications and Usage:** For the treatment of urinary tract infections due to susceptible strains of the following organisms: *Escherichia coli*, *Klebsiella-Enterobacter*, *Proteus mirabilis*, *Proteus vulgaris*, *Proteus morganii*. **It is recommended that initial episodes of uncomplicated urinary tract infections be treated with a single effective antibacterial agent rather than the combination.** *Note:* The increasing frequency of resistant organisms limits the usefulness of all antibacterials, especially in these urinary tract infections.

**Also for the treatment of documented *Pneumocystis carinii* pneumonitis. To date, this drug has been tested only in patients 9 months to 16 years of age who were immunosuppressed by cancer therapy.**

The recommended quantitative disc susceptibility method (*Federal Register*, 37:20527-20529, 1972) may be used to estimate bacterial susceptibility to Bactrim. A laboratory report of "Susceptible to trimethoprim-sulfamethoxazole" indicates an infection likely to respond to Bactrim therapy. If infection is confined to the urine, "Intermediate susceptibility" also indicates a likely response. "Resistant" indicates that response is unlikely.

**Contraindications:** Hypersensitivity to trimethoprim or sulfonamides; nursing mothers; infants less than two months of age.

**Warnings:** Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been associated with sulfonamides. Experience with trimethoprim is much more limited but occasional interference with hematopoiesis has been reported as well as an increased incidence of thrombopenia with purpura in elderly patients on certain diuretics, primarily thiazides. Sore throat, fever, pallor, purpura or jaundice may be early signs of serious blood disorders. Frequent CBC's are recommended; therapy should be discontinued if a significantly reduced count of any formed blood element is noted.

**Precautions:** Use cautiously in patients with impaired renal or hepatic function, possible folate deficiency, severe allergy or bronchial asthma. In patients with glucose-6-phosphate dehydrogenase deficiency, hemolysis, frequently dose-related, may occur. During therapy, maintain adequate fluid intake and perform frequent urinalyses, with careful microscopic examination, and renal function tests, particularly where there is impaired renal function.

**Adverse Reactions:** All major reactions to sulfonamides and trimethoprim are included, even if not reported with Bactrim. **Blood dyscrasias:** Agranulocytosis, aplastic anemia, megaloblastic anemia, thrombopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia. **Allergic reactions:** Erythema multiforme, Stevens-Johnson syndrome, generalized skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis. **Gastrointestinal reactions:** Glossitis, stomatitis, nausea, emesis, abdominal pains, hepatitis, diarrhea and pancreatitis. **CNS reactions:** Headache,

peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insomnia, apathy, fatigue, muscle weakness and nervousness. **Miscellaneous reactions:** Drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L. E. phenomenon. Due to certain chemical similarities to some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia in patients; cross-sensitivity with these agents may exist. In rats, long-term therapy with sulfonamides has produced thyroid malignancies.

**Dosage: Not recommended for infants less than two months of age.**

**Urinary Tract Infections:** Usual adult dosage—1 DS tablet (double strength), 2 tablets (single strength) or 4 teasp. (20 ml) b.i.d. for 10-14 days.

**Recommended dosage for children—8 mg/kg trimethoprim and 40 mg/kg sulfamethoxazole per 24 hours, in two divided doses for 10 days. A guide follows:**

**Children two months of age or older:**

Weight		Dose—every 12 hours	
lbs	kgs	Teaspoonfuls	Tablets
20	9	1 teasp. (5 ml)	½ tablet
40	18	2 teasp. (10 ml)	1 tablet
60	27	3 teasp. (15 ml)	1½ tablets
80	36	4 teasp. (20 ml)	2 tablets or 1 DS tablet

**For patients with renal impairment:**

Creatinine Clearance (ml/min)	Recommended Dosage Regimen
Above 30	Usual standard regimen
15-30	½ the usual regimen
Below 15	Use not recommended

***Pneumocystis carinii* pneumonitis:** Recommended dosage: 20 mg/kg trimethoprim and 100 mg/kg sulfamethoxazole per 24 hours in equal doses every 6 hours for 14 days. See complete product information for suggested children's dosage table.

**Supplied:** **Double Strength (DS) tablets**, each containing 160 mg trimethoprim and 800 mg sulfamethoxazole, bottles of 100; Tel-E-Dose® packages of 100. **Tablets**, each containing 80 mg trimethoprim and 400 mg sulfamethoxazole—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 40, available singly and in trays of 10. **Oral suspension**, containing in each teaspoonful (5 ml) the equivalent of 40 mg trimethoprim and 200 mg sulfamethoxazole, fruit-licorice flavored—bottles of 16 oz (1 pint).

ROCHE

Roche Laboratories  
Division of Hoffmann-La Roche Inc.  
Nutley, New Jersey 07110

**Please see back cover.**



Her next attack of cystitis may require

# the Bactrim<sup>TM</sup> 3-system counterattack



ROCHE

Bactrim has shown high clinical effectiveness in recurrent cystitis as a result of its wide spectrum and distinctive antimicrobial action in the urinary, vaginal and lower intestinal tracts.

The probability of recurrent urinary tract infection appears to be enhanced by the establishment of large numbers of *E. coli* or other urinary pathogens on the vaginal introitus. The trimethoprim component of

Bactrim diffuses into vaginal fluid in effective concentrations, thus combating migration of pathogens into the urethra.

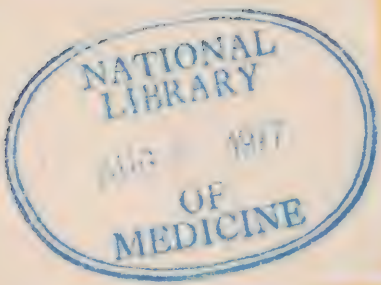
Studies have shown that Bactrim acts against *Enterobacteriaceae* in the bowel without the emergence of resistant organisms. Thus, Bactrim reduces the risk of introital colonization by fecal uropathogens. It has *no* significant effect on other normal, necessary intestinal flora.

## Bactrim fights uropathogens in the urinary tract/vaginal tract/lower intestinal tract

Please see reverse side for summary of product information.

# Pennsylvania Medicine

Vol. 80, No. 7 JULY 1977



**SURVIVAL KIT**  
MEDICAL MALPRACTICE  
FOR PHYSICIANS



# A character all its own.



Valium (diazepam) is a benzodiazepine with a character all its own.

Pharmacologically, it has been described as more potent mg-per-mg than other available anxiolytic benzodiazepines. Pharmacokinetically, only Valium provides active *diazepam* as well as the active metabolites 3-hydroxydiazepam, desmethyldiazepam and oxazepam.

But the individual character of Valium is even more apparent clinically than pharmacokinetically. And far more significant. That's because of the patient response obtained with Valium. A response which brings a calmer frame of mind. A response which has a pronounced effect on the somatic symptoms of anxiety, particularly muscular tension. A response which helps the patient feel more like himself again because of the way Valium reduces the overwhelming symptoms of anxiety and psychic tension.

Another important aspect of the clinical character of Valium is safety. Though drowsiness, ataxia and fatigue are possible, these and more serious side effects are rarely a problem. Of course, as with all CNS-acting drugs, patients taking Valium should be cautioned against driving, operating dangerous machinery or the simultaneous ingestion of alcohol.

Unquestionably, many psychotherapeutic agents, including other benzodiazepines, have antianxiety effects. But one fact remains: you get a certain kind of patient response with Valium. It's a response you want. A response you know. A response you trust as part of your overall management of anxiety and psychic tension.

## Valium<sup>®</sup> (diazepam)<sup>Ⓢ</sup>

2-mg, 5-mg, 10-mg scored tablets  
a prudent choice in psychic  
tension and anxiety

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

**Contraindicated:** Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

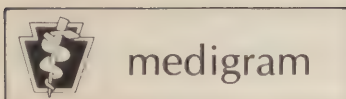
**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**Precautions:** If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

**Side Effects:** Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.



Roche Laboratories  
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Nutley, New Jersey 07110



#### ARGONAUT GRANTED 23.6 PERCENT RATE INCREASE

Insurance Commissioner William J. Sheppard approved June 28 a 23.6 percent rate increase for professional liability insurance to the Argonaut Insurance Co., the first since April 1975. It will produce \$2.6 million, approximately one-third of Argonaut's original request, which Sheppard denied. After the denial of the 70 percent rate increase, Argonaut refiled for a 31 percent increase. State Society actuaries discovered an error in the Argonaut calculations and initiated discussions with Argonaut actuaries. Following the discussions Argonaut refiled for 23.6 percent. Commissioner Sheppard granted this request, disregarding a State Society intervention petition. In response to a strongly worded letter from John F. Rineman, PMS executive vice president, pointing out the "major and costly role" PMS has played in Insurance Department proceedings over the past two years, Sheppard said, "It is quite clear from the record that the Pennsylvania Medical Society has been an effective and aggressive advocate for the medical profession." He added, "I also wish to acknowledge the very competent technical analysis your staff has provided the Department." In rejecting Argonaut's 70 percent rate increase filing, Sheppard cited testimony presented by the Society's actuaries, Woodward and Fondiller, who determined Argonaut's reserving practices "unique in the industry."

#### PHYSICIAN'S ASSISTANT BILL PASSES SENATE

In a 40-7 vote, the Pennsylvania Senate June 22 passed the Society supported bill to place physician's assistants under the jurisdiction of the State Board of Medical Education and Licensure. A Society proposed amendment permits the continuation of the practice of physician delegation to technicians as it is now. This was done because optometrists succeeded with an amendment prohibiting PAs from performing eye refraction, and it is important to ophthalmologists. The bill was sent to the House of Representatives where it was referred to the Health and Welfare Committee.

#### STATE SENATE PASSES LAETRILE BILL

The Senate July 11 passed S-901, the bill which would legalize the manufacture and sale of laetrile in Pennsylvania. The bill says there shall be no forbidding its use "as an adjunct to recognized, customary, or accepted modes of therapy in the treatment of any malignancy. . . or physical condition when it is prescribed or administered by a physician." The House of Representatives has its own version of the bill now under study in the Committee on Health and Welfare.

#### GENERIC LAW GRACE PERIOD ENDS AUGUST 8

After August 8 prescription pads must have printed, typewritten, or rubber stamped on them the language shown here. Until then the words may be handwritten.

---

Do Not Substitute

---

Substitution Permissible

Secretary of Health Leonard Bachman, M.D., has announced the deletion of the following drugs from the Generic Act Formulary: Theophylline/Guaifensin (capsules), Triamcinolone Acetonide (injectable suspension), Amitriptyline HCL/Perphenazine (tablets), and Diethylpropion HCL (tablets).



#### GALLUP POLL RETURNS NEEDED

All physicians who received the Society's questionnaire through the Gallup Poll are urged to complete it and return it immediately. The results are vital to demonstrate the effect of the malpractice insurance crisis to the Legislature. Anonymity is guaranteed and every response is needed.

#### IMPAIRED PHYSICIAN COMMITTEE MEETS

The Society's Committee on the Impaired Physician met with the State Board of Medical Education and Licensure June 14 to seek state funding to launch a program to aid physicians impaired by drug or alcohol dependence. On the committee are Edward J. Resnick, M.D., Philadelphia; Abram M. Hostetter, M.D., Hershey; and Abraham J. Twerski, M.D., Pittsburgh. Negotiations with the State Board will continue in September.

#### ACT 111 ARBITRATION CASES PENDING

Almost 200 malpractice cases have been filed for arbitration but none have been heard as yet. Some conciliation meetings have been held. The first settlement using the Medical Professional Catastrophe Loss Fund saw Marlene Baumiller of Pittsburgh receive \$100,000 from the insurance carrier for Robert Casella, M.D., \$25,000 from Pittsburgh Podiatry Hospital, and \$225,000 from the CAT Fund. In Philadelphia Court of Common Pleas the first decision on the constitutionality of the mandatory arbitration system of Act 111 is near. The State Society filed an amicus curiae brief, and Ronald M. Bachman, the Society's director of economic affairs, testified.

#### SOCIETY LAUNCHES NEW BENEFITS PROGRAM

The Society's newest benefit, "Memberloan," was launched in June. Developed by the Council on Professional Relations and Services and approved by the Board, it offers loans from \$5,000 to \$25,000 with no collateral required.

#### MA PROGRAM TO BE COMPUTERIZED

Welfare Secretary Frank S. Beal has announced that the Department of Public Welfare has awarded a contract to Touche Rossto to design and develop a Medical Assistance Management Information System (MAMIS). The computerized system will require six months of design work. It is expected to handle 19 million medical invoices annually. The contract is 90 percent federally funded.

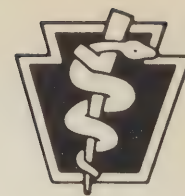
#### HOSPITAL REGULATIONS COMMITTEE MEETS

Heeding a call from the PMS Board of Trustees, Secretary of Health Leonard Bachman, M.D., called together representatives of ten organizations to iron out differences on the proposed hospital regulations. Final comments were discussed by the group which included the State Society, the Hospital Association of Pennsylvania, and the Pennsylvania Osteopathic Medical Association. As a result of the meeting, the Department of Health expects to publish the regulations in final form as early as September, but the advisory committee was told they would be called upon to make any revisions which might be necessary.

#### AMA APPROVES PMS EXPERT WITNESS RESOLUTION

The AMA House of Delegates meeting in June in San Francisco approved the expert witness resolution which the Pennsylvania delegation has worked to see passed since the Philadelphia meeting in 1976. The final revised resolution received "much favorable testimony" according to the report of Reference Committee H, and was adopted as reported by the committee chaired by Matthew Marshall, Jr., M.D., of Pittsburgh. The AMA House elected William Y. Rial, M.D., of Swarthmore, speaker of the House of Delegates, and re-elected James Snow, M.D., of Philadelphia, to the Council on Scientific Affairs.

# Pennsylvania Medicine



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JULY 1977

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20 Erford Road  
Lemoyne, Pennsylvania 17043  
Telephone (717) 238-1635

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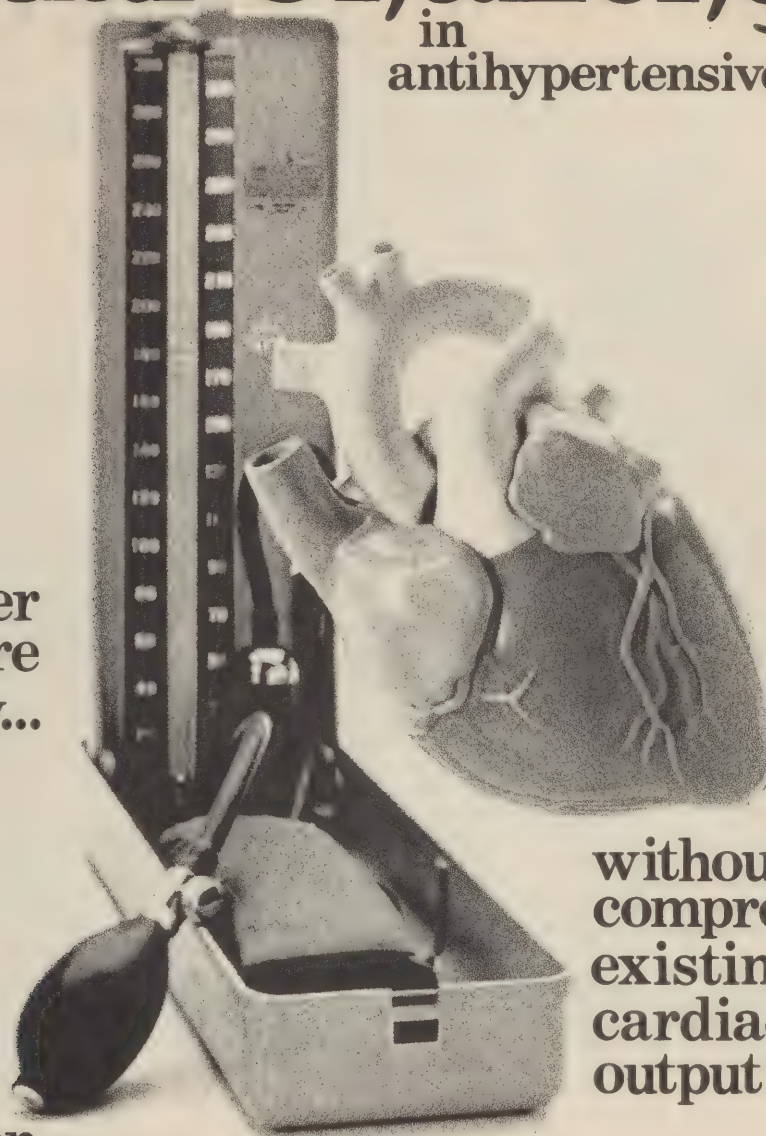
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to lower  
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effectively...



without  
compromising  
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cardiac  
output

in hypertension

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helps lower blood pressure effectively...  
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is usually maintained

ALDOMET is contraindicated in active hepatic disease, hypersensitivity to the drug, and if previous methyldopa therapy has been associated with liver disorders. It is important to recognize that a positive Coombs test, hemolytic anemia, and liver disorders may occur with methyldopa therapy. The rare occurrences of hemolytic anemia or liver disorders could lead to potentially fatal complications unless properly recognized and managed. For more details see the brief summary of prescribing information.

**For a brief summary of prescribing information, please see following page.**

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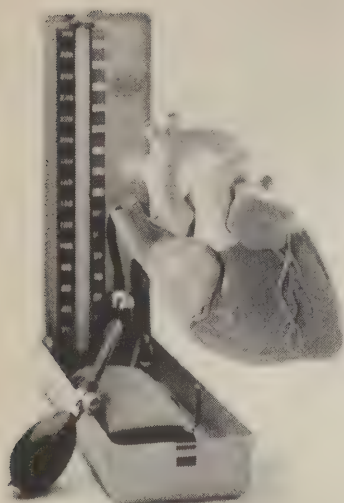


in hypertension

# ALDOMET<sup>®</sup>

(METHYLDOPA|MSD)

helps lower  
blood pressure  
effectively...  
usually with no  
direct effect on  
cardiac function—  
cardiac output is  
usually maintained



**Contraindications:** Active hepatic disease, such as acute hepatitis and active cirrhosis; if previous methyldopa therapy has been associated with liver disorders (see Warnings); hypersensitivity.

**Warnings:** It is important to recognize that a positive Coombs test, hemolytic anemia, and liver disorders may occur with methyldopa therapy. The rare occurrences of hemolytic anemia or liver disorders could lead to potentially fatal complications unless properly recognized and managed. Read this section carefully to understand these reactions.

With prolonged methyldopa therapy, 10% to 20% of patients develop a positive direct Coombs test, usually between 6 and 12 months of therapy. Lowest incidence is at daily dosage of 1 g or less. This on rare occasions may be associated with hemolytic anemia, which could lead to potentially fatal complications. One cannot predict which patients with a positive direct Coombs test may develop hemolytic anemia. Prior existence or development of a positive direct Coombs test is not in itself a contraindication to use of methyldopa. If a positive Coombs test develops during methyldopa therapy, determine whether hemolytic anemia exists and whether the positive Coombs test may be a problem. For example, in addition to a positive direct Coombs test there is less often a positive indirect Coombs test which may interfere with cross matching of blood.

At the start of methyldopa therapy, it is desirable to do a blood count (hematocrit, hemoglobin, or red cell count) for a baseline or to establish whether there is anemia. Periodic blood counts should be done during therapy to detect hemolytic anemia. It may be useful to do a direct Coombs test before therapy and at 6 and 12 months after the start of therapy. If Coombs-positive hemolytic anemia occurs, the cause may be methyldopa and the drug should be discontinued. Usually the anemia remits promptly. If not, corticosteroids may be given and other causes of anemia should be considered. If the hemolytic anemia is related to methyldopa, the drug should not be reinstituted. When methyldopa causes Coombs positivity alone or with hemolytic anemia, the red cell is usually coated with gamma globulin of the IgG (gamma G) class only. The positive Coombs test may not revert to normal until weeks to months after methyldopa is stopped.

Should the need for transfusion arise in a patient receiving methyldopa, both a direct and an indirect Coombs test should be performed on his blood. In the absence of hemolytic anemia, usually only the direct Coombs test will be positive. A positive direct Coombs test alone will not interfere with typing or

cross matching. If the indirect Coombs test is also positive, problems may arise in the major cross match and the assistance of a hematologist or transfusion expert will be needed.

Fever has occurred within first 3 weeks of therapy, sometimes with eosinophilia or abnormalities in liver function tests, such as serum alkaline phosphatase, serum transaminases (SGOT, SGPT), bilirubin, cephalin cholesterol flocculation, prothrombin time, and bromsulphalein retention. Jaundice, with or without fever, may occur, with onset usually in the first 2 to 3 months of therapy. In some patients the findings are consistent with those of cholestasis. Rarely fatal hepatic necrosis has been reported. These hepatic changes may represent hypersensitivity reactions; periodic determination of hepatic function should be done particularly during the first 6 to 12 weeks of therapy or whenever an unexplained fever occurs. If fever and abnormalities in liver function tests or jaundice appear, stop therapy with methyldopa. If caused by methyldopa, the temperature and abnormalities in liver function characteristically have reverted to normal when the drug was discontinued. Methyldopa should not be reinstituted in such patients.

Rarely, a reversible reduction of the white blood cell count with primary effect on granulocytes has been seen. Reversible thrombocytopenia has occurred rarely. When used with other antihypertensive drugs, potentiation of antihypertensive effect may occur. Patients should be followed carefully to detect side reactions or unusual manifestations of drug idiosyncrasy.

**Use in Pregnancy:** Use of any drug in women who are or may become pregnant requires that anticipated benefits be weighed against possible risks; possibility of fetal injury can not be excluded.

**Precautions:** Should be used with caution in patients with history of previous liver disease or dysfunction (see Warnings). May interfere with measurement of: uric acid by the phosphotungstate method, creatinine by the alkaline picrate method, and SGOT by colorimetric methods. Since methyldopa causes fluorescence in urine samples at the same wavelengths as catecholamines, falsely high levels of urinary catecholamines may be reported. This will interfere with the diagnosis of pheochromocytoma. It is important to recognize this phenomenon before a patient with a possible pheochromocytoma is subjected to surgery. Methyldopa is not recommended for patients with pheochromocytoma. Urine exposed to air after voiding may darken because of breakdown of methyldopa or its metabolites.

Stop drug if involuntary choreoathetotic movements occur in patients with severe bilateral cerebrovascular disease. Patients may require reduced doses of anesthetics; hypotension occurring during anesthesia usually can be controlled with vasopressors. Hypertension has recurred after dialysis in patients on methyldopa because the drug is removed by this procedure.

**Adverse Reactions:** *Central nervous system:* Sedation, headache, asthenia or weakness, usually early and transient; dizziness, lightheadedness, symptoms of cerebrovascular insufficiency, paresthesias, parkinsonism, Bell's palsy, decreased mental acuity, involuntary choreoathetotic movements; psychic disturbances, including nightmares and reversible mild psychoses or depression.

*Cardiovascular:* Bradycardia, aggravation of angina pectoris. Orthostatic hypotension (decrease daily dosage). Edema (and weight gain) usually relieved by use of a diuretic. (Discontinue methyldopa if edema progresses or signs of heart failure appear.)

*Gastrointestinal:* Nausea, vomiting, distention, constipation, flatus, diarrhea, mild dryness of mouth, sore or "black" tongue, pancreatitis, sialadenitis.

*Hepatic:* Abnormal liver function tests, jaundice, liver disorders.

*Hematologic:* Positive Coombs test, hemolytic anemia. Leukopenia, granulocytopenia, thrombocytopenia.

*Allergic:* Drug-related fever, myocarditis.

*Other:* Nasal stuffiness, rise in BUN, breast enlargement, gynecomastia, lactation, impotence, decreased libido, dermatologic reactions including eczema and lichenoid eruptions, mild arthralgia, myalgia.

**Note:** Initial adult dosage should be limited to 500 mg daily when given with antihypertensives other than thiazides. Tolerance may occur, usually between second and third month of therapy; increased dosage or adding a thiazide frequently restores effective control. Patients with impaired renal function may respond to smaller doses. Syncope in older patients may be related to increased sensitivity and advanced arteriosclerotic vascular disease; this may be avoided by lower doses.

**How Supplied:** Tablets, containing 125 mg methyldopa each, in bottles of 100; Tablets, containing 250 mg methyldopa each, in single-unit packages of 100 and bottles of 100 and 1000; Tablets, containing 500 mg methyldopa each, in single-unit packages of 100 and bottles of 100.

For more detailed information, consult your MSD representative or see full prescribing information. Merck Sharp & Dohme, Division of Merck & Co., Inc., West Point, Pa. 19486 J6AM07 (707)

**MSD** MERCK SHARP & DOHME

# consider the effect on coexisting diabetes when you prescribe a vasodilator\*



(POSTERIOR VIEW OF PANCREAS)

no interference in the management of the diabetic patient has been reported with

## **VASODILAN**® (ISOXSUPRINE HCl) the compatible vasodilator

TABLETS, 20 mg.

**\*Indications:** Based on a review of this drug by the National Academy of Sciences-National Research Council and/or other information, the FDA has classified the indications as follows:

Possibly Effective:

1. For the relief of symptoms associated with cerebral vascular insufficiency.
2. In peripheral vascular disease of arteriosclerosis obliterans, thromboangiitis obliterans (Buerger's Disease) and Raynaud's disease.

Final classification of the less-than-effective indications requires further investigation.

**Composition:** Vasodilan tablets, isoxsuprine HCl, 10 mg. and 20 mg.  
Vasodilan injection, isoxsuprine HCl, 5 mg., per ml.

**Dosage and Administration:** Oral: 10 to 20 mg., three or four times daily.  
Intramuscular: 5 to 10 mg. (1 or 2 ml.) two or three times daily. Intramuscular administration may be used initially in severe or acute conditions.

**Contraindications and Cautions:** There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding.

Parenteral administration is not recommended in the presence of hypotension or tachycardia.

Intravenous administration should not be given because of increased likelihood of side effects.

**Adverse Reactions:** On rare occasions oral administration of the drug has been associated in time with the occurrence of hypotension, tachycardia, nausea, vomiting, dizziness, abdominal distress, and severe rash. If rash appears the drug should be discontinued.

Although available evidence suggests a temporal association of these reactions with isoxsuprine, a causal relationship can be neither confirmed nor refuted.

Administration of single dose of 10 mg. intramuscularly may result in hypotension and tachycardia. These symptoms are more pronounced in higher doses. For these reasons single intramuscular doses exceeding 10 mg. are not recommended. Repeated administration of 5 to 10 mg. intramuscularly at suitable intervals may be employed.

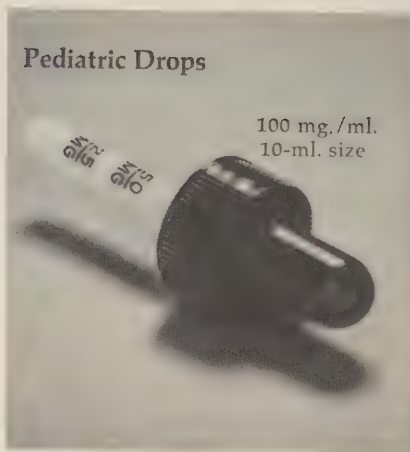
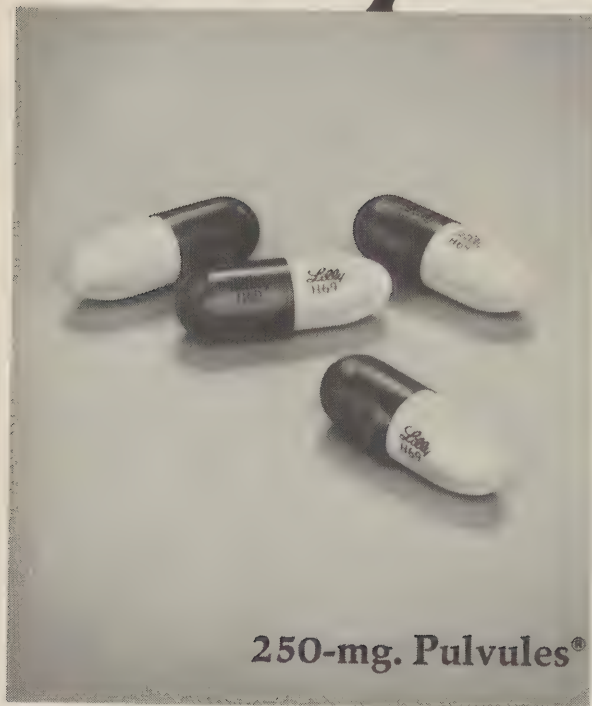
**Supplied:** Tablets, 10 mg., bottles of 100, 1000, 5000 and Unit Dose; Tablets, 20 mg., bottles of 100, 500, 1000, 5000 and Unit Dose; Injection, 10 mg. per 2 ml. ampul, box of six 2 ml. ampuls.

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## State's medical schools graduate 1019 in 1977

### Jefferson Medical College

During a ceremony held June 10, 212 graduates of Jefferson Medical College, Thomas Jefferson University, received medical degrees.

The graduating class included 36 women. More than half of the 212 graduates plan to enter some area of primary care.

Thomas Jefferson University awarded three honorary degrees including: two doctor of humane letters degrees to Derek E. Denny-Brown, M.D., emeritus professor of neurology at Harvard University School of Medicine, and Millard E. Gladfelter, Ph.D., chancellor of Temple University; and a doctor of science degree to Hobart A. Reimann, M.D., professor of medicine and associate director of medical affairs at Hahnemann Medical College and Hospital.

### University of Pittsburgh

Gerhard Werner, M.D., dean, presented diplomas to 19 women and 108 men at graduation exercises of the University of Pittsburgh School of Medicine May 26 at Carnegie Music Hall.

Among the graduates was George "Doc" Medich, former Pittsburgh Pirates pitcher, presently with the Oakland Athletics.

C. H. William Ruhe, M.D., delivered the commencement address. Dr. Ruhe, a graduate of Pitt's medical school, is senior vice president for scientific activities of the American Medical Association.

Advanced degrees in basic medical sciences which were presented at separate ceremonies consisted of 12 Ph.D.s and six M.S.s.

### Hahnemann Medical College

Doctor of medicine degrees awarded June 2 by Hahnemann

Medical College and Hospital totalled 157, 27 of which were earned by women.

Advanced degrees in the medical sciences awarded during the commencement ceremony were eight doctor of philosophy, seven doctor of psychology, and 75 master of science degrees.

The commencement address was given by Paul G. Rogers, LL.D., D.Sc., representative (D-Florida) to the U.S. Congress, who received an honorary doctor of humane letters degree. Britton Chance, Ph.D., D. Sc., director of the Johnson Research Foundation of the University of Pennsylvania, and Baruch S. Blumberg, M.D., Ph.D., associate director for clinical research of the Institute for Cancer Research, received honorary doctor of science degrees.

### Temple University

The 176 members of the 74th graduating class of Temple University School of Medicine received diplomas May 26. The class consisted of 142 men and 34

women; 105 members plan to enter primary care, 93 percent of whom plan to stay in the state.

Clifford D. Lader, Philadelphia, won the Joseph C. Doane Memorial Prize as the graduate who maintained the highest average during the four years of medical school.

Temple's School of Pharmacy awarded degrees to 122 students while the College of Allied Health Professions conferred 28 degrees in occupational therapy, 37 degrees in physical therapy, and 12 degrees in medical technology.

### University of Pennsylvania

The University of Pennsylvania School of Medicine awarded medical degrees to 133 men and 36 women during ceremonies held May 22.

Frank Slovick, M.D., Oakdale, won the school's top prize, the Spencer Morris Prize, for overall excellence.

Senator Hubert H. Humphrey received an honorary doctor of laws degree and delivered the

*(Continued on next page)*



*EUGENE P. PENDERGRASS, M.D., second from left, received the honorary degree of doctor of humane letters from the University of Pennsylvania School of Medicine. Martin Meyerson, second from right, president of the university, announced the department of radiology's establishment of the Eugene P. Pendergrass professorship in radiology. Dr. Pendergrass is a past president of the American College of Radiology, the Radiological Society of North America, and the American Cancer Society, all of which have awarded gold medals to him. In 1970, he received the State Society's Distinguished Service Award. Joining Mr. Meyerson in honoring Dr. Pendergrass were Dr. Edward J. Stemmler, left, dean of the school of medicine, and Dr. Eliot Stellar, provost of the university.*



# Blue Shield discontinues some routine payments

Pennsylvania Blue Shield has deleted certain questionable diagnostic and surgical procedures from its list of services for which it makes routine payment. Deletion, effective April 1, means that physicians must obtain prior Blue Shield approval for the procedure before payment will be considered.

A study begun by the Blue Shield Association in November 1976 showed that some services are obsolete or have been discredited. The study led to the decision by the Blue Shield Association to discontinue payment for those services. The other Blue Shield plans in the nation will stop payment individually during the coming months.

The questionable procedures for which Pennsylvania Blue Shield now denies payment are:

- Nephropexy.
- Uterine suspension.
- Uterine suspension with presacral sympathectomy.
- Sympathectomy, lumbar (when used to treat hypertension).
- Basal metabolic rate.

In addition to those above, the procedures for which payment will be denied in coming months follow.

## Surgical procedures

- Ligation of internal mammary arteries, unilateral or bilateral.
- Radical hemorrhoidectomy, whitehead type.
- Omentopexy
- Kidney decapsulation, unilateral and bilateral.
- Perirenal insufflation.
- Circumcision, female.
- Hysterotomy.
- Supracervical hysterectomy.
- Hypogastric or presacral neurectomy.
- Fascia lata by stripper (when used to treat lower back pain).
- Fascia lata by incision (when used to treat lower back pain).
- Ligation of femoral vein, unilateral and bilateral (when used to treat postphlebotic syndrome).
- Excision of carotid body tumor (when used to treat asthma).

- Sympathectomy, thoracolumbar, unilateral or bilateral (when used to treat hypertension).

## Diagnostic procedures

- Protein bound iodine.
- Icterus index.
- Ballistocardiogram.
- Phonocardiogram with interpretation and report.
- Angiocardiology using carbon dioxide, supervision and interpretation only.
- Angiocardiology, single

plane, supervision and interpretation only and in conjunction with cineradiography.

- Angiocardiology, multiplane supervision and interpretation only and in conjunction with cineradiography.
- Angiography-coronary, unilateral, selective injection, supervision, and interpretation only, single view unless in an emergency.
- Angiography extremity.

## Graduations held

*(Continued from preceding page)*

commencement address on the subject of U. S. foreign relations.

Eugene P. Pendergrass, M.D., a former chairman of the school's department of radiology, received an honorary degree of doctor of humane letters. In honor of his contributions, the department of radiology established an endowed professorship, the Eugene P. Pendergrass professorship of radiology, which was announced during the graduation.

The following doctorates in the biological and medical sciences were conferred during the ceremony: four in anatomy; nine in biochemistry; seven in biology; two in biophysics; three in immunology; three in microbiology; five in molecular biology; two in parapsychology; four in pathology; one in pharmacology; one in physiology; and six in psychology.

## Hershey Medical Center

The Pennsylvania State University College of Medicine at The Milton S. Hershey Medical Center awarded 83 medical degrees during its seventh graduation held May 21 in Founders Hall of the Milton Hershey School.

The new physicians raise the total of M.D. degrees awarded to 427 since 1971. Of the 83 graduates, 87 percent are Pennsylvanians, 15 are women, and 34 plan to remain in Pennsylvania for

their residency training.

Six scientists who received M.S.s and Ph.D.s bring to 77 the total number of graduate degrees in medical sciences conferred by Hershey. The degrees include two Ph.D.s in microbiology, one Ph.D. in physiology, and M.S.s in

Dr. Edward W. Eddy, president of Chatham College and provost-designate of Penn State, delivered the commencement address.

## Medical College of Pennsylvania

The Medical College of Pennsylvania (MCP) awarded medical degrees to 95 graduates during its 125th commencement held May 28 in the Academy of Music, Philadelphia.

In addition to the medical degrees, the college awarded one Ph.D. in microbiology and two M.S.s in medical technology.

An honorary doctor of science degree was awarded to Nobel Prize winner Baruch S. Blumberg, M.D., Ph.D., who addressed the students on the subject of biological and learned differences between men and women.

Other honorary degrees went to Waldo Nelson, M.D., emeritus professor of pediatrics at MCP, who received a doctor of medical science degree, and Dorothy Weeks, Ph.D., formerly on the MCP faculty, who received the degree of doctor of science.



# Benjamin Rush awardees honored at conference

A former heart surgery patient and a hospital auxiliary group received Benjamin Rush Awards from the State Society during the 1977 Officers' Conference Banquet held April 13 in Hershey.

Mr. Franklin P. Smith of LaTrobe received the individual Rush award for organizing a chapter of the National Mended Hearts, Inc., a group whose main function is to visit pre- and post-operative heart patients to share heart surgery experiences and offer hope and encouragement. The group conducts classes for heart patients and invites physicians to discuss post-operative care and rehabilitation. Smith started the group in 1974 on his own and without financial help after experiencing the fear and anxieties of facing heart surgery alone. Under his chairmanship, Mended Hearts has grown from 16 to 81 members, 50 of whom have had heart surgery.

The Auxiliary of the Good Samaritan Hospital of Lebanon was selected to receive the organ-

izational Benjamin Rush Award. Founded in 1921, the group of about 650 volunteers has raised thousands of dollars for the hospital. Their annual street fair has helped them raise over \$500,000 in the past ten years. The auxiliary provides many volunteer services including clerical assistance in

the blood bank, operating a library cart, snack bar and gift shop.

Robert Poole, III, M.D., West Chester, chairman of the Society's Council on Professional Relations and Services, presented the awards during the Officers' Conference Banquet.

## Dr. Hostetter elected APA trustee

Abram M. Hostetter, M.D., of Hershey, has been elected as a trustee of the American Psychiatric Association (APA) and assumed the position at the conclusion of the recent APA meeting in Toronto.

Dr. Hostetter received his medical degree in 1957 from Jefferson Medical College, and performed his internship at Methodist Episcopal Hospital, both in Philadelphia. His residency in psychiatry was performed at Norristown State Hospital, where he was chief resident of the admission service. He is certified by the American Board of Psychiatry and Neurology.

In private practice of psychiatry in Hershey since 1973, Dr. Hostetter has held numerous professional appointments including

consulting psychiatrist at several area hospitals and the Lancaster-Lebanon Intermediate School Unit. He is a clinical assistant professor at the University of Miami School of Medicine.

Dr. Hostetter serves as vice chairman of the Dauphin County Mental Health/Mental Retardation Advisory Board and as chairman of Health Resources Planning and Development, Inc. (HSA Area IV).

A fellow of the American Psychiatric Association and the Pennsylvania Psychiatric Society (PPS), he has served both organizations in many capacities including a term as president of PPS (1975-76) and more recently as representative to the APA Assembly of District Branches from Pennsylvania.

## Lab policy emphasized

Pennsylvania Blue Shield's Board of Directors has recommended "... that Blue Shield limit payment to doctors for laboratory services to the actual cost to the doctor for those services."

The recommendation, which originated in the Medical Affairs Committee, is Blue Shield's response to a resolution in the American Medical Association's code of ethics which forbids physicians from making a profit from such services. The resolution was adopted by the AMA's 1969 House of Delegates and states in part: "The attending physician is entitled to fair compensation for professional services he renders. He is not engaged in a commercial enterprise, however, and any mark-up, commission, or profit on the services rendered by a laboratory is exploitation of the patient."

## Communicable disease reporting eased

Pennsylvania's Department of Health now has a 24-hour communicable disease reporting system, as promised by Secretary of Health Leonard Bachman, M.D., late in 1976.

Hospitals and physicians reporting during regular office hours may use the department's

toll free line by dialing 1-800-692-7254. Reporting and consultation during regular office hours may also be accomplished by dialing 1-717-787-3741. Emergency reporting at times other than regular office hours may be done by calling 1-717-787-1333.

## Education center opens at Pennsylvania Hospital

Pennsylvania Hospital in Philadelphia has opened a Health Education Exhibit Center as the foundation for a complete community health education program.

Under the supervision of Rita M. Nemchick, R.N., M.S., assistant director of the hospital's department of education and

training, the program's purpose is to inform people that they should take control of their own health in order to prevent illness and reduce health care costs, particularly hospital costs.

Nemchick is an instructor in Rutgers University's continuing education for nurses.



# AMA statistics indicate accurate representation

R. WILLIAM ALEXANDER, M.D.  
Reading

During recent years the lay press has carried stories stating that the AMA no longer represents the majority of American physicians and that there has been a significant loss in physician membership in the national organization.

It is in the interest of all physicians to know the facts whether they are members of the AMA or not. Membership is a critical dimension in the strength it gives the AMA as an organization in pursuing programs as well as dealing with other health organizations and various levels of government. At this time the membership base is particularly important in addressing the professional liability problem, maintaining the ability to adequately represent the constant increase in the separate specialties of the profession and maintaining legislative activity whose credibility at least in part really depends on representing the majority of Americans. In looking to the future, a vital growing membership could mandate the potential role of the AMA as a "bargaining agent" for physicians if the health care system degenerates to the level requiring this type of activity.

From one source or another we have all heard that the AMA membership has dropped due to increasing dues and the unified membership requirements of several states. The facts do not back this up. Using the 1972 to 1975 figures as a base since the 1976 figures are not yet available,

the total number of physicians in the United States increased from the 1972 census of 356,534 individuals to the 1975 figures of 393,700. The total membership of the AMA has gone from the 1972

Breakdown of AMA Membership and Delegates by Specialty

	TOTAL 1976 HOUSE		TOTAL PHYSICIANS (1974)*		TOTAL AMA DUES PAYING MEMBERS (1974)*	
	No.	%	No.	%	No.	%
General Practice and Family Practice	108	21.1	53,997	14.2	32,157	19.2
Medical Specialties	117	22.9	89,919	23.6	38,154	22.8
Allergy	7	1.4	1,657	0.4	1,086	0.7
Cardiovascular Diseases	15	2.9	6,229	1.6	3,666	2.2
Dermatology	7	1.4	4,479	1.2	2,664	1.5
Gastroenterology	4	0.8	2,063	0.5	1,084	0.7
Internal Medicine	65	12.7	51,752	13.6	20,864	12.5
Pediatrics	17	3.3	21,645	5.7	7,897	4.7
Pulmonary Diseases	2	0.4	2,094	0.6	893	0.5
Surgical Specialties	193	37.8	93,386	24.6	53,486	32.0
General Surgery	91	17.8	31,085	8.2	16,350	9.8
Neurological Surgery	11	2.1	2,859	0.8	1,777	1.1
OB-GYN	35	6.8	20,987	5.5	11,504	6.9
Ophthalmology	10	2.0	10,741	2.8	6,781	4.1
Orthopedic Surgery	15	2.9	10,985	2.9	6,684	4.0
Otolaryngology	7	1.4	5,588	1.5	3,289	2.0
Plastic Surgery	7	1.4	2,088	0.5	1,348	0.8
Colon and Rectal Surgery	3	0.6	662	0.2	454	0.2
Thoracic Surgery	5	1.0	1,925	0.5	1,211	0.7
Urology	9	1.8	6,466	1.7	4,088	2.4
Other Specialties	82	16.3	92,964	24.5	38,191	22.7
Aerospace	1	0.2	708	0.2	130	0.1
Anesthesiology	11	2.1	12,484	3.3	7,095	4.2
Child Psychiatry	1	0.2	2,411	0.6	838	0.5
Diagnostic Radiology	3	0.6	3,083	0.8	1,492	0.9
Forensic Pathology	2	0.4	198	0.1	85	0.1
Neurology	1	0.2	3,839	1.0	1,431	0.8
Occupational Medicine	3	0.6	2,365	0.6	1,474	0.9
Psychiatry	10	2.0	23,302	6.1	8,585	5.1
Pathology	15	2.9	11,393	3.0	4,989	3.0
Physical Medicine and Rehabilitation	2	0.4	1,610	0.4	666	0.4
General Preventive Medicine	1	0.2	758	0.2	220	0.1
Public Health	4	0.8	2,695	0.7	678	0.4
Radiology	15	2.9	11,600	3.1	6,753	4.0
Therapeutic Radiology	3	0.6	1,070	0.3	566	0.3
Other Specialty	9	1.8	6,688	1.8	2,058	1.2
Unspecified	2	0.4	8,760	2.3	1,130	0.7
Not Classified, Inactive, and Address Unknown	0	—	49,482	13.0	5,386	3.2
<b>TOTAL</b>	501	97.9	379,748	100.0	167,374	100.0
Vacancies	9	1.8				
Medical Student	2	0.4				
	512	100.0				

\*1974 data are used because 1975 data are not available. However, the percentage distribution of the physician population by specialty does not change very significantly from year to year and these 1974 data are valid for comparative purposes.

Sources: Report on the Membership of the AMA as of December 31, 1974; AMA Center for Health Services Research and Development and unpublished data from the AMA Department of Registration Services.

A delegate to the American Medical Association House of Delegates, Dr. Alexander is vice chairman of the State Society's Council on Governmental Relations and a member of the Ad Hoc Committee to Study Malpractice Insurance.



figures of 198,645 to the 1975 total of 218,400. Since not all physicians in the United States are eligible for AMA membership the percentages that may be calculated from these figures could be carefully interpreted. A more correct evaluation would be obtained by utilizing the statistical figures indicating the total number of practicing physicians in the United States who are office based and determining how many of these physicians are AMA members. This shows, of 206,600 physicians in practice, 146,600 or 71 percent of the physicians delivering patient care are members of the AMA.

If you are a member of the AMA you are represented by a Pennsylvania physician in the policy making body of that organization which is the House of Delegates. For each 1,000 AMA members in the State of Pennsylvania, an elected physician is chosen as a delegate to the House. If you are a member of the Pennsylvania Medical Society but not the AMA, your Pennsylvania membership does not count towards your representation at the national level. Thus, you join approximately 4,900 physicians in the state who have no official representation at the national level. This figure is easily calculated since the approximate PMS membership is 13,600 while only about 8,700 of that group are members of the AMA.

The total membership of the House of Delegates of the AMA in 1976 was 256. The number of delegates is determined by the bylaws which authorize one delegate to represent each 1,000 AMA members at each state level. In addition to these delegates, each scientific section, the separate armed services, public health services, the veterans administration, the interns and residents, and the medical students are authorized single delegate representation.

Sometime perhaps each of us has had some question as to whether or not we are adequately represented in the House of Delegates by our own specialty inter-

ests. Assuming that readers are interested in the actual figures and percentage representation of the specialties in the House versus the percentage of the specialties represented in total AMA dues paying membership, I itemize the figures in the adjacent table. In each case, the first column indicates the total number of delegates and alternate delegates in the House and the percentage this represents with respect to the total House membership. The second set of figures indicates the total number of physicians in the specialty in the United States. The third set indicates the total

AMA dues paying members. Percentages follow each breakdown.

It is amazing to see how close the actual numbers of physicians practicing each specialty are represented by their colleagues in the House of Delegates. The general practice and medical specialty groups are almost identical. The representation of the surgical specialty appears to be about 5 percent higher in the total House membership than it is in the total AMA membership. All other specialties are approximately 6 percent lower in the House representation than in the general membership.

## Anesthesiologists hold annual meeting

The Pennsylvania Society of Anesthesiologists held its annual meeting May 20-22 at the Pittsburgh Hilton.

The three day conference and scientific program was entitled "Review in Anesthesiology" and included a review of cardiopulmonary resuscitation and a program cosponsored by the Western Pennsylvania Association of Recovery Room Nurses, which dealt with recovery room procedures. The meeting was under the program chairmanship of David J. Torpey, Jr., M.D., Pittsburgh.

New officers of the society are the following: Thomas G.

Doneker, M.D., Bethlehem, president; and Stephen C. Finestone, M.D., Pittsburgh, president elect. Allen E. Yeakel, M.D., Hershey, and J. Donald Wentzler, M.D., Montoursville, continue in their terms as secretary and treasurer respectively.

Representatives to the Pennsylvania Medical Society are: Dr. Torpey, member of the PMS Interspecialty Committee; Anthony Barone, M.D., Allentown, alternate member; Herbert Dodge, M.D., Meadowbrook, delegate to the State Society House of Delegates; and Dr. Barone, alternate delegate.



*SOCIETY PRESIDENT William J. Kelly, M.D., installed new officers of the Pennsylvania Society, American Association of Medical Assistants (AAMA), during the banquet which was part of the organization's twentieth annual meeting May 19-22. Donald G. Crawford, M.D., chairman of the Advisory Committee to the Pennsylvania Society, AAMA, and Robert Poole, M.D., chairman of the Council on Professional Relations and Services, attended the conference along with nearly 200 of the organization's officers, delegates, and alternates. New officers are, left to right: Sandra Butkowski, C.M.A.-A.C., Erie, president; Margaret Flynn, C.M.A.-A.C., Washington, treasurer; Nancy Wile, Ronks, recording secretary; Barbara Hodnick, C.M.A.-A., Beaver, president elect; and Bricy K. Wendell, C.M.A.-A., Camp Hill, vice president.*



## Hospital medical staff upheld in bylaws case

FRED SPEAKER

Harrisburg

A recent Supreme Court case in South Dakota once again underscores the essential importance of medical staff bylaws. They are vital to physician-members of a medical staff, they should be in acceptable forms, and any proposed changes should be reviewed with care.

In *St. John's Hospital Medical Staff v. St. John Regional Medical Center*,<sup>1</sup> the hospital's board of directors adopted several provisions that strengthened its and the administrator's authority over the medical staff. These provisions conflicted with the medical staff bylaws, and the medical staff refused to amend them. After the hospital's board alone adopted the changes, the medical staff sued to have a court declare that such unilateral action was illegal.

The lower court did so and the South Dakota Supreme Court also agreed, holding that the medical staff bylaws constitute a binding contract between the hospital and the medical staff, and can be modified only if both parties join in the amendment.

As one medical-legal authority has recently written:

*On the other hand, [the case] is an important victory for the independence of medical-staff responsibility for medical care. . . . It seems clear that the Court is saying that hospitals will have to continue to live with the uneasy union that they themselves have helped to create.*<sup>2</sup>

The essential holding of the South Dakota case—that medical staff bylaws must be a joint effort and responsibility of both the hospital and the medical staff—is shared in other jurisdictions. The Joint Commission on Accreditation of Hospitals (JCAH) makes it

*Mr. Speaker is an attorney with Pepper, Hamilton & Scheetz, legal counsel for the State Society.*

clear that the adoption of medical staff bylaws is bilateral in nature, with the initial adoption by the medical staff and ultimate concurrence by the governing body. For example, the introduction to the Guidelines for the Formulation of Medical Staff By-laws, Rules and Regulations, adopted by the JCAH in 1971, states that:

*The existence of bylaws adopted by the hospital's medical staff, and ratified by its governing body, is a critical tool in making this process possible.*<sup>3</sup>

In the JCAH's Accreditation Manual for Hospitals, Standard IX states that "the medical staff bylaws, rules and regulations shall be subject to governing body approval which shall not be unreasonably withheld." In the interpretation of this standard, the JCAH states that:

*The governing body must insure that medical staff bylaws, rules and regulations are developed and adopted by the medical staff. These bylaws, rules and regulations, which must state the policies under which the medical staff regulates itself, shall become effective when approved by the governing body.*<sup>4</sup>

This joint responsibility exists in Pennsylvania. The Department of Public Welfare, in regulations adopted a decade ago and still effective, provides that:

*There shall be by-laws adopted to govern the duties and responsibilities of the medical staff. These by-laws shall be approved by the governing body (licensee*

*in the case of a proprietary hospital).*<sup>5</sup>

The Pennsylvania Supreme Court has long recognized the fact that bylaws, once they are adopted by the medical staff and concurred in by the hospital board, "are an integral part of the contractual relationship with" the physician member of the medical staff and the hospital.<sup>6</sup> The basis of this conclusion was the case of *Berberian v. Lancaster Osteopathic Hospital Association*,<sup>7</sup> in which a member of the medical staff was dismissed without notice or a hearing despite the fact that the bylaws called for a notice and hearing. The Pennsylvania Supreme Court held that notice and hearing were required, saying:

*The relationship between a hospital association and a member of the hospital's staff is based on contract. . . . Consequently in a case such as the present, the nature of the contractual relationship between the assailed staff member and the hospital association determines whether a hearing on charges against the staff member is necessary before he can be discharged from a medical staff because of such charges.*<sup>8</sup>

Under Pennsylvania law, medical staff bylaws are generally the product of both the medical staff and the hospital board. Once adopted, they are contractual and they cannot be changed unilaterally (or ignored) unless the bylaws allow it. Accordingly, the bylaws are an important document and any attempts to change them should be viewed with careful suspicion. □

5. DPW Rules and Regulations of Hospitals §2163.

6. *Adler v. Montefiore Hospital Assn. of W. Pa.*, 453 Pa. 60, 81 (1973).

7. 395 Pa. 257 (1959).

8. *Id.* at 262.

1. *Supreme Court of South Dakota* (September 3, 1976).

2. Curran, "Law-Medicine Notes," *N.E.J. Med.* 264, 265 (Feb. 3, 1977.)

3. P. 1.

4. P. 27.





## What is real worth of your corporation stock?

LEIF C. BECK, LL.B.

VASILIOS J. KALOGREDIS, J.D.

Bala Cynwyd

Practicing medicine by means of a professional corporation presents some problems which even physicians' advisors tend to distort. Many of the difficulties might, we believe, be avoided if everyone would recognize that a practice's underlying economic realities should be the same—whether or not a corporation is involved.

The arrangements for the shares of stock owned by the "partners" (corporate co-owners) seem particularly prone to difficulty. We believe the problems can easily be prevented. In the following paragraphs we present four common situations to help incorporated physicians steer clear of complications. Each situation concerns a determination of what the corporate stock should be worth if a shareholder dies, retires, or otherwise leaves the practice. Since the valuation is an integral part of the shareholders' "buy-sell agreements," the decisions are within the physician-owners' control.

### Value of equipment

Most buy-sell agreements include in the stock's price the "book value" of the practice's equipment, furnishings, and fixtures. The book value is each asset's original purchase price less the depreciation taken annually for tax and reporting purposes. Even though the book value typically results in a rather low figure, due to accelerated depreciation, it is desirable and easy to determine. We prefer its use.

In some cases book value is recognized as providing an unfairly low figure. One solution is a provision in the buy-sell contract for a *modified* book value calculation. For example, the original cost might instead be depreciated on a "straight line" basis (not accelerated for tax advantage) over ten, twelve, or even fifteen years just for the stock valuation purpose. Such a modified calculation is equally simple, while it tends to recognize that assets' real values are probably greater than what is left after tax return depreciation.

Some agreements call for the assets' values to be their "fair market values." While this may seem obviously desirable, the agreement drafters ignore the impossibility of accurately determining the numbers. Who can tell what a used examining table,

electrocardiograph, or waiting room sofa really is worth without actually trying to sell it? Even expert appraisers give widely varying answers, and the agreements usually fail to specify a simple process for selecting appraiser(s). We thus find that buy-sell agreements tied to the equipment's "fair market values" have the potential for real difficulties when the valuations must actually be obtained.

### Valuing accounts receivable

As discussed in the subsection below, we believe strongly that accounts receivable should not be part of corporate stock values. Nevertheless, many physicians' advisors have gone the opposite way. In doing so, they sometimes compound the problem by the way they provide for the receivables to be valued. Some of these formulas have the potential for creating economic disaster for the ongoing practice, while others have been so vague as to invite costly arguments and even lawsuits.

One valuation formula seems to have worked well in a variety of situations. It avoids efforts to assign specific percentage values to receivables of varying ages, and it recognizes that most accounts outstanding for six months have only a small likelihood of being paid if the office has an effective collection system. It is admittedly arbitrary, but since any valuation approach is arbitrary we do not consider that to be a valid criticism. In our view, the suggested formula reasonably conforms to actual experience, yet it is fairly simple to apply and is mechanical enough to avoid arguments.

Our formula would include 90 percent of all accounts having any "activity" within six months of the valuation date. "Activity" would be either any charge for a service rendered or any payment received during the six-month period. Any such charge or payment would indicate that the account is "live" and deserves valuation, while all the others would be considered "stale" and hence not deserving valuation.

Using the 90 percent valuation recognizes the costs and delays of collection. The high percentage attempts to trade off the expectation that some current receivables will not be collected while some old ones will be collected even though not included in the value. The percentage figure can, of course, be set higher or lower to recognize variations such as higher insurance disallowances or a backlog of

*The authors are the principal consultants of Management Consulting for Professionals, Inc., Bala Cynwyd.*



old litigation cases.

### **Include accounts receivable at all?**

We prefer to totally disregard accounts receivable in determining medical corporation stock values. Since the outstanding receivables will usually be a practice's major item of worth, our approach helps keep the stock price extremely low.

We recognize, of course, that a departing doctor, whether he dies, retires, or simply quits for a different employment, usually deserves payment for his interest in his practice's receivables. After all, he delivered the services that helped create those accounts; however, we are concerned over the all too common practice of lumping accounts receivable into the buy-sell agreement.

Consider an example of the tax trap that can result. A two-man specialty surgery corporation had \$120,000 of receivables outstanding when Dr. A died unexpectedly. Under the buy-sell agreement, the corporation was obligated to repurchase Dr. A's stock at a price including one-half the receivables, less 10 percent for collection uncertainties—a figure of \$54,000. The corporation collected those accounts, which were taxable to it as income.

Consider an example of the tax trap that can result. A two-man specialty surgery corporation had \$120,000 of receivables outstanding when Dr. A died unexpectedly. Under the buy-sell agreement, the corporation was obligated to repurchase Dr. A's stock at a price including one-half the receivables, less 10 percent for collection uncertainties—a figure of \$54,000. The corporation collected those accounts, which were taxable to it as income. Its payments over to Dr. A's estate were not deductible because they were the cost of re-acquiring its stock, a capital expenditure. The net result was federal and state corporation income tax of at least \$17,000, and possibly much more if the corporation had other net income in the same year.

The corporate tax can be avoided by providing for continued salary payments to a departing physician-employee. Such "separation pay" will on its face be tax deductible, thus offsetting the income realized as the accounts are collected. The arrangement should be carefully drafted by competent attorneys so that it does not seem to be a mere sham for the stock deal; the risk continues but a well-written arrangement should be acceptable.

It is true that the departing doctor or his estate must pay more income tax through the separation pay approach. The payments he receives are taxed as ordinary income, while the stock buy-sell payments are typically taxable as capital gains. We believe, however, that the ordinary income approach is preferable for at least three reasons: (1) the primary concern should be protecting the ongoing practice's finances; (2) the accounts receivable really are "ordinary income" assets, so that their transformation to "capital assets" would be unrealistic; and (3) the ordinary income tax rate to the deceased or retired doctor, who typically deserves

most consideration, will likely be lower than his ongoing rate.

### **Using life insurance for stock valuation**

In our view, the use of life insurance to build up a medical corporation's stock value is an extremely undesirable decision. Since life insurance agents so often present it as a normal, and even desirable approach, let us describe our objections.

First and foremost, inflating the stock's value by the life insurance does *not* add to the underlying practice's worth. It simply causes the stock's value to be "bootstrapped" upwards to the insurance amount. Perhaps the proof of this point is that the stock cannot be valued at the same price upon a doctor's sale *during life*—there would be no insurance proceeds to afford the price.

The insurance gimmick often causes an economic loss to the estate of a doctor who dies first. Assume, for example, a simple two-man corporation in which there is \$20,000 worth of cash and equipment. If the corporation then buys \$50,000 of life insurance on each doctor, the buy-sell agreement will typically be modified to call for a \$50,000 stock value upon death.

Under this arrangement, \$50,000 would be paid to the beneficiary of the doctor first to die—the life insurance proceeds. Notice, however, that if there were no such corporation arrangement and the doctors were to buy their own \$50,000 insurance policies, that first doctor's beneficiary would be better off. There would in that latter case be \$60,000 passing: the \$50,000 insurance proceeds *plus* half the corporation's \$20,000 value.

It is often suggested that the corporate life insurance purchase is nevertheless desirable because it relieves the physician-owner of non-deductible premium payments. This may be true, but the payments are non-deductible to the corporation as well, thus considerably reducing the tax saving.

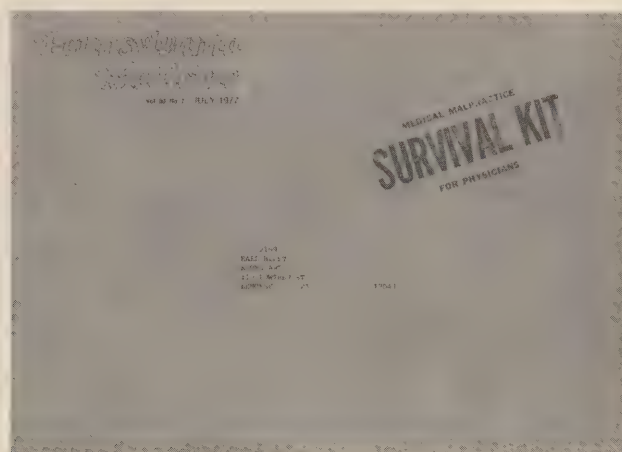
The remaining tax saving is, in our view, not worth the disadvantages involved. The corporate insurance leaves the physician with absolutely no opportunity to avoid estate and/or gift taxes on the proceeds since he cannot under state law give his corporate stock to his family members or to a trust. Furthermore, since each doctor's insurance must be held as part of a common arrangement among all the shareholding doctors, there can be no opportunity for one person to cash surrender the policy, borrow on it, change the payment option, or otherwise use his life insurance for his personal benefit.

The price of a partial tax saving is thus complete lack of flexibility with regard to a physician-shareholder's insurance. We feel it much more desirable for each physician to own his own life insurance with no such complicating factors between his and his medical practice co-owners. The stock's price can thus be kept simple and financial planning can best be individualized to each doctor's personal circumstances. □



# Medical malpractice survival kit for physicians

J. JOSEPH DANYO, M.D., F.A.C.S.  
York



The medical professional liability crisis has created considerable problems and controversy among health care providers in the United States. Doctors, hospitals, and insurers are being priced out of business. In some areas and for certain practitioners, insurance cannot be purchased for a reasonable price. Additional charges are encountered when the doctor has a "claim" lodged against him. In this atmosphere survival becomes an important matter.

Most liability carriers *perceive* medicine to be an uninsurable line of work and have chosen to leave the market. Medical societies, hospital associations, and state governments (JUAs) have had to fill the void by forming their own companies. Whether those companies can survive for long is a big question. "Going bare," too, has its advocates although the approach is loaded with pitfalls.

The costs of insulation from financial bankruptcy will continue to escalate. Insurance experts estimated that premiums will go up 10 to 25 percent per annum despite bandaid legislative measures enacted recently by many states.

Following is a doctor's guide to many facets of the malpractice insurance crisis. In it the author attempts to identify problems at the various levels of health care delivery and offers suggestions to help the physician

control his exposure and limit his vulnerability, thereby minimizing the physical, emotional, and financial hardships which can result from a malpractice suit.

Many of the suggestions are aimed at lessening the tensions that can exist between the doctor and patient. The measures require little of the physician's time. Yet, they can minimize his vulnerability to charges of insensitivity and fee gouging. The unhappy patient, for whatever reason, is most apt to sue.

## Analysis of current crisis

Chaos in medical professional liability has a multifaceted etiology. The greatest single cause may be the loss of a personal relationship between

the patient and physician. Fragmentation of medicine into assorted specialties together with the high mobility of the American people have helped break down the doctor-patient relationship.

Further separating the patient from the doctor is that overall better education of the American people, causing a greater general awareness of society, has led to a breakdown in their preconceptions about the infallibility of anyone—doctors, judges, and even the nation's president. News media enable people to be more attuned to issues and activities anywhere in the world.

Another factor bearing on the number of malpractice claims is that a glut of attorneys, many of whom now subspecialize in medical malpractice, have become sophisticated in their ability to analyze such cases. The development of laws, customs, and court rules have enabled recovery to occur more readily. The definition of negligence has been expanded through the latter measures.

Many states have addressed the crisis via the enactment of malpractice legislation. Knowledgeable observers in and out of medicine agree that these new laws will have limited impact. The constitutionality of several statutes has not been upheld; others remain untested.

Some of the new laws create

*Vice chairman of the Council on Medical Service, the author has long been active in the Council's activities. Currently serving on the ad hoc committee on malpractice, he is a past member of the Commission on Professional Liability Insurance. The author expresses opinions which represent personal convictions and experience based upon six years of active participation at all levels of malpractice activity.*



additional hardships for the doctor. At the same time the doctor will not be able to appreciate the benefits of any of the new statutes for several years. Only through five to ten years' experience can we reach any conclusions about them.

#### The future

The tort system needs basic reform; however, legislators and the courts are loath to curtail anyone's right to sue for any reason. Authorities do not appear ready to place reasonable limits on the amount of recovery. Only constitutional amendments would seem to be able to thwart the tide; their chances for passage are remote. Perhaps intolerable auto insurance rates, municipal coverage, and products liability problems, together with medical malpractice premiums will bring pressure for change. All of these forces working together are needed to exact legal reforms.

Immediate enactment of comprehensive national health insurance with concessions to the health industry for government underwriting of claims will not alter the specter of professional liability action, but only increase the agony through a maze of hearings, appearances, restrictions of privileges, sanctions—and more suits.

Medicine must retool to contain the malpractice ogre. Each doctor, each medical organization has the responsibility to attack this disease and apply appropriate therapy. The claims spiral in medical malpractice has not peaked. The future holds continuing premium increases prompted by an increased number of claims, higher costs for defense, and consistently high settlements.

#### Exposure control and win plan

Most physicians believe that exaggerated claims and exorbitant jury awards are the causes of *The Crisis*. Insurance industry publications echo those thoughts.

To date, organized medicine has approached the problem by trying to educate the consumer-patient to the fact that in the end he is paying for higher malpractice insurance premiums. In theory, such an appeal will cause judges and juries to bring in

lower awards and in turn may set the tone for lower claims settlements through negotiations. The philosophy behind the theory—that high awards are bad and lower settlements are good for everyone—may have merit, but it is certainly not the solution we need.

Medicine should fight bad awards and support fair awards rather than oppose high awards *per se*. Doctors can play a vital social and economic role by creating conditions whereby their patients receive the best possible care for the money they spend.

Those injured today can rapidly develop a "sue syndrome." Revenge is the motive. This lust is abetted by an

attorney who looks for "the deep pocket." The presence of high insurance coverage whets the appetite without altering the desire for revenge. This greed has led doctors and their insurance carriers to conduct a costly, lengthy, painful, and often dismally ineffective defense effort.

Our efforts have stressed failure to prove negligence, attempted to neutralize the "hired gun," and employed an assortment of legal maneuvers and gimmicks to wear down the opposition in the hope that the outcome will be a low award or even no award. Underlying defense costs often dwarf the settlement.

Under today's conditions all parties

**SMITH JONES ASSOCIATES**  
20 Erford Road  
Lemoyne, Pa. 17043  
PHONE 238-1635

#### INSURANCE AND BILLING INFORMATION

EACH PATIENT WILL BE BILLED AT THE END OF THE MONTH AND EACH PATIENT IS RESPONSIBLE FOR PAYMENT OF HIS BILL. We need your insurance information or forms to process your insurance claim. We cannot get this information from the hospital. It takes about 6-8 weeks to process these forms. YOUR INSURANCE WILL PROBABLY NOT COVER YOUR ENTIRE BILL.

##### BLUE SHIELD

We are not participating members of Blue Shield. We will supply and fill out a Blue Shield form, after receiving your Blue Shield numbers, and submit your claim. BLUE SHIELD WILL SEND A CHECK TO YOU AND NOT TO US. You are responsible for payment of your entire bill.

There are many different Blue Shield plans. Some plans pay more, others less, but each patient is still responsible for his bill.

##### MEDICARE

Be sure we have your medicare numbers. Also, you must sign a medicare form. MEDICARE WILL SEND A CHECK TO YOU IN ABOUT EIGHT WEEKS. Again, each patient is responsible for paying his entire bill.

##### GROUP INSURANCE

WE WILL NEED YOUR INSURANCE FORM IF YOU HAVE GROUP INSURANCE. We do not have these forms. Fill in your part of the form completely. It will take about eight weeks for processing.

##### COMPENSATION

If you are injured at work and have reported your injury, you will not receive a bill. Your employer will be billed directly.

Figure 1. Sample abbreviated version of insurance and billing procedures which the physician's office uses.

## STATEMENT OF INSURANCE POLICY

Many insurance companies along with the state and federal governments provide medical coverage in the United States. The complexities of co-insurance, deductibles, non-allowables, customary, usual and prevailing charges, and Plans A thru Z are mind-boggling even to those of us who deal with insurance on a daily basis.

We don't expect anybody to be fully versed in the intricacies of this patchwork insurance system. It requires us to have a full time staff of insurance personnel to handle the maze of problems and inquiries that insurances pose. No two insurance plans are alike. And there are literally hundreds of medical and surgical benefit programs in existence.

The lack of uniformity in all aspects of insurance claims processing required us a long time ago to develop a standard policy towards fees and services.

We feel that you the patient should know our position with respect to insurance. Some generalities regarding medical insurance coverage are in order.

Ordinarily insurances do *not* pay for office visits, whether they be the so-called regular and routine type or post-operative in nature. However, they often pay for treatments that are rendered during these non-covered visits. For example, injections and casts are usually covered treatments.

Blue Shield, in particular, *does not* provide coverage to you for *any* office visits. Shield will cover you for the first visit if that occasion represents an acute emergency.

We will process free of charge any and all forms that will help you during your medical care. Quite frequently disability claims and other health and welfare data sheets need attention. Our insurance team will complete all of these as quickly as possible to minimize any inconvenience that your orthopedic problem has produced. Some patients have brought in as many as eight different forms in a week. Obviously these varying forms require individual attention. Consequently our backlog of insurance work extends for several weeks.

Our office does not belong to any insurance plan such as Blue Shield, medicare, Traveler's, etc. Our fees are standard in that the same charge is made for the same service to all patients and to all insurance companies. We realize that different insurance plans allow varying coverage for identical services. Some insurance companies pay our customary fee in full. Other companies do not give this coverage. Oftentimes their allowable is more than our submitted fee. In these instances we make *no* upward adjustments as stated above. Excess monies are refunded.

Charges for professional services are the responsibility of the patient. Blue Shield, for example, will send you the payment for what it will allow for services. Where Shield's allowable is less than the amount claimed, the differential is the responsibility of the patient. Any overpayment is refunded to the patient or the carrier depending upon each circumstance. The latter situation is frequently encountered in instances of double insurance.

All patients will be furnished with an itemized account of charges on the day of their visit. Any questions regarding same are earnestly solicited. When elective surgery is indicated, an accounting of the cost involved will be provided in advance in writing.

The information sheet that you have been asked to fill out will provide us with the needed information to complete most claims forms. Please answer all questions. From time to time our insurance department may have need for additional facts. Insurance forms aren't as simple as they look. Carriers require precise terminology and accurate code numbers for diagnosis and for each and every visit and treatment. Remember a computer on the other end is processing your forms. It registers TILT in the event any of the entry blanks are left unanswered.

*Figure 2. Detailed explanation of office insurance procedures may be printed in pamphlet form for distribution to new patients.*

are adversaries—including doctors against hospitals and doctors against other doctors (usually at the behest of

the carrier). All classes of physicians are accorded annual premium hikes regardless of performance. Those

doctors against whom claims have been lodged are either surcharged or have their coverage terminated. There are no rewards for a job well done.

Many physicians without a blemish on their insurance records pose serious risks. Similarly, many doctors with claims records have performed creditably in the cases involved in the claims but have encountered legal difficulties because they lacked proper legal orientation and awareness. Too many doctors are unable to conceive of separate medical responsibilities and legal duties. Few incorporate legally required medical care on an organized, systematic, daily basis.

That "the system" has not worked well is evident. Attorneys and the public seem to see medical malpractice as a form of lottery with odds in favor of winning. Even in a win situation the doctor loses through higher premiums and a shortened life span. Fully realizing that the present system will continue, we must direct our attention toward efforts to limit legal risks. We must develop a plan that enables the doctor to "win" medically, emotionally, and financially while extracting a loss from his detractors. The sections that follow elaborate on such a plan.

### Patient flow

The necessity to obtain accurate and complete data that may be non-medical in nature perplexes the patient as he enters your office. He feels that somehow you have "an in" with health insurance companies and do not need to know "personal" things in order to take care of his physical problem. His main concern is that you be on time and take care of his complaint expeditiously.

A pre-entry form can be demeaning to the patient and raise his ire. Often the form is incomplete anyway and can cause delays in insurance work and billing. Thus, the patient receives past due notices and does not receive disability or sick benefits because "the doctor fouled up," as insurance company personnel are often quick to report. The patient's initial impression of an office, caused by a pre-entry form, takes on an added dimension.



SMITH JONES ASSOCIATES  
20 Erford Road  
Lemoyne, Pa. 17043  
Phone 238-1635

#### STATEMENT OF COST FOR SURGERY

Many physicians and patients can't seem to bring themselves around to discuss the subject of fees. It is our policy to inform you in advance, in writing, of the surgeon's charge for the contemplated surgery.

SURGICAL PROCEDURE \_\_\_\_\_

\$ \_\_\_\_\_

Post-operative visits @ \$ \_\_\_\_\_ each.  
Plus X-rays as needed.

Sincerely,

Date \_\_\_\_\_

*Figure 3. Statement of cost given to patient prior to surgery. The doctor should keep a carbon copy for his patient's file.*

sion when the patient does not perceive satisfactory treatment.

#### The interview

The doctor would be wise to employ an office aide to interview new patients in private to obtain the necessary data. The aide can then follow up on any absent information by calling the patient within a day or two of the interview.

Another important function of the interview is to explain the doctor's office protocol, examination routine, fees, insurance practices, and grievance procedures. An office booklet summarizing an office's policies is a helpful benefit (Figures 1 and 2).

Patients have no knowledge of what the doctor's expertise is worth. Regardless of what the bill for services rendered reveals, he will probably feel it is too high. People equate time and money; that is how they, the plumbers, the electricians, the auto mechanics, etc., are reimbursed.

More than anything else patients want to know in advance how much treatment will cost. Dentists and some doctors have provided that information for many years; their pa-

tients are more at ease and happier when the postman knocks.

#### Fee information

All patients for elective surgery should receive fee information in advance of the surgery. Encourage them to check out their insurance coverage. Exclusions, deductibles, non-allowables, and partial coverage problems can be handled most effectively at this stage. The patient who is provided with a cost analysis before undergoing a procedure has no legitimate complaint about the bill. A patient who is not given advance fee information is apt to become hostile over the bill. One way to inform the patient in advance is to give him a fee for surgery form (Figure 3). The patient keeps the original (his signature is not required) while the duplicate is retained for the doctor's records.

#### Insurance fodder

Of much concern to the patient is the lack of attention afforded to follow-up medical visits as they relate to additional insurance work. The doctor *must* make a determination on return to work at each visit so that insurance data are current. This area

is an anathema to doctors but represents a bread and butter issue to the patient. Don't compromise treatment by failing to look after a patient's insurance needs. They are as important, and many times more so, than the actual ailment. Doctors receive more criticism on this matter than any other.

Do not charge extra for filling out supplemental insurance requests; patients despise the extra charge and feel the service is owed to them. The average orthopedic patient requires six to eight forms. The physician should determine the number of forms his patients require, include the figure in the cost of doing business, amend the overall fee structure to include the feature, and charge all patients to reflect the cost of insurance preparation. In other words, he should let the basic office fee reflect the expense without stating it explicitly on the charge slip.

#### Fee schedules

Every doctor should have a written schedule of all of his fees. This allows office staff to process promptly and accurately all bills and insurance. In addition every patient should be charged the same for identical services, an extremely important matter in group practices.

Physicians must not overlook charges for depositions, compensation hearings, court appearances, and letters to attorneys. Lawyers expect to be billed for these services. Advance notice of the fee is helpful to the attorney as charges of this type are paid by the patient. They are not ordinarily part of the contingent fee. Furthermore, advance billing disavows the doctor's testimony from the monetary outcome of the proceedings. In other words, the doctor cannot be accused of giving favored information in order to secure a higher fee. Billing for legal services contains elements of time spent evaluating files and appropriate literature as well as inconvenience and time away from the office.

In accident cases, fees may not be recoverable until settlement, which may be many years after the patient has been discharged. Rather than institute legal action to gain compensation, the doctor should use the lien



method (Figure 4). The lien method avoids harassment at the same time assuring that the doctor's bill has a high priority when settlement is reached.

**Office records**

The lack of documentation of medical records is a constant in medical malpractice cases. For legal purposes *anything not in writing is hearsay*. People tend to have selective memories. It is surprising how often patients forget some treatments or conversations with the physician at the same time that they are certain of other guarantees and warranties made. Remember what went on is not arguable until several years after the fact.

An easy way to obtain historical data in script is from the patient himself. Invite the patient to do his own history while awaiting his turn. Hand the patient a short history form including a line at the bottom for his signature and date.

The doctor's own established method of recording the history and physical examination will probably not change because of any added emphasis here; however, some suggestions might help.

Never discharge a patient who complains of pain, swelling, or that "funny feeling." A discharge means that the doctor does not want to see him; the treatment is finished; learn to live with it; there is nothing more that can be done. According to a report published by the National Association of Insurance Commissioners, April 1976, 30 percent of incidents involve diagnostic errors. Many of these vague pains seem to surface years later in organic disease, often of a malignant nature. The old complaints may be unrelated to the pathology; nevertheless, the patient may think differently.

All patients should be encouraged to return in the event of a change in condition and/or persistence of complaints. The mention of a time interval, viz., three months or six months, is even better.

The physician should review all charts himself before they are filed. Any no-shows, cancelled appointments, or requests for records should be brought to his attention. The re-

**ASSIGNMENT AND AUTHORIZATION**

WHEREAS, I have a right or cause of action arising out of personal injury, to wit:

I, \_\_\_\_\_, hereby authorize Smith Jones Associates, to furnish, upon request, to my attorneys, \_\_\_\_\_, any and all medical records, or reports of examination, diagnosis, treatment, or prognosis but not necessarily limited to those items as set forth herein, in addition to an itemized statement of account for services rendered therefore or in connection therewith, which my attorney may from time to time request in connection with the injuries described above and sustained by me on the \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_ . I hereby irrevocably authorize and direct my said attorney set forth herein to pay to Smith Jones Associates all charges for attendance in court, if required as an expert witness whether he testifies or not; reports or other data supplied by him; depositions given by said doctor; medical services rendered or drugs supplied; and any other reasonable and customary charges incurred by my attorney as submitted by Smith Jones Associates and in connection with said injury. Said payment or payments are to be made from any money or monies received by my attorney whether by judgment, decree or settlement of this case, prior to disbursement to me and payment of the amount as herein directed shall be the same as if paid by me. This authorization to pay the within doctor shall constitute and be deemed as assignment of so much of my recovery I receive. It is agreed that nothing herein relieves me of the primary responsibility and obligation of paying my doctor for services rendered, and I shall at all times remain personally liable for such indebtedness unless released by the within doctor or by payment disbursed by my attorney.

Dated: \_\_\_\_\_  
I accept the above assignment: \_\_\_\_\_ Attorney

Figure 4. Sample document used in lien method of gaining compensation for services in accident cases.

ceptionist should call those that failed to keep appointments. Cancellations, too, should be contacted by phone or letter. The reason for cancellation should become an item for inclusion in the record.

An office should retain copies of all correspondence. That includes insurance forms. A doctor should not release x-rays or lab data without first making a copy, billing the purchaser for costs involved, and sending the copy, not the original.

Any inquiries from attorneys, phone calls or otherwise, merit an entry into the record. Before the doctor releases the records he should ask the attorney why he wants them. If unsure of his position, he should ask an attorney for advice.

**Informed consent**

Almost all malpractice claims involving private doctors (85 percent of

the total number of cases) contain allegations of lack of informed consent. The blanket informed consent form which most hospitals use is of limited value in the event of a negligence action. It is too vague and does not enumerate the complications and alternative treatments. In short, it is little more than a ticket to the operating room.

The physician should have his own consent forms printed, first spending the necessary time with his attorney in order to compile a document that most closely represents what the courts want. Many jurisdictions adhere to the "reasonable man" concept which is that a doctor should supply as much information as a patient needs to know in order to give a truly informed consent.

The doctor should give the consent form to the patient after properly informing him of the consequences of



## APPENDIX I

### Sample Expanded Informed Consent

#### Introduction

The era of the public's and the patient's right to know is with us. Medicine too has endorsed this concept. Until recently the general feeling among physicians was that the patient should be spared "the bad news" about possible complications and side effects of surgery or other treatment, and that only the more pleasant information should be conveyed.

Times have changed, of course. The current proper thing to do is to give all of the good news and all of the bad news that go with any surgical procedure. Only in this way, goes current opinion, can you be expected to have been fully informed. You should try to digest the information and seek our assistance for any further explanation that you might need.

We try to list as many of the types of side effects or complications as we can. Remember this is the in thing in our country today.

#### Problems Associated with Fractures (Broken Bones)

1. The fracture may not heal. Failure to heal is particularly noted in shin bone fractures, fractures of the forearm in adults, and neck fractures of the hip.
2. The fracture may heal with angulation and mallocation. A certain amount of angulation is acceptable and will straighten out all right with time (years).
3. Fractures that communicate with a joint give rise to arthritis. This means discomfort with weather changes and partial stiffness. In some people the arthritis is severe and may require a new joint or a surgical stiffening of the joint to alleviate the pain. Healing by displacement and bayonet apposition is common. This leads to some shortening. With many fractures this is unavoidable and must be accepted.
4. Stiffness of joints is seen after fracture healing and discontinuation of casting. Usually this is temporary (months). However, with fractures of the forearm, elbow, ankle, knee joint, wrist, and about the shoulder, permanent partial stiffness is common.
5. In those fractures that require pinning or plating the incidence of stiffness is higher.
6. Infections after pinning and plating do occur. In our experience this is an uncommon occurrence. Infections may be permanent and give non-union, pain, stiffness, and periodic drainage.
7. Infections are common where the bone has punctured the skin. Some of these cases go on to severe gas gangrene infections and require losing the limb. Over the last decade we have seen slightly less than one dozen limbs requiring amputation in these circumstances.

Signed:

SELF \_\_\_\_\_

PARENT \_\_\_\_\_

GUARDIAN \_\_\_\_\_

I have read the above complications of surgery as related to my condition and fully understand same. I recognize the right to another opinion(s) prior to undergoing the proposed \_\_\_\_\_

I hereby give my consent to Dr. \_\_\_\_\_ to perform the above procedure and to modify same at the time of surgery if circumstances warrant it.

I acknowledge that no guarantee has been made regarding the outcome of surgery.

Signed:

SELF \_\_\_\_\_

PARENT \_\_\_\_\_

GUARDIAN \_\_\_\_\_

WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_

treatment and the risks of non-treatment. He should instruct the patient to bring the signed statement to the hospital with him. Office surgery also calls for a signed informed consent form.

Audio-visual cassettes that explain procedures and contain elements of informed consent are helpful adjuncts. The doctor or an aide should note in the patient's chart which of the materials he gave the patient.

Appendix I is an example of an expanded informed consent form, beginning with a general statement and following with a detailed explanation of possible results or complications of the particular condition or procedure involved.

### Answering service

Claims of abandonment are serious allegations. An answering service is absolutely essential to convey and record on-call, night call, and sign-out information. These services may be: a part of a county medical or dental society; an agency serving doctors only; a service for a variety of professional people; or a recorder in the doctor's office and/or home. A combination of office recorder and a regular answering service is common.

Regardless of the type of service you use, the goal is to record and deliver messages in quick order. This is not difficult to accomplish. Some answering service personnel neglect to make note of calls; the doctor often fails to enter the call as well as his response into the patient's record.

From time to time a physician may need to have the answering service verify its attempts to reach him. The answering service should record calls in a permanent log book. The physician in turn must record the receipt and handling of the calls which his office personnel can enter on the patient's chart. He should append any information as an office note.

Obtaining vacation coverage is a necessity. The physician should send a formal letter to the colleague covering for him; in the letter he should state the dates and duration of time away from the office and a description of active and old flag cases that may need attention. Written verification is mandatory.

SMITH JONES ASSOCIATES  
20 Erford Road  
Lemoyne, PA 17043  
Phone 238-1635

Dear \_\_\_\_\_

Normally at this time because your account is long past due, it would be placed with a collection agency. However, we would prefer to hear from you regarding your preferences in this matter.

Please indicate your choice:

- ( ) 1. I would prefer to settle this account. Enclosed please find payment in full.
- ( ) 2. I would like to make monthly payments of \$\_\_\_\_\_, until this account is paid. I understand that no interest is being charged for this delayed payment schedule.
- ( ) 3. I would prefer that you assign this account to a collection agency for enforcement of collection. (Failure to return this letter in 10 days will result in this action).
- ( ) 4. I would prefer that you cancel the balance of my account for the following reason(s): \_\_\_\_\_

Signed \_\_\_\_\_

Please do not hesitate to call if you have any questions regarding this matter.

Sincerely,

Figure 5. Final Letter may help the doctor discover the reason for nonpayment.

### Civil rights

A doctor may elect not to treat a non-emergency patient who walks into his office. He needs no reason whatsoever to refuse to treat the patient. For example, he might not want to examine or treat lawyer cases and it is his prerogative to refuse to treat such a person. However, a doctor cannot deny treatment to any class of people, whether welfare recipients, Hispanics, blacks, etc., because that constitutes discrimination under state and federal laws.

The standard malpractice insurance policy does not cover a civil rights suit. What constitutes a breach of civil rights changes often. Be wary about refusing to treat people; physicians have been named in civil rights suits and the courts have not totally resolved the civil rights question.

Hospital policy may stipulate that the physician-on-call shall handle all

cases referred to him. In this circumstance the physician is expected to respond affirmatively. Failure to honor this duty may mean a breach of privileges and ethics as well as civil rights improprieties.

### Delinquent accounts

A doctor should resort to collection agencies only after very careful deliberation. He should never automatically give an account to an agency because three months or six months have elapsed without payment. Perhaps the insurance form was mailed late or not at all. Check the data sheet for improper billing (wrong responsible party, etc.); the history and office visits for clues to dissatisfaction; the outcome of treatment; and, if possible, whether the patient received his insurance check.



In certain select instances collection procedures may be reasonable but the vast majority of delinquent accounts are best treated as stores handle shoplifting. A good way to handle the problem is to compute the annual loss of bad debts and adjust the fee schedule accordingly. All phases of our economic life espouse this practice—the all-American solution to the bad debt problem.

One way of wading through the non-paying accounts is by way of the Final Letter (Figure 5). The letter may help identify legitimate grievances and financial distress of which the doctor has been unaware.

### Charges for bad results

The propriety of charging for procedures to treat complications and bad results has long been debated by professional office consultants and doctors alike. There is no simple answer because each case must be handled individually. However, changing times and experience

and the office. Office aides often shield the doctor from "minor" problems as that is part of their jobs.

The doctor may be surprised if he checks grievance entries every few months. He may find that some changes in office policy are in order, especially if he finds similar complaints from different patients.

### Hospital practice

Hospitals and emergency rooms accounted for 79 percent of malpractice incidents from July 1, 1975, to July 1, 1976, according to a credible national survey of 50 insurance companies. The report contained 4,742 cases of which 3,402 occurred in the hospital. Emergency rooms accounted for 332 cases. Doctors' offices showed 730 cases (15.4 percent).

Exposure to malpractice is greater in the hospital setting for a number of reasons. Patients are exposed to a multitude of personnel who enter into diagnosis and treatment. The physi-

tion is necessary before proceeding with treatment.

Daily progress notes are a must. They should contain the reasons for all treatments and tests—or the reasons why the treatments and tests were not performed. The absence of a progress note by the physician means in effect that he did not see the patient. The stickier the case, the greater the demand for notes.

Difficult and troublesome cases deserve scrutiny in the record room prior to dictating the summary and signing out the chart. This is the last time the chart is under the physician's control. He may summarize the entire course of events, reminisce as to the whys and wherefores, clarify ambiguities. The doctor's signature indicates that he is in agreement with the contents of the record of that hospitalization.

A busy surgeon can easily overlook side symptoms—mild hypertension, borderline diabetes, a little proteinuria, the chest x-ray report are easy to pass. Reappraisal in the record room offers another chance; consultation in those areas is even better. It will cost the patient; but remember, he wants quality care regardless of the cost.

When going over a chart the physician should draw a line through any notes with which he does not agree but should let those notes remain legible. He should not write inflammatory or obscene notes against the hospital, any employee, or other doctor. Each entry the physician makes, whether an original note, an addition to a note, or a disagreement with another note, must be initialed and dated.

The physician should circle, initial, and date adverse laboratory data as an indication that he at least observed and digested the variance. Also, it is important to justify the handling of a problem by including a note on the patient's chart. The solution might be proved wrong at a later date but the thoughts of the moment are what count. (The compound fracture was not taken to the operating room right away because—.) A complication resulting from delay in such a case will not look good to an expert witness who states five years later that such cases merit immediate surgery. The

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*... it is important to justify the handling of a problem by including a note on the patient's chart. The thoughts of the moment are what count. (The compound fracture was not taken to the operating room right away because—.) A complication resulting from delay in such a case will not look good to an expert witness who states five years later that cases merit immediate surgery. The best defense is a written offense—the more legible the better.'*

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suggest the following: charge a nominal amount for repeat procedures and accept what the insurance allows; refrain from charging a patient who does not have insurance; and do not bill for office visits necessitated by a complication.

In other words, if a patient is a problem case, do not pressure him financially; he is already assuming the unexpected burdens of physical discomfort and loss of work.

### Complaint mechanism

The physician should instruct employees to record all patient grievances in a separate book. He is often unaware of patients' criticisms of him

and the office. Office aides often shield the doctor from "minor" problems as that is part of their jobs. The doctor may be surprised if he checks grievance entries every few months. He may find that some changes in office policy are in order, especially if he finds similar complaints from different patients.

The captain of the ship is responsible for the action of his agents. What can and should the captain do to chart a safe course? He must run a tight ship by: seeing his patients the day of admission; outlining the plan of treatment again; going over the proposed surgery; performing an H & P; viewing the lab profile and anesthesia consultation; and securing whatever additional medical informa-



best defense is a written offense—the more legible the better.

Complications will occur. Some of them are beyond the doctor's control. In such instances he must minimize the impact by leveling with the patient or family and notifying them when the patient's condition changes or when the treatment program is altered. If he cannot call the family, he must instruct an office representative to track down relatives. Office aides should learn the proper way to relate messages.

When the doctor calls the hospital to check the patient's status, he should ask the nurse to record the conversation in the patient's chart. In addition, the doctor must be sure to record phone calls to members of the patient's family as well as conversations with the patient. In cases of surgery, he should contact the family after each and every operation.

The above points seem like trivialities but they are not. A malpractice suit is a real war of words. The doctor has one opportunity to choose his statements—when he treats the patient. After that the medical writing is done by the courts.

There is no doubt that much of malpractice action is caused by the doctor irrespective of the treatment or lack of it, informed consent, insensitivity, or lack of communications. The attorney who listens to an aggrieved patient checks the hospital chart first before determining to institute litigation. If the chart is properly documented and denotes why a path of treatment was followed or not followed, the lawyer apprises the plaintiff of the difficulty in successfully pursuing the suit. An attorney does not want to waste his time if the record does not support a suit.

### Hospital policy

Many of us have felt that certain elements of hospital care, which are beyond our control, need to be changed. Departmental staff meetings or cafeteria conferences provide opportunities for addressing these problems. The clearest way to proceed is to write a letter to the hospital administrator which outlines the recommendations and the necessity for them. Keep a copy of the letter in a folder under "personal corre-

spondence." If the letter deals with a specific patient, place a copy of it in the patient's office record.

For doctors who practice in several hospitals, the need to scrutinize charts and write letters to administrators is extremely important. The standard of care differs in various institutions. Upgrading may take years.

As applied to doctors it usually means reprehensible misconduct towards a patient. It is bad, wrong, and injudicious therapy resulting in injury and proceeding from ignorance, carelessness, lack of skill, disregard of standards of care, and malicious or criminal intent.

When doctors attempt to counter-

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*'The lack of documentation of medical records is a constant in medical malpractice cases. For legal purposes anything not in writing is hearsay. People tend to have selective memories. It is surprising how often patients forget some treatments or conversations with the physician at the same time that they are certain of other guarantees and warranties made.'*

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The only weapon you have is the pen.

### Emergency room

The emergency room is a hotbed of activity as well as a frequent headache. Traffic assumes all dimensions. Legal ramifications are profound. How may a doctor reduce his malpractice exposure?

The physician must treat all emergency room cases as potential suits. He should do as complete a history and pertinent physical examination as possible; record *all* data; detain overnight any patient with a suspicious problem or admit suspicious cases outright; be a skeptic; give oral and written instructions and document them. Avoid treating emergency department cases over the phone; rather, ask emergency room personnel to obtain another physician. Middle of the night cases should be detained if the physician can't make an appearance.

The emergency room poses a tremendous liability problem as emergency patients are probably the most hostile clientele that exist. Short-cutting the emergency room is a short cut to court.

### The path to court\*

Malpractice is an elusive term. It applies to architects, embalmers, lawyers, doctors, and other profes-

sue lawyers, the situation is different. The physician must prove that the negligence was malicious, a difficult thing to prove. Non-malicious negligence seems to be acceptable. Actions against lawyers resulting from the physician-patient relationship are gathering momentum.

In order to prevail in a malpractice action a patient and his attorney must show: a legal duty due him; a breach of that duty; proximate causation; harm; and absence of contributory negligence by the patient. The duty owed the patient is the standard of care for that specialty and how a reasonable man would perform under the circumstances of the case.

Most physicians do not understand what constitutes malpractice. This is a legal determination. All too often M.D.s use the term improperly. Worse yet, some "experts" allege malpractice in correspondence and in court without the necessary legal ingredients.

A doctor should never accuse another doctor of malpractice in writing. The other doctor may have delivered less than a minimal standard of care in his opinion; but that is only one of the essential elements of malpractice. It is up to a lawyer—and a lawyer only—to establish malpractice.

The lawyer procures the hospital chart as the first stage of his "fact sheet." He attempts to determine if the physician has breached his duty

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\* Zaslow, J. *Journal of Legal Medicine*, October 1976.



to the patient. Another physician or lawyer familiar with standards of care is employed to make this determination. He must have the *entire* record before him. The reviewer must realize that a physician need not be held to a single standard when a representative minority follows another standard. In short, he must tell where ac-

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*'Almost all malpractice claims involving private doctors contain allegations of lack of informed consent. The blanket informed consent form which most hospitals use is of limited value in the event of complications and alternative treatments. In short, it is little more than a ticket to the operating room.'*

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cepted minimal standards have not been met.

Lawyers often file suits against everyone whose initials appear on a chart in order to prevent letting the statute expire against any possible defendants. Then, too, there are cases in which many persons may have committed breaches but the lawyer, through sheer incompetence, fails to investigate properly.

Interrogatories and depositions follow the filing of a suit. The plaintiff is examined and cross-examined by the various attorneys. A stenographer records and takes in shorthand all conversation. The doctor is deposed separately at about the same time as the patient and other parties involved.

The deposition offers an excellent opportunity to fix fault if there is fault. Often, the facts in a case are straightforward. The deposition stage can often be filled with delaying tactics and ambiguities used to hide the truth as opposing sleuths duel to maintain their clients' positions.

Generally, the plaintiff's lawyer will proceed to court if pretrial settlement conferences are not to his liking for he has expended much time and money in the case. If he can get the case to the jury, he might win.

The patient's attorney tries to persuade the jury that there is only one applicable standard of care—the one professed by his expert witness. Juries often overlook the accepted differences in management and choose to believe one witness or the other, one lawyer or the other. Each lawyer selects a witness that will benefit his client. These expert witnesses do not portray medicine as it is practiced; they are adversaries.

Part of the blame for the legal problems must be shared by those "experts" who do not understand the totality of medical malpractice. The only true test for malpractice is whether the doctor breached a standard of care. To allow evidence from

#### Legal education

All doctors require a deeper insight into the medical legal system. In many locales the courts of law continually cause alterations in legal aspects of standards of care. Doctors must become familiar with such revelations—revelations which can be more important than new advancements in medical science.

To learn about and keep up with the area of legal medicine every practitioner, especially surgeons, should subscribe to the following publications:

*The Citation*—a medicolegal digest for physicians, published twice monthly by the American Medical Association, 535 N. Dearborn Street, Chicago, IL 60610.

*The Journal of Legal Medicine*—a publication of the American College of Legal Medicine. Write to: GMT Medical Information Systems, 777 Third Ave., New York, NY 10017. Subscription is \$20 per year.

*Professional Liability Newsletter*—an amalgum of California topics. Published monthly by Professional Liability Newsletter, Inc., 102 El Camino Real, Berkley, CA 94705. Subscription is \$20 per year.

someone who is truly not an expert in the defendant's field is not the correct way to arrive at a just decision; but expert witnesses allowed to testify for the plaintiff are often not in the same specialty as the defendant and often do not perform procedures about which they are asked to testify.

After both parties present their cases, the judge charges the jury. He interprets the legal principles for the jurors and should disclose that a difference of opinion does not make one expert witness right or wrong. Again, the issue is standard of care.

#### Blame for the crisis

The malpractice crisis is a syndrome. Medicine has not geared itself to accept malpractice as a separate disease. The pandemic nature of malpractice waxes and wanes and only occasionally inflicts a lethal blow. Its morbidity is tolerated by most physicians. It has a propensity to maim high risk physicians.

We must take certain measures to protect all of us—doctors, hospitals, and patients alike. First, the medical establishment from hospitals, county, state, and national medical societies and specialty organizations must find areas of personal incompetence and excise these lesions. Such a search must originate on a local level.

Second, medicine must seek out those medical witnesses who abuse the legal process for monetary gain. There are not that many, yet they have had a tremendous impact on health delivery via increased insurance costs, billions of dollars in defensive medicine, and improper medical care based upon court imposed medical standards and unnecessary services. This small cadre can be easily identified and most readily expunged.

Finally, residency programs, certifying exams, and continuing education activities should incorporate instruction in the operation of the legal system. Such instruction is long overdue. Many of the existing continuing education courses deal with rare, highly specialized conditions and diseases; but the malpractice pandemic causes more sorrow in this country than Dengue, leprosy, achondroplasia, and other uncommonly encountered entities. □





## Benjamin Rush spirit lives on

The announcement of the names of the Pennsylvania Medical Society's Benjamin Rush Award recipients for 1977 appears on page 10 of this issue of *PENNSYLVANIA MEDICINE*. The Award is presented annually to those Pennsylvanians who have made outstanding voluntary contributions in the promotion of better health and welfare for others either through actions or funds. Both a lay individual and a lay organization are recognized. Licensed doctors of medicine and persons employed by voluntary or official health or welfare agencies are not eligible.

The Award was conceived on the 100th anniversary of the Medical Society of the State of Pennsylvania in 1948 and was named for Dr. Benjamin Rush whose career exemplifies that of an energetic, public-spirited citizen. His accomplishments, many and varied, include the following: physician to the Pennsylvania Hospital 1783-1813, where he introduced clinical instruction; founder of the Philadelphia Dispensary, 1786, the first such endeavor in the country; treasurer of the United States Mint, 1799-1813; a signer of the Declaration of Independence and a member of the Continental Congress; one of the founders of the College of Physicians of Philadelphia. Dr. Rush was a well-read, well-trained teacher and an active social reformer.

County medical societies may nominate one group winner and/or one individual winner per year. From these, the Council on Professional Relations and Services chooses one individual and one organization for the State Society's Benjamin Rush Award. Counties may also submit past county award winners along with the current year's winners and are encouraged to do this. Information about the

awards and nomination forms may be obtained from the Pennsylvania Medical Society.

State Rush Award winners from the last several years along with their contributions merit review. A teacher and transcriber of braille, Mrs. Richard Rollins of Haverford was awarded the 1974 individual award. The Children's Aid Society of Clearfield, which provides interim homes for children until they can be placed in foster homes or returned to their families, received the 1974 organization award. In 1975, Mr. Roger A. Congdon of Ulster received the individual award for his activities in founding an ambulance service and training about 2000 persons in first aid methods. For a variety of community services, The Susquehanna University Student Volunteer Program was named the 1975 group Rush Award winner. Mrs. Charles E. Fox of Philadelphia was recognized in 1976 for her work in rehabilitation of old and sick people. The Danville Ambulance Service was chosen for the 1976 group award for their services in connection with a Neonatal Retrieval Unit, called a "Baby Buggy."

The Benjamin Rush Awards, given by both county and state medical societies, show organized medicine's concern for the improvement of health care. Recognition of service rendered by volunteer individuals and groups for outstanding contributions in the field of health draws public attention to these activities. It is not too early to be thinking about county nominations for 1978.

David A. Smith, M.D.  
Medical Editor

## The physician and national health insurance

All physicians have a significant responsibility to be fully informed about the issues involved in the debate about national health insurance. We also must become fully aware of the program proposed by the physicians of America, through the American Medical Association.

It is doubtful that such a program is necessary to further improve the American medical care system. Nevertheless, polls reveal that only one in four people favor the current system of voluntary medical care; only 28 percent want universal medical care covered by taxes and administered by the federal government. By more than two to one they favor a mixture of private and public funding.

Numerous national health insurance programs have been introduced in Congress but the one that probably would have the most catastrophic effects

upon medical care is the Kennedy-Corman Bill, strongly supported by the AFL-CIO. The bill would replace the present medical care structure with a completely federally controlled and financed system. The accompanying massive bureaucracy and intervention would seriously lower the quality of medical care and significantly increase its cost. The physician would become a civil servant. Individual initiative and opportunity for change and development, which have made American medical care the best in the world, would be obliterated.

In view of those factors, it is essential that the American physician offer a constructive program to better serve the American people and impede the enactment of such programs as the Kennedy-Corman Bill. It is essential to offer alternatives to the Congress. U.S. Senator John Tower of Texas,



known for his conservative political philosophy, has said, "The most viable means of avoiding the Kennedy-Corman version of socialized medicine is to oppose it with more reasonable alternatives."

To respond to that challenge the American Medical Association has offered such a choice. This approach would provide for essential private funding and administration of national health insurance. It would mandate employer offering of health care coverage, with voluntary acceptance by employees. The self-employed would get income tax credits scaled inversely to income to help pay for their coverage. Federal funds coming from general revenues would help the poor and jobless.

All of us have a duty to respond to the American people's desire for a form of national health insurance. We are fulfilling that obligation in offering a program that would be in their best interest and preserve the ability of the medical profession to continue to give high quality medical care.

Each of us must take part in this effort by being informed, informing others, and mobilizing our resources in support of the American Medical Association Bill.

Paul S. Friedman, M.D.  
Philadelphia



## correspondence

### Co-Tylenol danger shown

To the editor:

Many people who are allergic to aspirin also are allergic to Tartrazine—especially those over 40 with the symptom complex of nasal polyps and asthma. Recent evidence suggests that aspirin sensitivity with or without nasal polyps may be present in children and adults with intrinsic asthma. In fact, some severe asthmatics may be sensitive to aspirin without realizing it.

It has been estimated that 25-80 percent of those individuals allergic to aspirin are also allergic to Tartrazine (yellow dye FD&C #5), which is present in some foods and drugs. Many patients as well as physicians are not aware of that fact.

One example is the pain reliever, Tylenol, which has been used as a substitute for those sensitive to aspirin—as it contains no aspirin, or Tartrazine. However, the medication "Co-Tylenol" does contain Tartrazine. I became aware of this fact when a patient was referred to me for angiodema and urticaria. History revealed that aspirin had been taken just prior to the onset of the urticaria and the angiodema. Elimination of the aspirin resulted in the elimination of symptoms. He was given a list of drugs containing aspirin and a list of drugs and foods containing Tartrazine. He was told he could use Tylenol.

The patient returned later with severe angiodema and urticaria. He had not taken any aspirin, but he had taken Co-Tylenol. It was not on the list of drugs I had given him. The company which manufactures Co-Tylenol did not give a list of their drugs which contained Tartrazine. A new list has just come out which does list the drugs containing Tartrazine—Co-Tylenol is one of these drugs. Tartrazine was not listed on the label of the Co-Tylenol as one of the ingredients.

Co-Tylenol can cause very severe reactions to someone allergic to Tartrazine. The similarity of names, Tylenol and Co-Tylenol, is very confusing and could be dangerous.

Claude A. Frazier, M.D.  
Asheville, North Carolina

### Workshop praised

To the editor:

I recently attended a Medical Assistants Workshop planned and sponsored by the Pennsylvania Medical Society. I found it very refreshing and like a shot in the arm to our practice. The program consisted of well organized materials and covered every aspect of the role an assistant plays in the physician's office.

The workshop was like a pep rally for me—it was hard to believe we sat for eight hours because the time passed so quickly.

I love the challenge of my profession. It gives me great satisfaction to feel that I have helped my doctors care for their patients. Your workshop helped me to do that better.

Aldine L. Oskin  
Linesville

### More on research

To the editor:

A note of appreciation for your editorial: "Basic Research—sine qua non for the quality of care."

This area of health care has been one of deep concern to many of us like yourself. Though it is disappointing to see such great effort being made by government in the area of regulation and cost accounting with minimal attention to research and training programs, I believe there are still some thoughtful persons in these public offices who are sensitive to the importance of a balanced health program.

I am certain that your office or PMS has circulated your concise statement of the importance of research to appropriate government officials.

C. A. Laubach, Jr., M.D., Director  
Department of Cardiovascular Medicine  
Geisinger Medical Center  
Danville





## MDs in the news

**William F. Kellow, M.D.**, Philadelphia, and **Jack D. Myers, M.D.**, Pittsburgh, recently received awards of Mastership in the American College of Physicians, the highest honor presented to fellows by their peers. Dr. Kellow is dean and vice president of Jefferson Medical College, Thomas Jefferson University, and a member of the Liaison Committee on Medical Education which accredits United States and Canadian medical schools. Dr. Myers, former professor of medicine and chairman of the department, is presently university professor at the University of Pittsburgh School of Medicine.

**Frieda Baumann, M.D.**, Wynne-wood, recently received the Alumnae Achievement Award during the annual meeting of the Alumnae of the Medical College of Pennsylvania. During the meeting the alumnae also celebrated Dr. Baumann's ninetieth birthday. Dr. Baumann, emeritus professor of medicine, was cited for her achievements during her 38 years of teaching at the medical college.

**George E. Hudock, Jr., M.D.**, was appointed recently to the State Board of Medical Education and Licensure. Dr. Hudock, coroner of Luzerne County, is secretary of the Luzerne County Medical Society and a member of the State Society's Commission on Forensic Medicine. He is co-director of pathology laboratories at Wilkes-Barre Mercy Hospital and attending pathologist at the Veterans Administration, Wilkes-Barre, and Wyoming Valley Hospitals.

**David Myers, M.D.**, was the recipient of the Distinguished Service Award of the Pennsylvania Academy of Ophthalmology and Otolaryngology at its recent annual meeting in Bedford Springs. Dr. Myers, in private practice, is emeritus professor of otorhinolaryngology at the University of Pennsylvania School of Medicine and director of the Institute of Otolaryngology of the Presbyterian Hospital, Philadelphia.

Recently certified in their various specialties are the following physicians: **Thomas J. Bondy, M.D.**, Upper Yoder Township, in anesthesiology; **Arthur Giroux, M.D.**, Franklin, in the subspecialty of hematology; **Raymond F. Kostin, M.D.**, Harrisburg, in thoracic surgery; **John A. Mussio, M.D.**, Johnstown, in neurosurgery; **Baldev Singh, M.D.**, Altoona, in anesthesiology; and **James McGraw, M.D.**, and **George Gustainis, M.D.**, Honesdale, in family medicine.

Albright College recently awarded an honorary doctor of humanities degree to **Fred B. Nugent, M.D.**, Reading, for "... his profound commitment to providing improved health care services for all persons in the community." Dr. Nugent has practiced obstetrics and gynecology in Reading for over 40 years. He was the major force in the establishment in 1971 of the Southwest Christian Ministry Health Center, which through 1975 provided volunteer medical services to the poor in Reading.

**Charles Shagass, M.D.**, recently received the Gold Medal Award of the Society of Biological Psychiatry. Dr. Shagass, acting director of the Eastern Pennsylvania Psychiatric Institute (EPPI), is professor of psychiatry at Temple University School of Medicine and since 1966 has been chief of clinical services at Temple and director of the psychiatric neurophysiology laboratory at EPPI.

**Harold Graff, M.D.**, was appointed recently as clinical professor of psychiatry and human behavior at Jefferson Medical College, Thomas Jefferson University. Dr. Graff is associated with the Eastern Pennsylvania Psychiatric Institute.

**Alan W. Johnson, M.D.**, Allentown, and **J. Pat Tokarz, M.D.**, Hershey, recently received Mead Johnson Awards for Graduate Training in Family Practice. Dr. Johnson, a third year resident in Sacred Heart Hospital's

family practice program, graduated from Temple University School of Medicine. He had previously earned a bachelor of arts degree, a master's degree, and a doctorate in biology from the University of Vermont. Dr. Tokarz is a second year resident in family and community medicine at the Milton S. Hershey Medical Center, Pennsylvania State University, and a graduate of Stanford University and the University of Tennessee Center for Health Care Sciences. He is a member-at-large of the governing council of the Resident Physician Section of the American Medical Association.

The 1977-78 officers of the Pennsylvania Society of Internal Medicine are: **George R. Fisher, M.D.**, Philadelphia, president; **James R. Regan, M.D.**, Bethlehem, president elect; **Peter N. Hillyer, M.D.**, Paoli, secretary; and **Edward H. Hale, M.D.**, Pittsburgh, treasurer. The election of officers was part of the society's fifteenth annual meeting held recently in Pittsburgh.

The following physicians were elected recently to fellowship in specialty organizations: **Paul H. Douglass, M.D.**, York, and **Charles S. Grove, M.D.**, Pittsford, fellows of the American College of Obstetricians and Gynecologists; **Maurice J. Lewis, M.D.**, Harrisburg, fellow of the American College of Physicians; **Frederick J. Munson, M.D.**, Bethlehem, fellow of the American College of Radiology; and **Gerald P. Tracy, M.D.**, Scranton, fellow of the American College of Cardiology.

Among the major participants in the thirteenth scientific meeting of the American Academy of Facial and Plastic Reconstructive Surgery held recently in Boston were the following Pennsylvania otolaryngologists: **Mark May, M.D.**, Pittsburgh; **Eugene N. Myers, M.D.**, Pittsburgh; **David B. Soll, M.D.**, Philadelphia; and **Captain Fred J. Stucker, Jr., M.C., U.S.N.**, Philadelphia.



The Medical Alumni Association of the University of Pittsburgh School of Medicine presented the Philip Hench Distinguished Alumnus Award to **Leo H. Crip, Sr., M.D.**, class of 1920, at its recent annual alumni luncheon. Dr. Crip first joined the University of Pittsburgh faculty in 1922 and now holds the title of clinical associate professor of medicine emeritus.

**Thomas Behrendt, M.D.**, was elected recently as chairman of the executive committee of the Pennsylvania Diabetes Institute. Dr. Behrendt, professor of ophthalmology at Jefferson Medical College, Thomas Jefferson University, has devoted much of his career to research into prevention of blindness from diabetes.

**Robert Zelis, M.D.**, recently assumed the presidency of the American Federation for Clinical Research. Dr. Zelis is chief of cardiology and professor of medicine at the Pennsylvania State University College of Medicine, Milton S. Hershey Medical Center, Hershey.

**William A. Weidner, M.D.**, was named recently as a member of the American Medical Association's newly formed Section on Medical Schools. Dr. Weidner is professor and chairman of radiology at the Pennsylvania State University College of Medicine, Milton S. Hershey Medical Center, Hershey.

The American Broncho-Esophagological Association recently honored **Francis W. Davison, M.D.**, by naming him the recipient of the 1977 Chevalier Jackson Award for outstanding achievement in the field. Dr. Davison, a past president of the organization, was director of the department of otolaryngology at Geisinger Medical Center, Danville, from 1936 to 1964 and since that time has served as senior consultant in the department.

**Burton A. Fleming, M.D.**, has been named co-chairman of the program committee for the annual meeting of the National Association of Private Psychiatric Hospitals. Dr. Fleming is medical director and president of the Horsham Clinic, Ambler.

**Stanley G. Schultz, M.D.**, was elected recently as a member of the International Cell Research Organization, a subdivision of the United Nations Educational and Scientific Cooperation Organization (UNESCO). Dr. Schultz is professor of physiology at the University of Pittsburgh School of Medicine.

**John P. Galgon, M.D.**, Allentown, was elected to serve a second term as president of the Pennsylvania Thoracic Society, the medical section of the Pennsylvania Lung Association, during a recent organizational meeting. Other thoracic society officers are: **Robert F. Johnston, M.D.**, Philadelphia, president elect; **Fredrick L. Jones, Jr., M.D.**, Danville, vice president; and **Durelle T. Scott, M.D.**, Kingston, secretary treasurer. The following physicians participated in the scientific session of the thoracic society's meeting: **Richard L. Myerowitz, M.D.**, Pittsburgh; **Basko Postic, M.D.**, Pittsburgh; **William J. Atkinson, M.D.**, Philadelphia; **George Bereznicki, M.D.**, Harrisburg; and **Sukhdev Grover, M.D.**, Pittsburgh.

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## education

*This issue carries no education course listings. The January issue contained a comprehensive list of continuing education courses being offered in all parts of Pennsylvania. Consult that issue or write for a copy of the supplement to: Council on Education and Science, Pennsylvania Medical Society, 20 Erford Road, Lemoyne, PA 17043.*

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Wanted Movies of Ceremony, But Both Factions Are

WASHINGTON, Aug. 24, 1920—



## TRUMAN CLOSES UNITED NATIONS CONFERENCE WITH PLEA TO TRANSLATE CHARTER INTO DEEDS

### NEW WORLD HOPE

President Hails 'Great Instrument of Peace,' Insists It Be Used

HISTORIC LANDMARK

Meeting Gives Standing Ovation as Executive Pictures Peace Gain

# Social Security Bill Is Signed; Gives Pensions to Aged, Jobless

Roosevelt Approves Message Intended to Benefit 30,000,000 Persons When States Adopt Cooperating Laws—He Calls the Measure 'Cornerstone' of His Economic Program.

## SENATE APPROVES 18-YEAR OLD VOTE IN ALL ELECTIONS

Amendment to Constitution is Sent to House, Where Passage is Expected

WASHINGTON, March 10, 1971—The Senate approved today, 94 to 0, and sent to the House for passage, an amendment to the Constitution that would require a minimum 18-year-old vote in all elections.

WASHINGTON, Aug. 14, 1935—The Social Security Bill, providing a broad program of unemployment insurance and old age pensions and counted upon to benefit 20,000,000 persons, became law today when it was signed by President Roosevelt in the presence of those chiefly responsible for bringing it through Congress.

Mr. Roosevelt called the measure "the cornerstone of my economic program," which is being completed by the Social Security Act, the National Labor Relations Act, and the Fair Labor Standards Act.

# SIGNED the Draft Ends Nov

"If we fail to use it," he declared to the solemn final meeting of the delegates, "we shall betray all of those who have died in order that we might meet here in freedom and safety to create it."

"If we seek to use it selfishly—for the advantage of any one nation or any small group of nations—we shall be equally guilty of that betrayal."

Fervent Interpolation

The President, speaking in the auditorium of the War Memorial Opera House, built in memory of sons of the Golden Gate city who gave their lives in the first World War, in which he himself served, seemed to give unconscious expression to the solemn feeling of the occasion when, at the outset of his speech, he interpolated the words, half a hope, half a prayer:

"Oh, what a great day this can be in history!"

Just before the plenary session the President accompanied the

WASHINGTON, Jan. 27, 1973—"With the signing of the peace agreement in Paris today, and after receiving a report from the Secretary of the Army that





# PATIENT PACKAGE INSERTS: A CONCEPT WHOSE TIME HAS COME?

*The consumer's right to know is an irreversible and desirable trend of the Seventies. It extends, and properly, to a patient's right to know more about his or her prescription medications. One way, gaining favor, is through patient package inserts. Wisely-prepared and properly distributed when medically indicated, they could markedly improve patient knowledge and drug therapy—laudable goals by anyone's standards.*

*The PMA endorses these goals and will work with government, the health professions and consumers to achieve them.*

## **The Advantages**

The concept holds promise of benefits: better patient understanding of the product prescribed, better adherence to the treatment plan, and more awareness of possible side reactions.

Every doctor has had patients who fail to finish antibiotic regimens because they feel better. Some patients assume that if one tranquilizer or analgesic is good, two may be twice as good. Still others fail to report dizziness while on antihypertensive therapy—and so on.

Problems like these might arise less often if the patient received written information in addition to verbal instructions. Some studies suggest that patients are more receptive to such materials, and they more often understand the verbal instructions and follow them, when inserts are used.

## **The Disadvantages**

There are also some potential problems. Obviously, the inserts must be clearly phrased, without extraneous or complex detail. How much information

is enough? How can it be kept current? Should all patients receive the same information? Should inserts be included with all drugs? Should only potential problems be listed or are patients better off with a "fair balance" presentation that describes usefulness as well as drawbacks?

These and similar questions require answers, since model inserts have yet to be properly developed and tested. Despite the need for these studies, the FDA is proceeding prematurely with inserts on selected products. We think the Congress is the only place where the matter can be given the proper legal status and direction, particularly since it represents a conceptual change in the legal, medical and social framework of the nation's prescription drug information system.

## **The Solution**

The PMA believes that carefully-devised pilot studies of various kinds of inserts are needed. They should be developed and implemented with full participation by doctors, pharmacists, consumers, communications experts and the drug industry. Such studies will provide reliable pathways to follow, so that inserts will be useful aids to medical practice.

And particularly we think that you should be closely involved in this debate and in these studies and decisions. Otherwise, people with less experience and qualifications may control the purposes, content and use of a tool with considerable promise for improved patient care. It could make a difference in your practice tomorrow, and more importantly, in the health of your patients.

**PMA**

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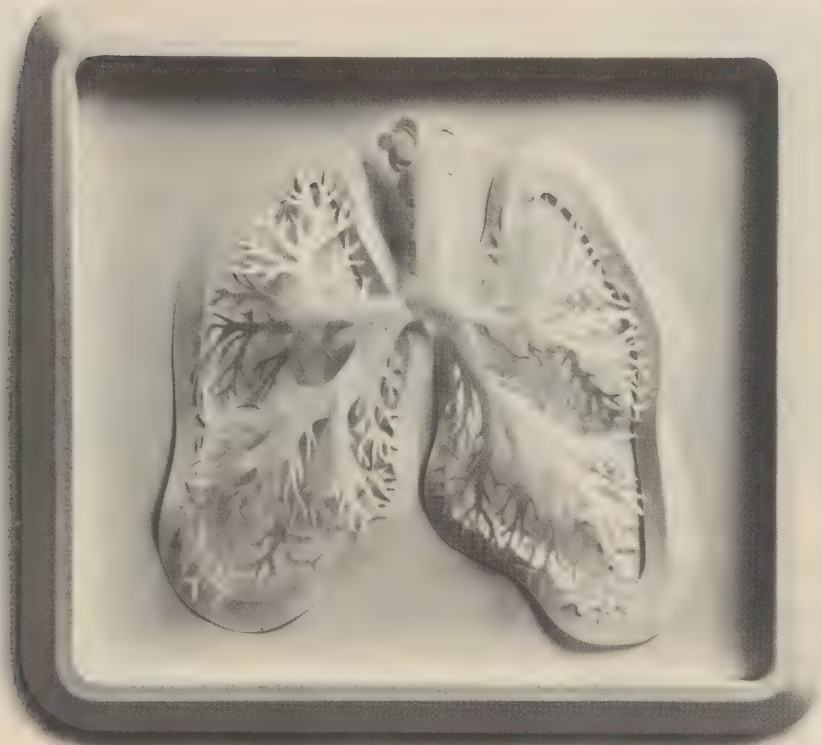
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Each tablet contains ephedrine sulfate 24 mg; guaifenesin (*glyceryl guaiacolate*) 100 mg; theophylline 100 mg; phenobarbital 8 mg (warning: may be habit-forming).

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**SUPPLIED:** Bottles of 100 and 1000 scored tablets.

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# **'Study Scandinavia'**

## **A workshop tour of Sweden, Norway, and Denmark.**

Scandinavian medicine holds an interest for American physicians because of technical advances in many specialties, innovative relationships with the social services, and concern for the promotion of good health. Manifestations are the infant mortality rate, one of the lowest in the world, developments in delivering emergency and outpatient services, and progress in preventive medicine and occupational health.

The workshop will give you a firsthand view of primary care, mother and child care, emergency services, and basic research. You will talk with government officials, medical and technical specialists, university professors, and doctors in local practice.

Take advantage of this nine-day learning experience, from September 25 to October 3, 1977. Visit three major cities, Stockholm, Oslo, and Copenhagen, to learn more about the health services in the Scandinavian Countries.

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Council on Education and Science  
Pennsylvania Medical Society

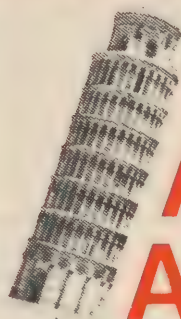
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# When **impotence** due to androgenic deficiency is driving them apart



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Methyltestosterone U.S.P. – 5, 10, 25 mg.

## New Double-Blind Study ANDROID-25 vs. Placebo\*

\* **WRITE FOR REPRINT:** R. B. Greenblatt, M.D.; R. Witherington, M.D.; I. B. Sipahioğlu, M.D.: Hormones for Improved Sexuality in the Male and Female Climacteric. *Drug Therapy*, Sept. 1976.

Is there a true aphrodisiac? How effective are androgens in the management of the male climacteric and male impotence? Article discusses the psychophysiological and hormonal changes in the elderly male and female and therapeutic considerations. The effectiveness of methyltestosterone in the management of male impotence was confirmed by a cross-over, double-blind study using a placebo and Android-25

(methyltestosterone 25 mg.), on 20 males, 50 years of age or older who complained of secondary impotence. Patients received a series of placebo then Android-25, or Android-25 then placebo as follows: 1 tablet/30 days; 2 tablets/30 days; 3 tablets/30 days. Sexual response was evaluated: 0 = no change; + = 25% improvement; ++ = 50% improvement; +++ = 75% improvement. Placebo effectiveness was + or ++ in 12.7% of trials. Android-25 elicited a +, ++ or +++ response in 47.2% of trials. There was often a dose related response not observed with the placebo. This effect was not observed in younger patients (age 28-45 years).

**DESCRIPTION:** Methyltestosterone is 17 $\beta$ -Hydroxy-17-Methylandroster-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunichism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Post-pubertal cryptorchidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric,

avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE**

**REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. **In the male:** Eunuchoidism and eunichism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpubertal cryptorchidism, 30 mg. **REFERENCE:** Robert B. Greenblatt, M.D., and D. H. Perez, M.D.: "The Menopausal Syndrome." *Problems of Libido in the Elderly*, pp. 95-101. Medcom Press, N.Y., 1974. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250. Rx only.



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## How capital gains can help save on income tax

DONALD L. DeMUTH, M.B.A., C.P.A.

EDWARD H. ACHORN, M.Adm., C.P.A.

Harrisburg

*Find Schedule D confusing? This article translates into simple language the rudimentary points of capital gains taxation.*

Capital gains (or losses) are gains (or losses) resulting from the sale (or exchange) of any property, with exceptions for varieties of business properties.<sup>1</sup> The properties are known as capital assets and include: stock, including shares of a professional corporation; bonds; cars, not used in business; furs; diamonds and jewelry; yachts; and personal residence.<sup>2</sup>

Many physicians think "capital gains" means that gains from the sale of stock are taxed at half the rate of other income provided the owner has held it for more than nine months. While this is generally true, it is worthwhile to examine some of the details.

The Tax Reform Act of 1976 has altered the provision for capital gains taxation. For a physician to be entitled to the beneficial capi-

tal gains tax rates, he must have held the capital asset for *more* than nine months, if sold in 1977, and *more* than one year, if sold after December 31, 1977. The old cutoff was more than six months.

Examine the difference in the taxable income of the two doctors in the following example. Both have taxable income derived from their practices of \$50,000 in 1977. The first physician sells stock for a \$2,000 gain. He has held the stock for nine months or less. Since he has not owned the stock for more than nine months, he is not entitled to the beneficial capital gains tax treatment. This gain is known as a short-term capital gain. The physician's taxable income is: \$50,000 taxable income from his practice (after other deductions), and \$2,000 short-term capital gain, giving a total taxable income of \$52,000.

If the other physician hangs on to his stock for more than nine months before selling it this year, only one-half of his capital gain is taxable. This is called a long-term capital gain. His taxable income for 1977 is: \$50,000 taxable in-

1. The exceptions include property held for sale primarily in the course of the taxpayer's business, works of art and patents sold by the creator, business receivables, and noninterest bearing government securities issued at a price lower than its value at maturity. Gains from the sale of these items are all taxed at ordinary income tax rates. Real estate and depreciable property used in a business have special rules. CCH Editorial Staff, 1977 Federal Tax Course, (Chicago, Commerce Clearing House, Inc., 1976), par. 708.

2. Losses on capital assets, which are not of an investment or business nature, i.e., they are of a personal nature, are personal losses and are not deductible in determining capital gains and losses. Personal losses resulting from theft or property damage are deductions in computing itemized deductions.

*This article, part six in the series, Know your taxes, is the first of three articles on the subject of capital gains and federal tax laws. Mr. DeMuth is assistant professor of accounting and finance at the Capitol Campus of The Pennsylvania State University, Middletown. Mr. Achorn is assistant professor of accounting and management at Penn State. For reprints, write Mr. DeMuth at The Pennsylvania State University, Capitol Campus, Middletown, PA 17057.*

come from practice (after other deductions), and \$1,000 long-term capital gain, for a total of \$51,000.

Both doctors are in the 50 percent tax bracket (if they are married). Therefore, the latter M.D. will pay \$500 less income tax (\$1,000 x 50 percent) than the former physician.

Table I compares the taxable incomes of four physicians. One has \$52,000 of taxable income, all of which is derived from his practice; another has \$50,000 of practice income and \$2,000 of taxable dividends, both of which are taxable; the third has \$50,000 of taxable practice income and \$2,000 of short-term capital gains; the last doctor also has \$50,000 of taxable practice income and \$2,000 of long-term capital gains.

Capital gains taxation is relatively straightforward, if one only experiences gains. A physician is taxed on short-term capital gains in the same manner that his other income is taxed. Half of his long-term capital gains are taxed at regular rates and half are not taxed at all. But what happens if one year he has a capital loss? Does it make any difference if it is a long-term or a short-term loss? What if he has both? What happens if he has a short-term capital gain and a long-term capital loss in the same year or vice versa? Let us examine the complexities caused by capital losses.

### Capital losses

If a doctor has short-term losses, long-term losses, or both, treatment is still relatively straightforward. Other taxable income may be reduced by a maximum of \$2,000 in capital losses during 1977; beginning January 1, 1978, the maximum is \$3,000. If a short-term capital loss should befall the physician this year, the first \$2,000 can reduce other taxable income. If he has a long-term capital loss in 1977, 50 cents of each one dollar loss (50 percent) can be offset against other income up to \$2,000. If the doctor has short-term and long-

<i>Practice Income \$52,000</i>	<i>Practice Income \$50,000 Dividends \$2,000</i>	<i>Practice Income \$50,000 Short-Term Capital Gains \$2,000</i>	<i>Practice Income \$50,000 Long-Term Capital Gains \$2,000</i>
\$52,000 Practice Income	\$2,000 Dividends	\$2,000 Short- Term Capital Gains	\$1,000 Long-Term Capital Gains- Not Taxed
—	—	—	\$1,000 Long-Term Capital Gains- Taxed
Fully Taxable	\$50,000 Practice Income — Fully Taxable	\$50,000 Practice Income — Fully Taxable	\$50,000 Practice Income — One-Half Long-Term Capital Gain Not Taxable
—	—	—	—
Total \$52,000 Taxable	Total \$52,000 Taxable	Total \$52,000 Taxable	Total \$51,000 Taxable

term capital losses, he first deducts the short-term capital loss, then 50 percent of the long-term capital loss until he offsets the losses or attains the maximum of \$2,000.

To illustrate, suppose that physicians Randolph, French, and Kahn have a medical partnership and each has received \$48,000 in earnings from the partnership. All of them suffer capital losses in 1977. Dr. Randolph has a \$2,000 short-term capital loss; Dr. French has a \$4,000 long-term capital loss; Dr. Kahn has a \$1,000 short-term capital gain and a \$2,000 long-term capital loss. By how much can capital losses reduce each man's other income? Each can reduce his other income by \$2,000.

Dr. Randolph offsets the short-term loss against his other income; \$2,000 is the maximum amount by which his other income can be reduced in 1977. Dr. French has 50 percent of the long-term capital loss of \$4,000, or \$2,000, to offset against practice income. Dr. Kahn reduces his

income from other sources by the \$1,000 of short-term capital loss plus 50 percent of his \$2,000 of long-term capital loss, or \$1,000. This brings to \$2,000 the amount of other income the capital losses shield from taxation. Table II summarizes the position of each of the partners.

In this case all three doctors are able to deduct the maximum capital loss from other income. But what happens if Randolph has \$3,000 of short-term capital losses, French has \$6,000 of long-term capital losses, and Kahn has \$2,500 of short-term capital losses and \$3,000 of long-term capital losses?

A capital loss not used in the year in which it occurs, because it exceeds the maximum allowable deduction, can be carried forward to future years until it is completely used. In this case, Dr. Randolph is able to use the maximum \$2,000 of his short-term capital loss to offset other income in 1977. The \$1,000 which he does not use will be carried forward to reduce other income



**TABLE II**  
**Taxable Income After Subtracting Capital Losses**

	Dr. Randolph	Dr. French	Dr. Kahn
Practice Income	\$48,000	\$48,000	\$48,000
Short-Term Capital Loss	2,000		1,000
Tax Deductible Portion of Long-Term Capital Loss (50% x \$4,000) (50% x \$2,000)		2,000	1,000
<b>Taxable Income</b>	<u>\$46,000</u>	<u>\$46,000</u>	<u>\$46,000</u>

in 1978. Dr. French knocks down his other taxable income by \$2,000 this year by utilizing \$4,000 of his \$6,000 of long-term capital losses (remember, only 50 percent of long-term capital losses can be utilized in reducing other income). The remaining unused \$2,000 of long-term capital gains will be carried forward to 1978; at that time, it will eliminate \$1,000 (\$2,000 x 50 percent) of taxable income. Finally, Dr. Kahn uses \$2,000 of short-term capital losses to reduce his taxable income in 1977 (remember, short-term capital losses are utilized before

long-term capital losses). He will then carry forward to 1978 \$500 of short-term capital loss and \$3,000 of long-term capital loss. This reduces 1978 taxable income by \$2,000 (\$500 short-term capital loss plus 50 percent x \$3,000 long-term capital loss). Table III shows the taxable income positions of the partners in 1977 and 1978.

So far, we have demonstrated what occurs when both short-term and long-term capital losses occur in the same year and what happens when short-term and long-term capital gains are gar-

nered in the same year. Let us now discuss the results of a short-term capital *gain* and a long-term capital *loss*, or vice versa, occurring in the same year.

Before we go on, we must clarify a point. We have discussed "short-term capital gains" and "long-term capital gains" as though there were one transaction resulting in a gain or loss. Actually, the result is the same whether there has been one, three, twenty, or a thousand transactions. Technically, gains resulting from the sale of capital assets, held nine months or less, in excess of losses on the disposal of similar assets are called "net short-term capital gains." Losses on the sale of capital assets, held more than nine months, in excess of gains or similar property are called "net long-term capital losses."<sup>3</sup> We will use the terms interchangeably (e.g., long-term capital gains or *net* long-term capital gains).

### Tax break

When a doctor has short-term capital gains and long-term capital losses in the same year, he receives a true tax "break." The reason is that long-term capital losses are offset *dollar-for-dollar* against short-term capital gains, a tax break because usually only 50 percent of long-term capital losses can be used to reduce other income. When short-term capital gains exist, they can be offset by 100 percent of any long-term capital losses. The following example demonstrates this advantageous situation.

A physician has \$50,000 of taxable income if he has \$50,000 of practice income or \$40,000 of practice income plus \$10,000 of short-term capital gains. If he also has net long-term capital losses of \$8,000, his taxable income depends on whether he has any short-term capital gains. Table IV shows the taxable income and income tax paid by a married physi-

**TABLE III**  
**1977 Taxable Income After Subtracting Capital Losses**

	Dr. Randolph	Dr. French	Dr. Kahn
Practice Income	\$48,000	\$48,000	\$48,000
Maximum Short-Term Capital Loss	2,000		2,000
Maximum Long-Term Capital Loss Deductible (50% x \$4,000)		2,000	
<b>Taxable Income</b>	<u>\$46,000</u>	<u>\$46,000</u>	<u>\$46,000</u>

#### Capital Losses Carried Forward to 1978

	Dr. Randolph	Dr. French	Dr. Kahn
Short-Term Capital Loss	\$ 1,000		\$ 500
Long-Term Capital Loss		\$ 2,000	\$ 3,000

#### 1978 Taxable Income Reduced By:

	Dr. Randolph	Dr. French	Dr. Kahn
Short-Term Capital Loss Carried Forward from 1977	\$ 1,000		\$ 500
Long-Term Capital Loss Carried Forward from 1977 (50% x \$2,000) (50% x \$3,000)		\$ 1,000	\$ 1,500
<b>Total Income Reduction</b>	<u>\$ 1,000</u>	<u>\$ 1,000</u>	<u>\$ 2,000</u>

3. CCH Editorial Staff, op. cit., par. 703.

**TABLE IV**  
**Long-Term Capital Loss**

Practice Income	\$50,000
Deductible Portion of Long-Term Capital Loss (50% x \$8,000)	4,000
Taxable Income	\$46,000
Income Tax	\$15,060

cian with \$50,000 of practice income along with the long-term capital losses.

Table V illustrates the outcome if the doctor has \$40,000 of practice income and \$10,000 of short-term capital gains. Notice that the 100 percent offset of long-term capital losses against short-term capital gains causes almost a \$2,000 difference in the amount of income tax to be paid.

**TAX TIP**—If you incur a short-term capital gain this year, consider selling some securities, which you have held for more than nine months, which are currently trading for less than the price you paid. This allows you to reap the benefits of 100 percent deductibility of long-term capital losses.

### Tax break

As expected, Uncle Sam is not inclined to make beneficent gifts in tax laws. The tax "break" which occurs when a physician has short-term capital gains offset by long-term capital losses is countered by a tax "brake" when he finds himself with long-term capital gains and short-term capital losses.

Examine the case of two orthopedic surgeons, Dr. Rohner and Dr. Webster, who both have taxable practice incomes of \$80,000, long-term capital gains of \$5,000, and short-term capital losses of \$2,000. The only difference between the finances of the two orthopods is the timing of their capital gains and losses. Dr. Rohner's \$5,000 long-term capi-

tal gain occurred in 1976 and his \$2,000 short-term capital loss occurred in 1977. Dr. Webster's \$5,000 long-term capital gain and \$2,000 short-term capital loss both transpired in 1977.

When long-term capital gains are tallied in one year and short-term capital losses in another (Dr. Rohner's situation), half of the long-term capital gains are taxed and all of the short-term capital losses (to a maximum of \$2,000 in 1977 and \$3,000 thereafter) are deducted from other taxable income. However, when they occur in the same year (Dr. Webster's case), the short-term capital losses are subtracted from the long-term capital gains. The reason this is a tax "brake" is that short-term losses, which are generally deducted from income that is fully taxable, is being deducted from long-term capital gains, which is only 50 percent taxable. Table VI presents the difference between the two physicians' taxable income and income taxes.

Note that Dr. Webster's taxable income over the two year span is \$1,000 more than Dr. Rohner's and Webster's income tax is \$500

**TABLE V**  
**Short-Term Capital Gain/Long-Term Capital Loss**

Practice Income	\$40,000
Short-Term Capital Gain	\$10,000
Long-Term Capital Loss	8,000
Taxable Capital Gain	2,000
Taxable Income	\$42,000
Income Tax	\$13,100

more for the period. This is entirely caused by the tax "brake."

**TAX TIP**—If you end up with long-term capital gains and short-term capital losses in the same year, consider selling some capital assets for a long-term capital loss. Such a move will maximize tax savings by offsetting the long-term capital gains and permitting the short-term capital losses to reduce income which is 100 percent taxable.

The next article will examine some of the idiosyncrasies and nuances of capital gains taxation. □

**TABLE VI**  
**Short-Term Loss and Long-Term Gain in Same Year Versus Different Years**

<b>Dr. Rohner</b>			
	1976	1977	Total
Practice Income	\$80,000	\$80,000	\$160,000
Taxable Portion of Long-Term Capital Gain (50% x \$5,000)	2,500		2,500
Deductible Short-Term Capital Loss		(2,000)	(2,000)
Taxable Income	\$82,500	\$78,000	\$160,500
Income Tax <sup>4</sup>	\$33,310	\$31,060	\$ 64,370
<b>Dr. Webster</b>			
	1976	1977	Total
Practice Income	\$80,000	\$80,000	\$160,000
Long-Term Capital Gain		\$5,000	
Short-Term Capital Loss		(2,000)	
Long-Term Capital Gain in Excess of Short-Term Capital Loss		3,000	
Taxable Portion		x 50%	
Taxable Gain		1,500	1,500
Taxable Income	\$80,000	\$81,500	\$161,500
Income Tax <sup>4</sup>	\$32,060	\$32,810	\$ 64,870

4. Tax computed using the maximum tax on earned income and the alternative tax computation method where applicable.



## Can computers help your practice?

EDWARD H. ACHORN, M.A., C.P.A.

Harrisburg

The computer has become a topic of discussion wherever professionals congregate. The physician is a target market for service bureaus, time sharing firms, computer manufacturers, and other firms dealing in computers. This is natural since the advent of medicare and other extensive plans has caused the business side of medical practice to become inordinately complex.

Some of the more common applications of computers follow. **Receivables and income**—improve patient billing; streamline third party billing; provide financial control over receivables and income; provide analysis of services provided; provide analysis of source of referrals; provide analysis of who does the work in group practices; minimize bad debts and contractual adjustments; and improve office communications.

**Payables and disbursements**—insure taking of discounts; minimize over-charge by vendors; and simplify general ledger procedures.

### Data collection

The first step in installing a computer system is to establish a sound data collection system. Traditionally, professional people resist time recording or service recording. It may be that the ser-

vice ultimately will be written off; however, it should be accounted for. The physician (or his business manager) must decide. Such a decision should not be left to chance.

One good data collection system makes use of the appointment calendar to tie in services performed, cash collecting, billing, etc. (Figure 1).

The appointment calendar is simple and straightforward to use. It can enhance either a computer or manual system by providing a check list for the physician to insure that services are not missed. The calendar includes a dollar control of receivables which, together with statements, etc., enhances the financial integrity of the office.

A simple control sheet may be developed for use in either a peg-

board or computer system; the control sheet also tells the physician where he stands on a daily basis (Figure 2).

To make such a data collection system work, an office must: (1) establish an account number for each patient; (2) use service code (preferably Blue Shield); (3) reconcile the checking account with the cash balance; and (4) balance the customer statements with control figures. Do those details sound elementary? It is amazing how many people don't bother with them.

The format of the data collection system is not important. The primary feature is that the system, using an organized check list, is initiated as a part of the process of seeing the patient. Excellent adaptations of the concept have been used by specialties dealing in heavy Blue Shield or medicare claims.

The use of a programmable floppy disk at the patient's entry point has enhanced the preparation of Blue Shield claims. The system is used to prepare the claim, capturing the essential elements for other processes (receivables, service analysis, referral source, etc.). Once this is accomplished, the physician is ready for the rest of the system.

Do not underestimate the data collection process. The results of establishing sound control will be

*Mr. Achorn is president of Electronic Data Associates, Inc., a computer service and sales center. He is assistant professor of accounting and management, The Capitol Campus, The Pennsylvania State University, Middletown. He is a member of the Pennsylvania Institute of Certified Public Accountants and the American Institute of Certified Public Accountants.*

felt, even in a manual system. Frequently, the mere establishment of sound manual procedures will accomplish the desired effect.

Accounts receivable

The next process in a receivable system will be a daily register-proof list—a report which provides a detailed listing of what is going into the receivables file (Figure 3).

The important features of this report are: (1) a front end edit which identifies bad customer (patient) numbers; (2) a proof list which can be used as an audit trail when problems occur; and (3) a control which is established to balance to the daily control sheet to insure accuracy of charges and credits.

The net deposit should represent the deposit to the bank—on a

daily basis. The deposit should be made intact, and minor disbursements made through an imprest petty cash fund.

A satisfactory computer billing system flags items with error procedure codes or patient numbers. At the outset, the physician may be troubled with errors which could be symptoms of bad office communications, a bad program, sticky fingers, or just misunderstanding. Resolving errors takes some time in the beginning; once under control, a smoothly flowing system will result.

The system can also provide an aged trial balance (Figure 4) listing outstanding invoices according to the number of days overdue.

As is readily apparent in Figure 4, the trouble items are in the 60 days or over columns. Let us consider the following points:

1. The older the item, the less likely it is to be collected. Further, unless the office sends him a statement or contacts him personally, the patient will probably not pay.

2. It may be the office's policy to write off certain types of accounts, perhaps because of kindness or professional courtesy. The more written off because of poor collection procedures, the less can be done because of empathy.

3. Most malpractice suits include items overdue. In some cases, this could be a signal of vulnerability to such a situation.

4. If all the controls are operable and a patient claims he has paid an item listed as overdue, a misapplication of cash might have occurred—accidentally (wrong patient) or intentionally (bad news).

Doctor X  
July 24

Patient	Desc	Cash	Charges		
			Patient	Blue Shield	Other 3rd Party
8:00					
8:15					
8:30					
8:45					
9:00					
9:15					
9:30					
9:45					
10:00					
10:15					
10:30					
10:45					
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6:45					
7:00					
7:15					
7:30					
7:45					
8:00					
8:15					
8:30					
8:45					
9:00					
TOTALS:					

Figure 1. Appointment calendar to tie in services performed, cash collecting, and billing.

Daily Control Sheet

Date: 7/15/77

Opening Check Book Balance		1,250.00
Add: Cash Receipts, Cash Pay Patients	325.00 (A)	
Cash Receipts, Patients A/Rec	250.00 (B)	
Cash Receipts, Blue Shield	275.00 (C)	
Cash Receipts, Other 3rd Party	125.00 (D)	
Cash Receipts, Miscellaneous	15.00 (E)	
Total Deposit		990.00
Total Cash Available		2,240.00
Less: Disbursements (Checks #621 to #625)		475.00
Ending Check Book Balance		1,765.00
Opening Accounts Receivable Balance		31,233.00
Add: Charge Services, Patient	450.00 (F)	
Blue Shield	300.00 (G)	
Other 3rd Party	110.00 (H)	860.00
Sub-Total		32,093.00
Less: Payments (B + C + D)	650.00	
Write-Offs	110.00	760.00
Closing Accounts Receivable Balance		31,333.00
Income: Cash Pay Patients	325.00 (A)	
Charge Patients - Patient	450.00 (F)	
Blue Shield	300.00 (G)	
Other 3rd Party	110.00 (H)	
Miscellaneous	15.00 (E)	
Less Write Offs	( 110.00)	
Daily Income		1,090.00

Figure 2. Control sheet to record daily financial status.



A word of caution on the last point: White collar fraud is one of the most difficult problems in business. People tend to place confidence in the next person. Banks, which are most vulnerable, establish effective controls and let the employees know those controls are being used—an ounce of prevention. In other words, place your confidence, but establish controls, and use them. The physician should: enforce vacations; reconcile the bank statement occasionally; prove controls (or have the auditor do it); prove the total statements to the controls and see that *all* are mailed; and field some of the patient complaints about bills having been paid, and follow through.

Obviously, the physician cannot do these things regularly, but the realization that they will be done occasionally is actually a kindness to the one in whom he is placing his confidence.

A computer system can provide an analysis of services performed during a given period of time (Figure 5). Such an analysis includes a breakdown of separate services, the number of times each service was provided, income from each service, percent of total income from each service, and frequency of each service compared to the sum of all services.

By examining the analysis of services a physician is better able to locate problems in his practice. He might find evidence of lost or misbilled items (if he thinks he performed more of a particular service than the analysis shows) which can cause a loss of gross income. He may find that he frequently performs an outdated service, that he could improve the effectiveness and organization of his time, or that he should change the fees he charges.

### Source of income

A source of income analysis is another feature which a computer system can provide. Some specialties have no need for such

PAGE 1		ACCOUNTS RECEIVABLE		DATE: 11/27/76		
CUSTOMER #	INVOICE	DATE	JOB #	SOURCE	AMOUNT	BALANCING
2	76600	008164	10/15/76	7485	40	250.00
3	76600	008164	10/15/76	7485	40	250.00
						.00
2	77750	008168	10/19/76	7484	40	161.40
3	77750	008168	10/19/76	7484	40	161.40
						.00
2	77760	008180	10/20/76	7485	40	614.50
3	77760	008180	10/20/76	7485	40	614.50
						.00
2	36300	008205	10/26/76	7486	40	249.50
3	36300	008205	10/26/76	7486	40	249.50
						.00
INVALID CUSTOMER # ABOVE INVOICE						
2	36301	008211	10/27/76	5763	40	416.00
2	36301	008211	10/27/76	5763	40	24.96
3	36301	008211	10/27/76	5763	40	439.96
						1.00***
2	52900	008216	10/27/76	5764	40	6700.00
2	52900	008216	10/27/76	5764	40	402.00
2	52900	008216	10/27/76	5764	40	100.00
3	52900	008216	10/27/76	5764	40	7202.00
						.00
2	36300	008224	10/28/76	5771	40	1751.00
3	36300	008224	10/28/76	5771	40	1751.00
						.00
2	53100	008225	10/29/76	5775	40	295.00
3	53100	008225	10/29/76	5775	40	295.00
						.00
BALANCING SUMMARY						
1 INVOICE OUT OF BALANCE						
1 INVALID CUSTOMER NUMBER						
ACCOUNTS RECEIVABLE TOTAL				10,963.36		
DISTRIBUTION TOTAL				10,964.36		

Figure 3. Report provides daily listings of information going into receivables file.

NOVEMBER 30, 1976		ACCOUNTS RECEIVABLE TRIAL BALANCE					
CUSTOMER NUMBER	CUSTOMER NAME	T INVOICE R NUMBER	INVOICE AMOUNT	DATE	0 TO 30	31 TO 60	OVER 60
00030	EDWARD DOE	1 030903	150.00	10/4/76		150.00	
00050	SAMUEL DOE	1 030904	175.00	11/1/76	175.00		
00700	JOHN DOE	1 029995	250.00	9/30/76			250.00
00900	JOHN SMITH	1 031000	425.00	11/15/76	425.00		
010000	SAM SMITH	1 029990	400.00	9/30/76			
010000	SAM SMITH	6 029990	350.00	11/15/76			50.00
011000	SUSIE SMITH	1 030905	500.00	11/15/76	500.00		
022005	JOHN SZAMAN	1 030906	100.00	11/16/76	100.00		
022100	JOHN XRAY	1 030907	200.00	11/1/76	200.00		
022000	SAM XYZ	1 031000	150.00	10/29/76		150.00	
ACCOUNTS RECEIVABLE RECAP:							
ACTIVE ACCOUNTS		9					
0 TO 30 DAYS		1,400.00					
30 TO 60 DAYS		300.00					
OVER 60 DAYS		300.00					
TOTAL DUE		2,000.00					

Figure 4. Aged trial balance listing outstanding accounts according to number of days overdue.

an analysis while others find it useful (Figure 6).

Some might argue that a physician should not be selling his services. However, no patients equals no revenue equals no practice. Further, detecting trends is a good way to detect satisfaction or the lack of it. If referrals are dropping from a particular source, is it not enlightening to go to the source for the reason. The cause may be another specialist situated more closely to the patients. A drop in referrals might be a signal for relocation. If the cause is patient dissatisfaction, perhaps the doctor should make a critical self-evaluation. If the cause is misunderstanding, he might be able to clear the air.

Receivable system

A question which naturally arises in setting up a receivable system such as described is: Should I use an open item or a balance forward system? The nature of a computer system eliminates the ledger card as a source of information. Information formerly contained by the ledger will be available, but not as readily, so it is important to decide which receivable system to use.

The balance forward system normally applies cash to the oldest balance. It is the least cum-

		REFERRAL SOURCE		MONTH OF SEPT 76	
		XYZ MEDICAL GROUP			
REF #	DESCRIPTION			RSV	AMOUNT
019	ABC GROUP				
	SHARON WHITE	201	23 4567	1284	16.00
	SUE SAMUELS	123	56 4789	1284	16.00
	JAN BROWN	645	12 3789	1284	16.00
	SAM WHITE	456	12 3789	8741	10.00
	JOE SMITH	987	65 4321	8741	10.00
	TOTAL			5	68.00
023	DEF GROUP				
	ED STOLTZFUSS	421	64 4261	1284	16.00
	JOHN MUNNEMACHER	641	21 6001	1284	16.00
	JAMES JOHNSON	201	16 4091	1284	16.00
	TOTAL			3	48.00
GRAND TOTAL				8	116.00

Figure 6. Source of income analysis may reveal trends such as an increase or drop in referrals.

bersome, for it is only necessary to identify cash as to patient number. The chief disadvantage is that if the patient is paying a later item and not paying an earlier item, this fact will be lost in the balances. Further, Pennsylvania Law forbids charging service charges on service charges; an office using service charges needs a more complicated program.

Most physician billing systems use the balance forward technique. However, this author prefers the open item system. The chief disadvantage of such a system is that payments must be identified by invoice as well as patient. This represents some added effort in applying cash when received. On the other hand, the statements and records reflect more clearly the patient's intent with his payments. In other words, it tends to uncover the sour situations more quickly.

A basic decision the physician must make is how to obtain the service of a computer. Batch service bureau? On line with a terminal to a service bureau? Batch in-house equipment? On line in house? The least expensive method probably would be the service bureau. The difference in cost between that option and "on line in house" would probably be substantial.

On the other hand, response time (access to information) would probably be the least with "on line in house." In other words, there are advantages and disadvantages in each method, which forthcoming articles in this series will discuss.

		PRACTICE ANALYSIS		MONTH OF SEPT 76	
		XYZ MEDICAL GROUP			
RVS CODE	DESCRIPTION	NO.	AMOUNT	% FREQ	% REVENUE
0195	LESION 1/4 TO 1/2 INCH	9	45.00	5.62	2.93
1284	DISLOC SHOULDER CLOSED REDN	15	240.00	9.38	15.63
2442	VENO PUNC/SCALP VEIN/FLD THERAPY	12	180.00	7.50	11.71
8001	SMA 12	7	49.00	4.37	3.19
8646	CEPHALIN FLOCCULATION	8	56.00	5.00	3.64
8716	RH TITER	10	100.00	6.25	6.51
8741	COOMBS DIRECT	6	60.00	3.75	3.91
8897	SALICYLATES BLOOD	12	60.00	7.50	3.91
8911	PAP SMEAR	13	130.00	8.13	8.46
8959	URINE GLUCOSE FERMENTATION	12	120.00	7.50	7.82
9000	INITIAL OFFICE VISIT	14	210.00	8.75	13.67
9003	OFC VISIT FOLLOW/BRIEF	20	110.00	12.50	7.16
9004	OFFICE VISIT	22	176.00	13.75	11.46
TOTALS		160	1536.00		

Figure 5. Analysis of services may help locate problem areas in the practice.



# Anencephaly—survey of 60 cases

D. K. GUHA-RAY, M.D.

Gallup, New Mexico

Female predominance in anencephaly has been well documented and favors hypotheses of genetic etiology. Timson<sup>1</sup> has studied 3719 cases of anencephaly discussed in scientific publications from different parts of the world and found an overall distribution of 1102 males to 2617 females, a ratio of 1:2.4.

This paper presents the results of a study of anencephalic infants delivered at the Magee-Womens Hospital, Pittsburgh, from 1959 to 1973, and compares those results with previously published reports.

Of approximately 90,000 deliveries at Magee-Womens Hospital, 58 mothers delivered 60 anencephalic infants, an incidence of 0.67 per 1000 deliveries. There were 25 male and 35 female anencephalics, a ratio of 1:1.4. A control group of 15,412 consecutive births at Magee yielded 7845 males and 7567 females, a ratio of 1.04:1. Among the Caucasian infants were 23 male and 31 female anencephalics, a ratio of 1:1.34; among non-Caucasian infants were two male and four female anencephalics, a ratio of 1:2 and an incidence of 0.741 and 0.285 per 1000 deliveries, respectively.

The 58 mothers surveyed at Magee had had a total of 202 known pregnancies resulting in 108 normal infants, 30 abortions (in 12 mothers), 60 anencephalics, two infants with spina

bifida with meningocele, one hydrocephalic, and one infant with hare lip.

## Variables

Incidence of anencephaly varies throughout the world. Ireland, parts

of the United Kingdom, and areas of the United States which have large Irish populations, all have a high incidence of anencephaly. Female preponderance appears greater in the regions of high incidence (Table I).

The report of a survey of 38 cases of anencephaly among the non-white (predominantly Negro) population in upstate New York documents a slight male excess (1.18 males to 1.0 females) and a female excess (1 male to 2.2 females) among the white population (Table 1). A study in Alabama reports similar male-female distribution of anencephalics in both the white and non-white populations. Low incidence and almost equal numbers of male and female anencephalics have been noted among the polygenic population in Singapore.<sup>2</sup> Reasons for the varying results are unknown.

Renwick in 1972 attempted to correlate the varying incidence of anencephaly with the amount of blighted potatoes consumed by the populations in different areas and seasons.<sup>3</sup> Later epidemiological and animal experimental studies have failed to support his hypothesis.<sup>4,5,6</sup>

Statistics from Magee reveal no significant seasonal fluctuation in the total number of anencephalic births (Table II). Data from Rhode Island<sup>7</sup> and Liverpool<sup>8</sup> agree with Magee's statistics but a significant increase in the birth rate during winter months



*Dr. Guha-Ray prepared this paper while a resident and teaching fellow in obstetrics and gynecology at Magee-Womens Hospital, Pittsburgh. He currently serves as an obstetrician/gynecologist at the Gallup Indian Medical Center, Gallup, New Mexico.*

has been observed in Birmingham, United Kingdom,<sup>9</sup> and Scotland.<sup>10</sup>

During our survey, female preponderance, noted in most stages of gestation, was more marked between 34

and 37 weeks, while less marked in the over 39 weeks group (Table III). These findings have been supported by other studies;<sup>11</sup> other researchers have noted no significant variation in

the male-female anencephalic distribution with different lengths of gestation.<sup>8</sup>

Data from Magee show female preponderance with a birth weight of

**TABLE I**  
**Sex Ratio of Anencephalics in Relation to Incidence at Different Places**

Author	Year	Place	Incidence Per 1000 Births	No. Anencephalics		Male: Female
				Male	Female	
Coffey & Jessop	1957	Dublin	5.9	26	110	1:4.2
Stevenson & Warnock	1959	Belfast	4.6	12	27	1:2.3
Carter, et al.	1967	S. Wales	3.54	89	270	1:3.2
Smithells, et al.	1964	Liverpool	3.2	52	125	1:2.4
Williamson	1965	Southampton	1.95	7	20	1:2.85
MacMahon	1953	Rhode Island	1.93	98	223	1:2.3
Naggan & MacMahon	1967	Boston	0.98	88	211	1:2.4
Gittelson & Milham	1962	New York	0.85	683	1478	1:2.2
Soloway & Shepard	1971	C. Virginia	1.0	11	14	1:1.56
Cassady	1969	Alabama	0.83*	131	232	1:1.77
			(0.18)	(12)	(17)	(1:1.4)
Frezal, et al.	1964	France	0.55	147	219	1:1.5
Erez & King	1966	New York	0.5	16	28	1:1.8
Guha-Ray	1975	Pittsburgh	0.67*	25	35	1:1.4
			(0.29)	(2)	(4)	(1:2)
Searle	1959	Singapore	0.77	31	33	1:1.06

\*Incidence among Caucasians is 1.2 in Alabama and 0.74 in Pittsburgh. Statistics of Negro population are shown in brackets.

**TABLE II**  
**Male-Female Conception of Anencephaly in Relation to Months and Seasons**

Months	Seasons	No. Anencephalics		Total Male-Female Anencephalics in Each Season		Total in Each Season (%)	Control* (%)
		Male	Female	Male	Female		
December	Winter	6	3	10	9	19 (31.7)	4512 (23.9)
January		2	4				
February		2	2				
March	Spring	1	3	5	9	14 (23.3)	4550 (24.0)
April		1	1				
May		3	5				
June	Summer	2	2	5	7	12 (20.0)	5025 (26.5)
July		1	2				
August		2	3				
September	Fall	1	4	5	10	15 (25.0)	4866 (25.6)
October		0	6				
November		4	0				

\*Control group consists of total number of normal births in the years 1960, 1965 and 1970 at Magee-Womens Hospital.



2000 g or less, a ratio of 1:1.79, and equal distribution among those weighing more than 2000 g. Other studies have yielded similar results.<sup>8,11,12</sup>

Hydramnios was absent in 18 (72 percent) of the males and in thirteen (27.2 percent) of the females born at Magee ( $p<0.025$ ) (Table IV). That finding agrees with the study by Millic.<sup>13</sup> Our statistics show that peak incidence of hydramnios in male fetuses was between 30 and 34 weeks (four out of eight cases), and between 35 and 39 weeks (12 out of 13 cases) in females. While there was no incidence of hydramnios between 40 and 45 weeks in males (out of nine), it was present in four out of 12 female anencephalics. Hydramnios occurred in two females (out of three) and one male (out of two) anencephalics with diabetic mothers.

Five male and five female anencephalics were born macerated or died sometime before birth, while 20 (80 percent) males and 30 (85.7 percent) females were born alive or died shortly before birth. All ten macerated infants weighed 2500 grams or less and their gestational ages were 39 weeks or less (Tables V and VI). Inability of the female anencephalic fetus to withstand stress has been noted in one study, which had only a 20 percent female survival rate as compared to a 40 percent survival

rate in the males.<sup>13</sup> Our study reveals no significant difference of incidence of anencephaly in relation to either maternal age or year of birth. Results of other studies show that there may be some relation between the maternal year of birth and the subsequent anencephalic birth.<sup>15</sup> Anencephalic infants whose mothers were outside the age group

TABLE IV  
Incidence and Distribution of Hydramnios in Relation to Gestation

Sex of Anencephalics	Hydramnios	Total	Distribution in Relation to Gestation in Weeks			
			19 - 29	30 - 34	35 - 39	40 - 45
Male	7(28%)	25	1	4	2	0
Female	22 (63%)	35	2	4	12	4
Total	29 (48.3%)	60	3	8	14	4

TABLE V  
Sex, Time of Death, and Birth Weights of Anencephalics

Weight In Grams	Time of Death				Macerated or Presumed Dead for Sometime Before Birth	
	After Birth		Intrapartum		Male	Female
	Male	Female	Male	Female		
Under 1500	1	3	5	5	2	5
1501-2000	1	5	2	5	2	-
2001-2500	2	6	-	1	1	-
2501-3000	3	3	-	2	-	-
3001-3500	3	-	2	-	-	-
3501-over	1	-	-	-	-	-
Total	11	17	9	13	5	5

Eight pregnancies, one with male and seven with female infants were terminated by intrauterine hypertonic saline injection method in the intrapartum group.

TABLE III

Sex Distribution of Anencephalics by Duration of Gestation

Gestation in Weeks	Male	Female
19 - 24	1	1
25 - 29	1	3
30 - 34	8	6
35 - 39	6	13
40 - 45	9	12
19 - 33	9	9
34 - 37	2	12
38 - 45	14	14
19 - 38	14	21
39 - 45	11	14

TABLE VI  
Sex, Time of Death, and Duration of Gestation of Anencephalics

Gestation in Weeks	Time of Death				Macerated or Presumed Dead for Sometime Before Birth	
	After Birth		Intrapartum		Male	Female
	Male	Female	Male	Female		
19-24	0	0	1	1	0	0
25-29	0	1	1	2	0	0
30-34	2	0	5	3	2	3
35-39	2	9	0	2	3	2
40-45	7	7	2	5	0	0
Total	11	17	9	13	5	5

of 26-35 years were predominantly female. Mothers in the 26-35 year old group had an equal number of male and female anencephalics—15 of each sex. Mothers who were born between the years 1930 and 1949 delivered about the same number of male and female anencephalic infants—24 males and 25 females.

The Magee survey included the incidence and sex distribution of anencephaly in relation to parity. Our data show an increased incidence of anencephaly in the second pregnancy—9 males and 12 females, 35 percent of all anencephalics included in the study. From the fifth pregnancy onward, the incidence increased significantly. Female excess appeared in all parities. Our findings vary from other studies<sup>8,10</sup> which report a significant excess of primiparae among the mothers of anencephalics. Another study<sup>11</sup> shows no difference in the incidence of anencephaly in relation to parity.

Our study reveals no significant difference between anencephalics and the control group in relation to either rhesus or ABO blood groups. Our findings, showing an increased proportion of affected mothers in blood group O, agree with one previous study<sup>8</sup> and differ from another.<sup>11</sup> Female anencephalics predominate in all blood groups except A, in which males are in excess.

Among the cases surveyed at

Magee was a twin pregnancy in which one twin was a female anencephalic and the other a normal female. By studying scientific publications, the author has noted 164 similar cases (author's unpublished data) of which 74 were male and 90 were female—a ratio of 1:1.1. The ratio differs significantly from the male-female ratio of anencephalic infants from single pregnancies.

Autopsy, performed in 32 cases, showed that anencephaly had been the only anomaly in five males (38.5 percent) and 16 females (84 percent). Eight males (61.5 percent) and three females (16 percent) had other associated anomalies. Potter<sup>14</sup> notes that in her study females comprised 90 percent of anencephalics with anomalies limited to the neural tube and bony encasement; female preponderance was not so high when the anomalies were present elsewhere in the body.

Table VII shows that in 46 affected mothers without a history of abortion, the male-female ratio of the affected infants (22 males and 26 females) and of the other siblings (49 males and 40 females) are similar to that of the control group (7845 males and 7567 females). Among the 12 affected mothers with a total of 30 abortions there was a female excess both in the affected infants (three males and nine females) and non-affected siblings (eight males and 15 females).

Our findings suggest that more affected and/or non-affected male embryos or fetuses are aborted unrecognized in early pregnancy. This may be a factor of apparent unbalanced distribution of male-female anencephalics in later gestation. The subject requires further study. □

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TABLE VII					
Abortion Distribution and Sex Distribution of Infants Born of Mothers Prior to or Following Anencephalic Birth					
Mothers of Anencephalic Infants	No. Anencephalics	Total No. Births Excluding Anencephalics			
		Normal		Abnormal*	
		Male	Female	Male	Female
A. History of abortion	12	7	15	1	-
B. No history of abortion	48	46	40	3	-
Total	60	53	55	4	-

\*In Group A there was a male infant with hare lip. In Group B there were 2 infants with spina bifida and meningomyelocele, one infant with hydrocephaly.



# Metastases to the patella with bone scan, tomography, magnification film correlation

FRANKLIN J. ROTHERMEL, M.D.

FRANKLIN J. MILLER, M.D.

DANIEL W. HOTTENSTEIN, M.D.

EDWARD J. DUNN, M.D.

Hershey

**M**etastases to the patella are rare, presumably because of its relatively poor blood supply.

Routine radiographic findings in patients with metastatic lesions in the patella have been described by previous authors.<sup>1,3,8,11</sup> Other authors have described correlation with arthrography and angiography.<sup>10</sup> Review of the literature over the past fifteen years fails to reveal any previous description of bone scan correlation and the use of magnification filming in a case of metastatic disease to the patella. The following report describes such a case.

## Case report

A 65 year old white female had a left radical mastectomy in 1971 for an upper quadrant intraductal carcinoma of the breast. The patient remained well without any additional therapy until July 1974 when she developed local recurrence of a tumor in the axilla near the suture line; it was treated by excisional biopsy and external cobalt irradiation.

In early December 1974, the patient developed pain in the area of the dis-

tal femur and knee on the right side. Radiographs were obtained and revealed no evidence of intrinsic osseous pathology.

A few weeks later the patient began to complain of pain in the right hip. She was sent for radiographs and while getting out of the wheelchair, her leg collapsed and the subsequent radiographs revealed that she had sustained a pathologic, subtrochanteric fracture of the right femur. This was treated by open reduction, internal fixation, and external cobalt therapy. No evidence of other metastatic disease was detected at that time.

In January 1975, the patient was admitted to the Milton S. Hershey Medical Center for the first time for further evaluation and consideration for radiotherapy and chemotherapy. On admission, she continued to complain of right knee pain and on physical examination she was noted to have localized pain over the patella, limitation of flexion, and in-



*Figure 2. Tri-spiral tomogram confirms the presence of a destructive, pathologic process in the inferior aspect of the patella.*

creased pain on flexion. There was no effusion, erythema, or palpable deformity. An SMA-12 was normal. Additional studies included a normal liver, spleen, and brain scans.

Radiography of the right knee demonstrated a mottled pattern with patchy, lytic areas and sclerosis (Figure 1). In view of the patient's history and physical examination a metastatic lesion to the patella was suspected. The findings were confirmed by tri-spiral tomography (Figure 2), and magnification radiographs (Figure 3). A Technetium-99m polyphosphate bone scan also showed increased activity in the right patella, and also in the proximal right femur, cervical and lumbar spine (Figure 4).

The patient was given additional radiotherapy to the newly demonstrated metastases in the right distal femur and patella. She was also placed on 15 mg of diethylstilbesterol daily and discharged to be followed as an outpatient.

## Discussion

Metastatic lesions to small peripheral bones are rare and most



*Figure 1. Routine radiographs demonstrate a mottled, pathologic, destructive process involving the inferior aspect of the patella.*

*Dr. Rothermel is assistant professor of radiology at The Milton S. Hershey Medical Center, The Pennsylvania State University, Hershey. Drs. Miller, Hottenstein, and Dunn were associated with Hershey during preparation of this paper. Currently, Dr. Miller is associated with the University of Utah Medical Center in Salt Lake City, Utah; Dr. Hottenstein is in the radiology department at Harrisburg Hospital; and Dr. Dunn is associated with the Sallon Clinic, Inc., in Worcester, Massachusetts.*

frequently seen in patients with primary pulmonary carcinoma.<sup>6</sup> They are more frequent in the hand than in the foot.<sup>8</sup> Rarely do they occur below the knee and they are even more infrequent in the patella.<sup>10</sup>

Patellar metastases have been reported from breast,<sup>7</sup> lung,<sup>3,1</sup> prostate,<sup>2</sup> lymphosarcoma,<sup>9</sup> esophagus,<sup>10</sup>

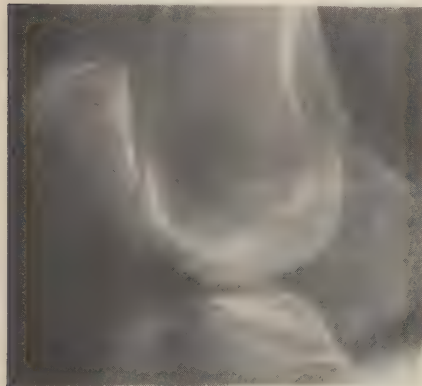


Figure 3. Magnification radiographs accentuate the destructive changes in the inferior aspect of the patella.



Figure 4. 99m Tc polyphosphate bone scan demonstrates increased activity in the right patella and also the proximal right femur, cervical and lumbar spine.

uterine cervix,<sup>10</sup> and malignant melanoma.<sup>10</sup>

Primary neoplasms of the patella are also extremely rare, osteosarcoma,<sup>2,4</sup> hemangioma,<sup>10</sup> aneurysmal bone cyst,<sup>10</sup> and giant cell tumors<sup>5</sup> having been reported.

Routine radiographs reveal the metastases as lytic or blastic deposits.<sup>1,3,8,11</sup> Arthrograms may demonstrate irregularity of the synovial surface and nodularity.<sup>10</sup> Arteriography may reveal increased vascularity of the synovium adjacent to the metastatic focus.<sup>10</sup>

In our case, magnification radiographs accentuated and confirmed the presence of destruction in the patella. The value of magnification radiographs in orthopedics has been evaluated by Gordon.<sup>5</sup>

Bone scanning with 99m Tc polyphosphate can also be helpful in evaluating the patella for metastatic

disease as demonstrated in this case. □

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**Emergency Physicians**—A multi-hospital group of emergency physicians seeks members for full time positions at major hospital emergency departments in Philadelphia and other areas of Pennsylvania. In addition to full time emergency physicians, a physician director is sought for each emergency department. The group encourages professional and administrative autonomy in its member physicians. Financial arrangements are fee-for-service with minimum guarantee. Emergency-oriented educational programs for physicians are maintained by the group at no charge to its members. Compensation ranges from \$40,000 to \$60,000 per year for 48 hours per week. Write: Department 650, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, Pa. 17043.

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**Emergency Room Physician** for small central Pennsylvania hospital. Immediate opening. Pennsylvania license required. Malpractice insurance provided. Contact Earl H. Pelter, Administrator, Tyrone Hospital, Tyrone, PA 16686; (814) 684-1225.

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**Ophthalmologist**—North Boroughs, suburban Pittsburgh. Attractive area. Modern hospital. Financial assistance available. Contact John B. Mallon, Executive Director, Suburban General Hospital, Pittsburgh, PA 15202; (412) 734-1800.

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**WORD COUNT**—Count as one word all single words, two initials of a name, each abbreviation, isolated numbers, groups of numbers, hyphenated words. Count name and address as five words, telephone numbers as one, and "Write Department . . . PENNSYLVANIA MEDICINE" as five.



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**Family Practice** location available. Write M. S. Dudich, M.D., 7860 Spring Ave., Elkins Park, PA 19117; or telephone (215) 635-3778.

**FP/GP Family Health Center**—Rural, mountain area in north central Pennsylvania. Dispensing quality primary care. Teaching opportunity in family practice residency. J. W. Montague, M.D., Medical Director, North Penn Family Health Center, Blossburg, PA 16912.

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**Pennsylvania and New Jersey**—Emergency medicine positions available with fee-for-service group in suburban Philadelphia, northern and southern New Jersey and Pittsburgh area hospitals. Excellent income opportunity. Physician directors also desired. Please send resume to Northeast Emergency Medical Associates, 500 Spruce St., Philadelphia, PA 19106; Phone (215) 925-3511.

**Physician Unit Director, Rehabilitation Medicine**—Opportunity in interesting academic program at leading medical school hospital, part of multi-institution complex in major eastern urban center. Program includes inpatient and outpatient rehabilitation and consultations; electrodiagnosis and electromyography; teaching of medical students and residents; opportunity for research at major research center. Appropriate academic rank to board certified or board eligible physiatrist. Contact: D. D. Glass, M.D., 12th St. and Tabor Rd., Philadelphia, PA 19141. An Equal Opportunity Employer.

**Psychiatric Physician I**—Part time or full time at a state psychiatric hospital situated eight (8) miles from Pittsburgh, Pennsylvania, along the Ohio River. Requires Pennsylvania license and Board Eligibility. Position constitutes State Civil Service equal opportunity employment with competitive salary arrangements and excellent fringe benefits. Contact Robert E. Weimer, M.D., Superintendent, Dixmont State Hospital, Sewickley, PA 15143; telephone (412) 761-1780.

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• Indicates membership in the Pennsylvania Society at time of death.

• **Issac Andrussier**, Jenkintown; Zurich Universitat, Zurich, Switzerland, 1917; age 80; died April 10, 1977. He had practiced obstetrics and gynecology until his retirement in 1972.

• **Rachel Ash**, Philadelphia; Woman's Medical College, 1926; age 83, died April 20, 1977. A cardiologist at Children's Hospital for 50 years, she was a pioneer in the treatment and detection of heart disorders in children. She was associate professor of cardiology at the University of Pennsylvania School of Medicine.

• **Joseph M. Beierle**, Pittsburgh; Marquette University School of Medicine, Milwaukee, Wisconsin, 1944; age 58; died April 17, 1977. He was director of the family health center at St. John's General Hospital and was in the private practice of medicine for 32 years.

• **Verner B. Callomon**, Pittsburgh; University of Pennsylvania School of Medicine, 1915; age 84; died April 15, 1977. He was a retired chief of respiratory diseases at Allegheny General and Montefiore Hospitals and chief of medicine at Allegheny General.

• **Alfred E. Chadwick**, New Brighton; University of Pittsburgh School of Medicine, 1929; age 73; died April 27, 1977. He had been a physician and surgeon in the New Brighton Area since 1930. A past president of the Beaver County Medical Society, he received the county society's Practitioner of the Year Award in 1964 and the State Society's Voice of Medicine in Pennsylvania Award in 1968.

• **Philip A. Coletta**, Pittsburgh; University of Pittsburgh School of Medicine, 1945; age 55; died April 20, 1977. He was medical director of the Biodecision Laboratory and on the staff of Shadyside and Columbia Hospitals.

• **Joseph F. Comerford**, Scranton; Jefferson Medical College, 1917; age 81; died September 11, 1976. He had served as chief of the surgical services at Scranton State, Mercy, and St. Mary's Hospitals.

• **Alfred H. Diebel**, Ft. Lauderdale, formerly of Bala Cynwyd; Jefferson Medical College, 1925; age 78; died February 7, 1976.

• **Herbert E. Eisenhard**, Allentown; Eclectic Medical College, Cincinnati, Ohio, 1927; age 76; died April 1, 1977. He had received the State Society award for fifty years in medical practice.

• **Wilfred E. Fry**, Ardmore; University of Pennsylvania School of Medicine, 1924; age 77; died April 22, 1977. He was in the private practice of ophthalmology, and attending surgeon and director of the corneal clinic of Wills Eye Hospital.

• **Angelo M. Gigliotti**, Ellwood City; Hahnemann Medical College and Hospital, 1928; age 76, died March 28, 1977. He had practiced family medicine, surgery, and obstetrics in Ellwood City since 1929.

• **George L. Gomez**, West Chester; Hahnemann Medical College and Hospital, 1936; age 66; died March 21, 1977. He had practiced medicine in West Chester since 1938 and was on the staffs of Memorial and Chester County Hospitals.

• **Wallace Hobbie**, Carlisle; Northwestern University School of Medicine, 1944; age 62; died May 5, 1977. He was a surgeon in Carlisle for 24 years.

• **Joseph M. Kazmierski**, Pittsburgh; University of Pittsburgh School of Medicine, 1942; age 59; died March 30, 1977. He had practiced medicine since 1946.

• **John H. Kooser**, North Huntingdon; University of Cincinnati College of Medicine, 1929; age 73; died April 6, 1977.

• **Philip L. Kreider**, Quakertown; Temple University School of Medicine, 1957; age 44; died April 17, 1977. He had been associated with Lehigh University's health service from 1970 to 1976 when he began private practice in Quakertown.

• **Edward W. Pangburn**, Lewisburg; University of Pennsylvania School of Medicine, 1920; age 84; died April 25, 1977. He had practiced medicine and rheumatology in Philadelphia, Pittsburgh, and Lewisburg.

• **George H. Pfohl**, Pittsburgh; University of Pittsburgh School of Medicine, 1928; age 71; died March 28, 1977. He had practiced surgery and taught surgery at the University of Pittsburgh School of Medicine.

• **Daniel B. Pierson, Jr.**, Ardmore; University of Virginia School of Medicine, 1930; age 75; died January 8, 1976. He was former assistant professor of clinical medicine at Jefferson Medical College and had been associated with Lankenau Hospital.

• **Fount B. Robinson**, Oxford; Vanderbilt University School of Medicine, 1926; age 77; died April 27, 1977. He had practiced family medicine for 50 years and received the State Society 50 year award. He was a past president of the Chester County Medical Society.

• **Maurice Rosensweig**, Pittsburgh; Jefferson Medical College, 1923; age 78; died March 29, 1977. He was a former staff physician at the Veterans Administration Hospital in Aspinwall.

• **Dominic J. Salines**, Allentown; Hahnemann Medical College and Hospital, 1944; age 57; died April 6, 1977. He had practiced medicine in Allentown since 1947.

• **Howard D. Sivitz**, Palm Springs, Florida; Temple University School of Medicine, 1926; age 75; died May 7, 1977. A charter member of the American College of Obstetrics and Gynecology, he had practiced OB/GYN in Philadelphia for 52 years before retiring in 1972.

• **Frederick C. Sloan**, Pittsburgh; Hahnemann Medical College and Hospital, 1927; age 76; died April 2, 1977. He had practiced medicine in Barnesboro from 1930 to 1964 when he retired and moved to Pittsburgh.

• **Charles R. Snyder**, Marysville; Jefferson Medical College, 1914; age 86; died April 4, 1977. He had been a family practitioner in Marysville for 60 years.

• **Vera Sorokanich**, Scranton; Temple University School of Medicine, 1948; age 54; died April 10, 1977. She had been chief of otolaryngology and bronchoesophagology at Scranton State General Hospital, Moses Taylor Hospital, and Community Medical Center.

• **Roy B. Sullivan**, Pittsburgh; University of Pittsburgh School of Medicine, 1938; age 66; died March 27, 1977. He had been associated with South Side Hospital since 1940.

• **William N. Wesner**, Johnstown; Hahnemann Medical College and Hospital; 1934; age 65; died December 15, 1976.

• **William N. Winkelman, Jr.**, Philadelphia; University of Pennsylvania School of Medicine, 1945; age 56; died March 8, 1977. In the practice of psychiatry, neurology, and psychoanalysis, he had taught neurology at the University of Pennsylvania School of Medicine 1951 to 1963.

• **William C. Wycoff**, Pittsburgh; University of Pittsburgh School of Medicine, 1934; age 68; died May 14, 1977. He was an orthopedic surgeon at West Penn Hospital.

• **Charles Z. Yoder**, McAlisterville; Hahnemann Medical College and Hospital, 1951; age 54; died April 20, 1977. He was in private family practice and was on the courtesy staff of Lewistown Hospital.

• **Norman L. Daley**, Allentown; Hahnemann Medical College and Hospital, 1928; age 75; died March 30, 1977. He had served as a psychiatrist and surgeon at Allentown State Hospital for 21 years until his retirement in 1967.

• **Joseph J. Hecht**, Pittsburgh; Jefferson Medical College, 1922; age 80; died March 31, 1977. He had practiced dermatology for 50 years before retiring in 1971.

• **Howard C. Pieper**, Red Bank, New Jersey; University of Iowa School of Medicine, 1932; age 69; died April 14, 1977. He was director of the health services of Lehigh University, Bethlehem, from 1968-72.



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**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** Relief of anxiety and tension occurring alone or accompanying various disease states.

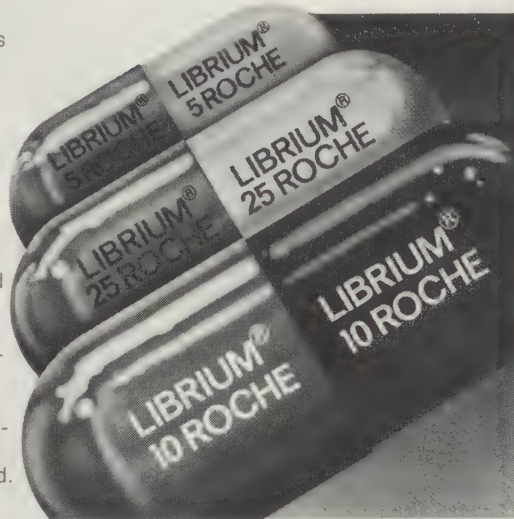
**Contraindications:** Patients with known hypersensitivity to the drug.

**Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**Precautions:** In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psycho-

Libritabs® (chlordiazepoxide) available in 5 mg, 10 mg and 25 mg tablets.



tropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relation-

ship has not been established clinically.

**Adverse Reactions:** Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

**Usual Daily Dosage:** Individualize for maximum beneficial effects. *Oral—Adults:* Mild and moderate anxiety and tension, 5 or 10 mg *t.i.d.* or *q.i.d.*; severe states, 20 or 25 mg *t.i.d.* or *q.i.d.* *Geriatric patients:* 5 mg *b.i.d.* to *q.i.d.* (See Precautions.)

**Supplied:** Librium® (chlordiazepoxide HCl) Capsules, 5 mg, 10 mg and 25 mg—bottles of 100 and 500; Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25, and in boxes containing 10 strips of 10; Prescription Paks of 50, available singly and in trays of 10. Libritabs® (chlordiazepoxide) Tablets, 5 mg, 10 mg and 25 mg—bottles of 100 and 500. With respect to clinical activity, capsules and tablets are indistinguishable.



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Please see preceding page for a summary of product information.

# Pennsylvania Medicine

Vol. 80, No. 8    AUGUST 1977



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# A character all its own.



Valium (diazepam) is a benzodiazepine with a character all its own.

Pharmacologically, it has been described as more potent mg-per-mg than other available anxiolytic benzodiazepines. Pharmacokinetically, only Valium provides active *diazepam* as well as the active metabolites 3-hydroxydiazepam, desmethyldiazepam and oxazepam.

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Another important aspect of the clinical character of Valium is safety. Though drowsiness, ataxia and fatigue are possible, these and more serious side effects are rarely a problem. Of course, as with all CNS-acting drugs, patients taking Valium should be cautioned against driving, operating dangerous machinery or the simultaneous ingestion of alcohol.

Unquestionably, many psychotherapeutic agents, including other benzodiazepines, have antianxiety effects. But one fact remains: you get a certain kind of patient response with Valium. It's a response you want. A response you know. A response you trust as part of your overall management of anxiety and psychic tension.

## Valium<sup>®</sup> (diazepam)<sup>IV</sup>

2-mg, 5-mg, 10-mg scored tablets  
a prudent choice in psychic  
tension and anxiety

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

**Contraindicated:** Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**Precautions:** If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

**Side Effects:** Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.



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Your patients are worried about the cost of health care. Everyone wants to see costs contained. Read the article on page 24 which summarizes some of the major concerns being expressed. Then, in your ongoing effort to assist in health care containment, and to improve physician/patient relations, post this sign. It is 8" x 10" in size and suitable for framing. Merely tear along the perforated line to remove it.



ARBITRATION PANELS CONSTITUTIONAL

Philadelphia Court of Common Pleas Judge Kalish ruled on July 29 that the mandatory arbitration section of Pennsylvania's medical malpractice law is constitutional. But he declared unconstitutional Section 510 of Act 111. This section permits the decision on liability and findings of fact of the arbitration panel to be introduced as evidence in an appeal to the court. The opinion clearly states that the mandatory insurance provision of the Act was not considered. To be heard in September is the suit of Orlo G. McCoy, M.D., of Canton, Twelfth District trustee, which will test the section which requires those covered by the Act to have malpractice insurance coverage.

NEW JUA RATES APPROVED

Insurance Commissioner William J. Sheppard has approved new rates for the Joint Underwriting Association. JUA coverage for medical malpractice effective August 15 will cost exactly as much as coverage by Argonaut. Included in the rate increase are the same changes in territories and relativities as were granted to Argonaut. The increase in income to the JUA is 3.9 percent. The original request was for 75.2 percent. Some 1,700 physicians are covered by the JUA. The effects of the changes in territories and relativities granted to Argonaut were felt statewide. Territory I Class I subscribers suffered a 97 percent increase; Class II, 125 percent; and Class III, 56 percent. Territory II saw Class I rates up 52 percent and Class II up 72 percent. In Territory III Class I rates rose 60 percent and Class II, 81 percent. In Territory IV Class II rates rose 54 percent, and most other rates increased about 35 percent. Territory IV also saw the biggest decrease in premiums with Class V coverage costing 36 percent less.

FDA ISSUES HEARING AID REGULATIONS

Beginning August 15, 1977, hearing aids may be sold only to people who have been examined by a licensed physician, preferably one who specializes in diseases of the ear. The examination must take place within six months prior to the purchase. The physician must certify in writing that there is a hearing loss. Hearing aids may not be purchased without the certificate. The FDA regulations are similar to Pennsylvania's new hearing aid law, but that law is scheduled to become effective two years from now, while the FDA's effective date is August 15.

SOCIETY REPEATS FLOOD RECOVERY PLAN

Just as the last of those assisted in rebuilding in 1972 are paying off their interest free loans, the State Society has reinstated the flood loan program. Members can borrow up to \$7,000. Group practices of three or more physicians can borrow up to \$21,000. Secretaries of county medical societies have further information on the interest free loans. It is estimated that 40 physicians were affected by the Johnstown flood.

FDA BANS PHENPHORMIN

Physicians have only a 90-day transition period in which to change diabetes patients being maintained on phenphormin (DBI, Meltrol) to insulin or some other diabetes therapy. The order came July 26. The FDA said phenphormin is thought to be a prime cause of lactic acidosis. It will remain available for people working in hazardous occupations where the possibility of going into insulin shock would be an overriding health problem, and for people who are unable to administer insulin to themselves. Leonard Bachman, M.D., secretary of health, has acted to have it removed from the Generic Drug Formulary.



#### PMS REPRESENTATIVE HEADS PSRO COUNCIL

Sidney O. Krasnoff, M.D., of Elkins Park, has been elected president of the Pennsylvania Professional Standards Review Council, after serving as temporary chairman. He is the representative of the State Society on the council, which will oversee the activities of Pennsylvania's 12 PSROs.

#### PMS MEMBERS GET \$46,000 BONUS

For 255 physicians who participate in the Society's Workmen's Compensation Insurance Program Christmas comes early. This year they will receive a total of \$46,000 in refunds. During the past four years Casualty Reciprocal Exchange of the Dodson Insurance Group has averaged a refund of 40.6 percent. Dodson, which insures a number of professional associations, has a favorable loss ratio and thus can refund part of the premium, which is set by the state. The 255 participants in the Society endorsed program will receive an average refund of \$180--\$30 more than the dues they pay.

#### AMA TO HOLD MEDICAL STAFF WORKSHOP

A Hospital Medical Staff Leadership Workshop will be held at the Marriott Motor Hotel Downtown in Philadelphia September 23-24. The purposes are to counsel physicians in managing their relations as staff members with the hospital and to review the broad area of risk management both in the office and the hospital. Hour for hour Category One credit will be given. The cost is \$150 for AMA members and \$200 for non-members. For more information contact the Department of Hospitals and Health Facilities at the AMA.

#### DR. SALOOM SUES HEW SECRETARY

Raymond J. Saloom, D.O., of Harrisville, a member of the Board of Directors of the Pennsylvania Medical Care Foundation, has sought court action to prevent his early retirement from the National Professional Standards Review Council. Health, Education, and Welfare Secretary Joseph A. Califano dismissed four members prior to the expiration of their terms in a move to establish staggered terms. Dr. Saloom was successful in seeking a preliminary injunction July 8 in U.S. District Court in Pittsburgh. Final disposition of the matter will occur after the court's summer recess. Dr. Saloom has widespread support across the country and particularly among Pennsylvania physicians in his fight "for a principle."

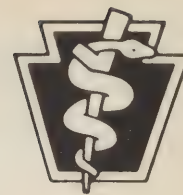
#### NURSE PRACTITIONERS REGULATIONS APPROVED

Regulations governing the activities of nurse practitioners were approved July 13 by the State Boards of Medical Education and Licensure and Nurse Examiners. They provide that nurse practitioners have a year of specialized training at a certified school of nursing to become qualified. Then, under the supervision of a physician, they may diagnose and prescribe treatment. Certified registered nurse practitioners will bill directly to third party payers. The regulations were published in final form in the Pennsylvania Bulletin on July 23. The nursing board expects as many as 1,000 applications in the next several weeks.

#### INSURANCE DEPARTMENT ISSUES RISK REGULATIONS

The Insurance Department has adopted new regulations requiring insurance companies to incorporate risk management plans on policies issued on or after January 1, 1978. The provisions include compliance with the PMS continuing education requirement, the 1974 Medical Practice Act, and the federal provisions for Professional Standards Review (PSRO). For podiatrists and osteopathic physicians, the continuing education requirements of their professional associations apply.

# Pennsylvania Medicine



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AUGUST 1977

Volume 80, Number 8

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## PENNSYLVANIA MEDICINE

20 Erford Road  
Lemoyne, Pennsylvania 17043  
Telephone (717) 238-1635

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\* **Indications:** When the combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium sparing action of triamterene is warranted. (See Box Warning.) Routine use of diuretics in healthy pregnant women is inappropriate; they are indicated in pregnancy only when edema is due to pathological causes.

**Contraindications:** Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

**Warnings:** Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K<sup>+</sup> levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K<sup>+</sup> intake. Associated widened QRS complex or arrhythmia requires prompt additional therapy. Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available.

**Precautions:** Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids).

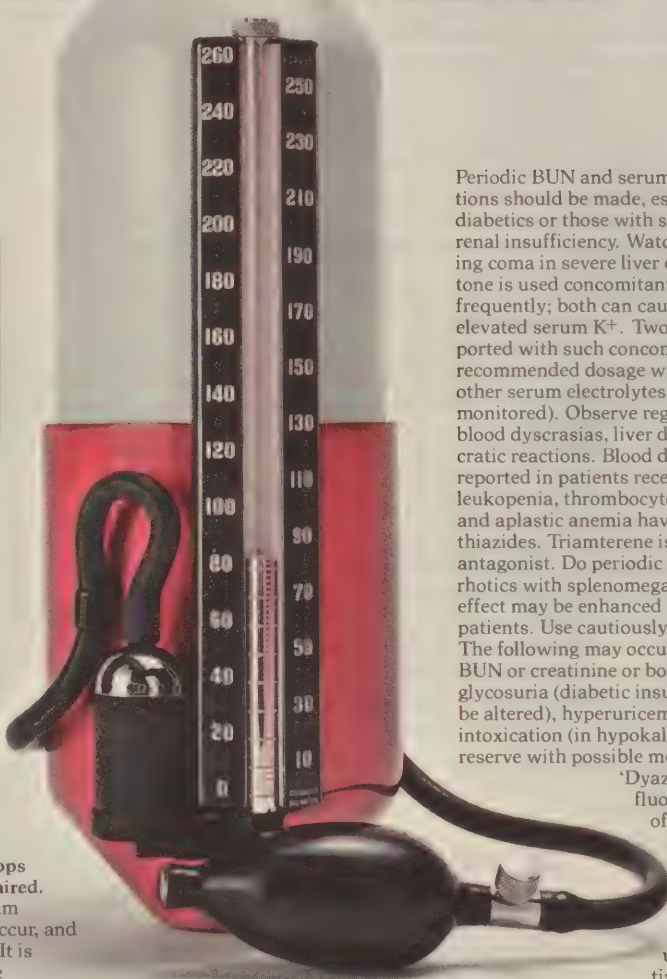
Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum K<sup>+</sup> frequently; both can cause K<sup>+</sup> retention and elevated serum K<sup>+</sup>. Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis.

'Dyazide' interferes with fluorescent measurement of quinidine.

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Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

Supplied: Bottles of 100 and 1000 capsules; Single Unit Packages of 100 (intended for institutional use only).



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2. In peripheral vascular disease of arteriosclerosis obliterans, thromboangiitis obliterans (Buerger's Disease) and Raynaud's disease.

Final classification of the less-than-effective indications requires further investigation.

**Composition:** Vasodilan tablets, isoxsuprine HCl, 10 mg. and 20 mg.  
Vasodilan injection, isoxsuprine HCl, 5 mg., per ml.

**Dosage and Administration:** Oral: 10 to 20 mg., three or four times daily.  
Intramuscular: 5 to 10 mg. (1 or 2 ml.) two or three times daily. Intramuscular administration may be used initially in severe or acute conditions.

**Contraindications and Cautions:** There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding.

Parenteral administration is not recommended in the presence of hypotension or tachycardia.

Intravenous administration should not be given because of increased likelihood of side effects.

**Adverse Reactions:** On rare occasions oral administration of the drug has been associated in time with the occurrence of hypotension, tachycardia, nausea, vomiting, dizziness, abdominal distress, and severe rash. If rash appears the drug should be discontinued.

Although available evidence suggests a temporal association of these reactions with isoxsuprine, a causal relationship can be neither confirmed nor refuted.

Administration of single dose of 10 mg. intramuscularly may result in hypotension and tachycardia. These symptoms are more pronounced in higher doses. For these reasons single intramuscular doses exceeding 10 mg. are not recommended. Repeated administration of 5 to 10 mg. intramuscularly at suitable intervals may be employed.

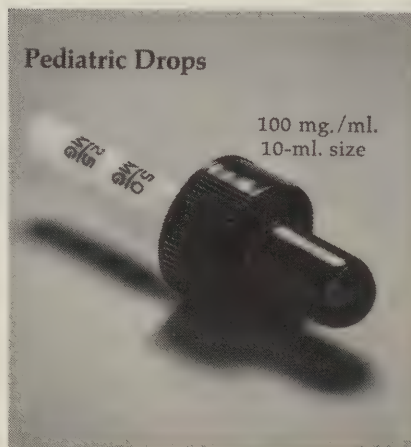
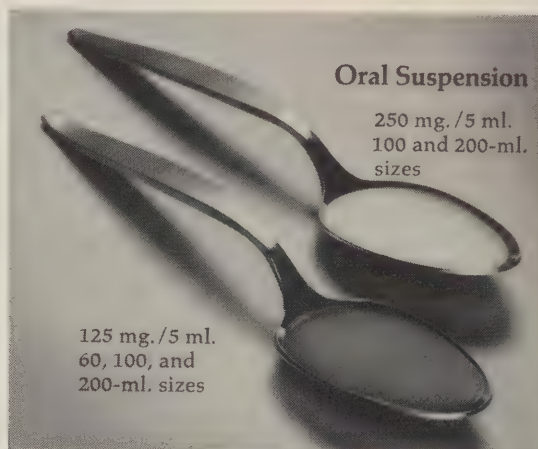
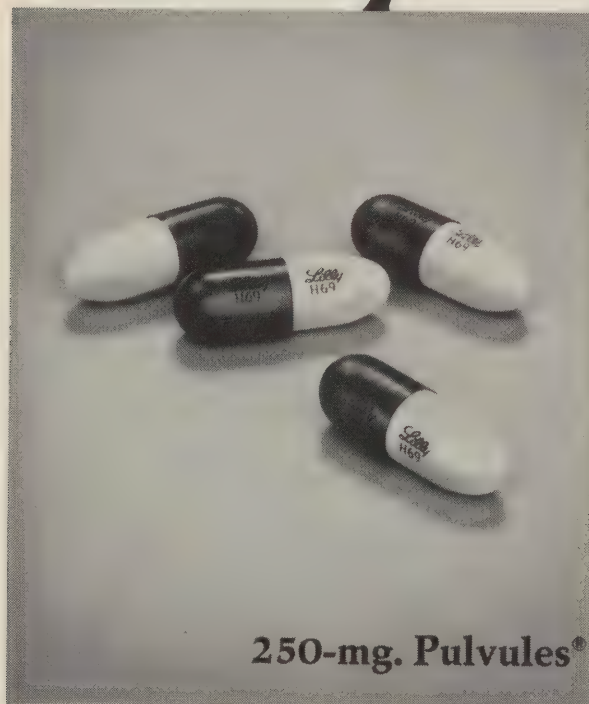
**Supplied:** Tablets, 10 mg., bottles of 100, 1000, 5000 and Unit Dose; Tablets, 20 mg., bottles of 100, 500, 1000, 5000 and Unit Dose; Injection, 10 mg. per 2 ml. ampul, box of six 2 ml. ampuls.

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## Society president elect selects council members

The State Society Board of Trustees and Councilors has approved members of the four administrative councils, as selected by John V. Blady, M.D., president elect of the Society. The following council members will serve during Dr. Blady's term as president.

**Council on Education and Science**—Abram M. Hostetter, M.D., chairman, (Lebanon); David W. Kistler, M.D., vice chairman, (Luzerne); David P. Connolly, M.D., (Allegheny); William E. DeMuth, Jr., M.D., (Cumberland); Leonard M. DelVecchio, M.D., (Berks); James B. Donaldson, M.D., (Philadelphia); Frederick D. Fister, M.D., (Lehigh); Robert L. Folk, M.D., (Montour); Arthur H. Hayes, Jr., M.D., (Dauphin); James J. Houser, M.D., (Venango); Charles L. Leedham, M.D., (Dauphin); Robert N. Moyers, M.D., (Crawford); Herbert C. Perlman, M.D., (Cumberland); Paul C. Royce, M.D., (Bradford); Ray G. Sarver, M.D., (Westmoreland); Jacob Schut, M.D., (Philadelphia); Virginia E. Washburn, M.D., (Allegheny); William B. Yeagley, M.D., (Indiana); and Nikitas J. Zervanos, M.D., (Lancaster).

**Council on Governmental Relations**—R. William Alexander, M.D., chairman, (Berks); Thomas W. Bonekemper, M.D., vice chairman, (Montgomery); Frederick G. Brown, M.D., (Montour); Paul A. Cox, M.D., (Cumberland); Herbert Fellerman, M.D., (Luzerne); George E. Hudock, Jr., M.D., (Luzerne); Philip E. Ingaglio, M.D., (Philadelphia); Thomas J. Kardish, M.D., (Bucks); Lawrence J. Mellon, Jr., M.D., (Delaware); Peter L. Saras, M.D., (Luzerne); A. Lynn Weigel, M.D., (Allegheny);

Bernard B. Zamostien, M.D., (Philadelphia); and Charles K. Zug, III, M.D., (Northampton).

**Council on Medical Service**—Henry H. Fetterman, M.D., chairman, (Lehigh); John J. Danyo, M.D., vice chairman, (York); Joseph V. Caliguiri, M.D., (Allegheny); William E. DeWar,

M.D., (Wayne-Pike); Lester A. Dunmire, M.D., (Allegheny); Wayne W. Helmick, M.D., (Beaver); John Helwig, Jr., M.D., (Philadelphia); Webb S. Hersperger, M.D., (Cumberland); Paul F. Kase, M.D., (Dauphin); Robert L. Lasher, M.D., (Erie); John T.

*Continued on page 11.*

### AMA delegates didn't vote on this one

At the opening session of the AMA's Annual Meeting in San Francisco, in June, the speaker recognized Matthew Marshall, Jr., M.D., of Pittsburgh, one of Pennsylvania's ten delegates. Although Pennsylvania's delegates were to become involved in serious debate over other resolutions, particularly in defense of the delegation's "expert witness" resolution, none of that activity, reported on pages 8 and 9, had begun.

Dr. Marshall approached the podium and read the following "informational resolution:"

Whereas, A national objective has been to eliminate deaths from heart disease, cancer and stroke; and

Whereas, Trace amounts of substances known to cause heart disease, cancer and stroke are probably present in all naturally occurring foods; and

Whereas, Fourteen cases of water daily, even without cyclamates, would be harmful; and

Whereas, Noise and light have been found harmful to mental tranquility and have been used as instruments of torture; and

Whereas, God knowingly and willingly produced apples without properly worded inserts warning against their potential harmful effects; and

Whereas, Not even God should be free from liability from manufacturing defects; therefore be it

RESOLVED, That all persons be placed immediately in an environment without food, water, noise or light so they may be assured death only from natural causes; and be it further

RESOLVED, That the American Medical Association join in a suit with those agencies and persons who proclaim themselves capable of assuring man's perfection and immortality to require God to immediately recall all '77 or earlier model humans for the necessary repair and replacement parts to be installed without charge or inconvenience to the individual, and with suitable compensation for pain and suffering to such individuals; and be it further

RESOLVED, That this resolution be implemented as soon as an environmental impact study has been conducted to certify this will not upset the ecological balance of *Treponema pallidum*.



## At AMA meeting

# Dr. Rial elected Speaker of House of Delegates;

"How the West Was Won, San Francisco Style," was the story being told all over the Commonwealth in July by members of the jubilant Pennsylvania Delegation to the AMA.

All of the delegates and alternates attended the session which saw William Y. Rial, M.D., of Swarthmore, sworn in as speaker of the AMA House of Delegates. James B. Snow, M.D., of Philadelphia, was re-elected to the AMA Council on Scientific Affairs. The Pennsylvania Auxiliary brought back an office of prestige. Mrs. Manuel A. Bergnes, of Norristown, was elected president elect. She will become the second Auxiliary president from Montgomery County and the seventh from Pennsylvania. Mrs. John A. Schneider of Pittsburgh was re-elected eastern regional vice president.

But the biggest victory the Delegation won for its constituency was the adoption of a resolution it has been fighting to have passed since the Philadelphia AMA meeting last December. After a meeting in the spring between the AMA Judicial Council and representatives of the State Society led by President William J. Kelly, M.D., reached no meeting of the minds on the expert witness resolution introduced in December, the Delegation resubmitted it with some change in the language.

The prospects for Resolution 52(A 77) looked grim, but under the leadership of Chairman Malcolm Miller, M.D., Dr. Kelly and Matthew Marshall, Jr., M.D., the Delegation introduced a substitute in an attempt to find wording that could be approved by the AMA Judicial Council.

With the support of several other delegations the resolution which came to be known as the

Pennsylvania substitute was adopted as follows:

"RESOLVED, That the American Medical Association express concern about physicians who testify in medical malpractice cases without having a current basic educational and professional knowledge as a general foundation for their testimony; and be it further

"RESOLVED, That the AMA is concerned about the impact of testimony of those physicians who make it part of their occupation to function frequently as hired expert witnesses and color their testimony accordingly; and be it further

"RESOLVED, That the AMA condemn those physicians who interfere with the proper administration of justice by giving false or misleading testimony or misrepresenting their qualifications; and be it further

"RESOLVED, That the AMA urge the courts to refuse to admit as expert testimony the testimony

of those physicians who do not have clear-cut qualifications as recognized by their peers; and be it further

"RESOLVED, That the AMA urge state and county medical societies to take appropriate legal action or initiate disciplinary action before the appropriate medical licensure board when physicians testify without having a current basic educational and pro-



DR. RIAL



PENNSYLVANIA DELEGATION



## expert witness resolution passes

professional knowledge, testify falsely or give deliberately misleading testimony; and be it further

"RESOLVED, That the AMA encourage state medical associations to seek a legislative defini-

tion of acceptable expert witnesses."

The guidelines on the ethics of physicians testifying as expert witnesses were approved by the House of Delegates. AMA policy will now say that "expert witness" physicians should be professionally qualified in the judgment of their peers, to provide the testimony sought in malpractice cases.

Further, the AMA expressed its concern over physicians who are hired as expert witnesses as part of their occupations, condemn those who give "false or misleading" testimony or misrepresent their qualifications. State medical associations are urged to seek leg-

islative definition of expert witnesses, and state and county societies were urged to take action against physicians who are unethical in giving expert testimony in court actions.

AMA policy also now states that courts should refuse to admit as expert witnesses those physicians who do not have "clear-cut" qualifications in the judgment of their peers.

Resolution 51 (A-77), Status of Residency Programs, did not fare well. The resolution called on the AMA House to change its position that hospital residents are employees, and to state opposition to organizations formed by residents for collective bargaining purposes. While the resolution stirred almost as much debate as the AMA's position on national health insurance, the House finally concurred with the recommendation of the reference committee. The reference committee, after hearing much testimony, held that residents can be both students *and* employees, even though the educational aspect is the prime reason for entering into the employer-employee relationship.

In other actions, the House restated its position on national health insurance;

Delegates approved a policy statement on terminal illness, opposing mercy killing or euthanasia, but approving the withdrawal of extraordinary life support when biological death is imminent; and

The Board of Trustees approved and expanded a public relations program that will include an insert in *Time* and *Newsweek*.

John H. Budd, M.D., of Ohio, was installed as president; and Thomas Nesbitt, M.D., of Tennessee, was elected president elect.



DR. MARSHALL



DRS. MILLER, GEORGE A. ROWLAND, RAYMOND C. GRANDON



# Medical Practice Act has final rules

Three years ago, the new Medical Practice Act became a reality. Finally, in May of this year, regulations to implement that act were promulgated. The regulations are primarily designed to clarify mechanics under which the State Board of Medical Education and Licensure will operate. This agency is empowered under the Medical Practice Act to implement the law; consequently, much attention is given to procedures on licensing and testing.

Four types of licensing procedures are outlined: license without restriction; temporary license; limited license; and across the border license. Basic requirements for license without restriction are a passing score on National Board, FLEX, or such an examination, one year of approved graduate medical education, graduation from an approved U. S. or Canadian medical school, or from a foreign medical school with a passing score on ECFMG examination.

In the section on temporary license, the new regulations clear the way for "Fifth Pathway" students. Under this approach, a U.S. citizen who goes abroad for medical school takes an additional year of clinical training upon return to this country. Last year, the Pennsylvania Legislature passed an appropriations bill to fund students in the clinical year needed for the Fifth Pathway. Currently two Pennsylvania medical schools are participating in this program: Medical College of Pennsylvania and the University of Pennsylvania School of Medicine.

In addressing the matter of names for professional associations and professional corporations, the regulations altered the requirement of state and county medical society approval. Approval of such names now rests with the State Board alone. These

names "must be acceptable to the Board and not tend to mislead or confuse the public by appearing to indicate approval of a governmental agency, township, municipality, county or other unit of local government." Place names are, therefore, possible but must in no way imply endorsement of the place.

Additionally, the regulations on this section permit mixed professional associations and mixed professional corporations with osteopaths, optometrists, dentists, or podiatrists. For each of these professions, the responsible state board must also concur in permitting mixed groups. This change is in keeping with the revised statements of medical ethics from the AMA which caution only

against forming such an association with "unscientific" groups or people.

Among the other items included in these new regulations are requirements for hospital affiliations with medical schools, residency application standards and qualifications for midwives.

As other concerns need to be addressed, the State Board of Medical Education and Licensure is authorized to promulgate additional regulations. One such item which the State Board has considered is the regulation of nurse practitioners. Another area which may require future attention is the whole question of discipline which the new Medical Practice Act specifically addresses.

*THE UROLOGICAL Association of Pennsylvania, Inc., met June 25-26 at the Hotel Hershey for its annual meeting and election of officers. New officers are: Russell Allyn, M.D., Harrisburg, president; Robert H. Clymer, M.D., West Reading, president elect; and Richard Currie, M.D., Philadelphia, secretary treasurer. Executive Committee members are: George Barrett, M.D., Easton; Harold Brown, M.D., Danville; Dr. Currie; Robert Dilcher, M.D., Allentown; G. John Gislason, M.D., Abington; and Gary Leach, M.D., Erie.*



*STATE SOCIETY executive vice president John F. Rineman (above, right) attended the meeting and provided a malpractice update for the urologists. With him are Dr. Clymer (left) and immediate past president Louis Wilkerson, M.D., Drexel Hill.*





# Membership expected to exceed 1976 record

Mid-year membership in the State Society totalled 13,911, up 391 from mid-1976. The intern/resident category showed the greatest increase (23 percent) while active dues paying, affiliate, and associate categories together rose three percent. Increases in af-

filiate and associate categories have corresponding declines in senior/active and old senior categories.

Total American Medical Association membership from Pennsylvania suffered a decrease of 172, down by 166 in active dues

paying and by 56 in dues exempt. AMA intern/resident and military membership increased by 50; but of the 93 intern/resident AMA members, only 47 are dues paying.

The State Society will be able to retain ten delegates to the AMA House of Delegates as it needs only 146 additional members to keep them. County medical societies' membership reports since June 30 indicate that by the end of 1977, total State Society membership will again pass 14,000.

## Emergency physicians choose officers, board

The Pennsylvania Chapter of the American College of Emergency Physicians has chosen new officers and three new members of its board of directors.

William W. Resinger, M.D., became the chapter's president during a meeting which was held as part of the organization's first Mid-Atlantic Regional Congress in Philadelphia. Dr. Resinger is medical director of the Emergency Medical Services Council of Northwestern Pennsylvania, Inc., in Erie.

The chapter's general assembly elected Joseph A. Fortuna, M.D., president elect, to assume the presidency in 1978. He is director of emergency services at the Medical Center of Beaver County,

Rochester Unit.

Re-elected officers are: Richard S. Evans, M.D., Pittsburgh, director of Allegheny General Hospital's division of emergency medicine, secretary; and John R. Paluso, M.D., Charleroi, director of emergency services at Monongahela Valley Hospital Association, Inc., treasurer.

New members of the board of directors are: William F. Blank, M.D., Altoona; Philip W. Dean, M.D., Pittsburgh; and Roland T. Keddie, M.D., J.D., Johnstown. Other directors are: Margaret I. Chepko, M.D., Verona; Cataldo Corrado, Jr., M.D., Uniontown; H. Arnold Muller, M.D., Hershey; Dr. Paluso; Thomas A. Saracco, M.D., Pittsburgh; and H. William Stewart, M.D., Huntingdon.

## Council members

*Continued from page 7.*

McGeehan, M.D., (Elk-Cameron); John M. Rathgeb, M.D., (Westmoreland); and Charles R. Shuman, M.D., (Philadelphia).

**Council on Professional Relations and Services**—Robert Poole, III, M.D., chairman, (Chester); David F. Gillum, M.D., vice chairman, (Tioga); Gerald L. Andriole, M.D., (Luzerne); Donald G. Crawford, M.D., (Dauphin); George E. Ehrlich, M.D., (Philadelphia); Samuel S. Faris, M.D., (Montgomery); Joseph A. Girone, M.D., (Bucks); Robert R. LaFontant, M.D., (Westmoreland); Robert M. Laughlin, M.D., (Allegheny); Thaddeus Lekawa, M.D., (York); Roldan S. Medina, M.D., (Fayette); and William A. Shaver, M.D., (Lebanon). There is one vacancy on the Council on Professional Relations and Services.

Chapter XIV, Section 2(g) of the Bylaws of the Pennsylvania Medical Society mandate that appointments to the Committee on Relationships with Allied Professions be made subject to confirmation by the Board of Trustees and Councilors; since the committee plans to recommend its dissolution to the 1977 House of Delegates, Dr. Blady will await House action before making appointments to the committee.

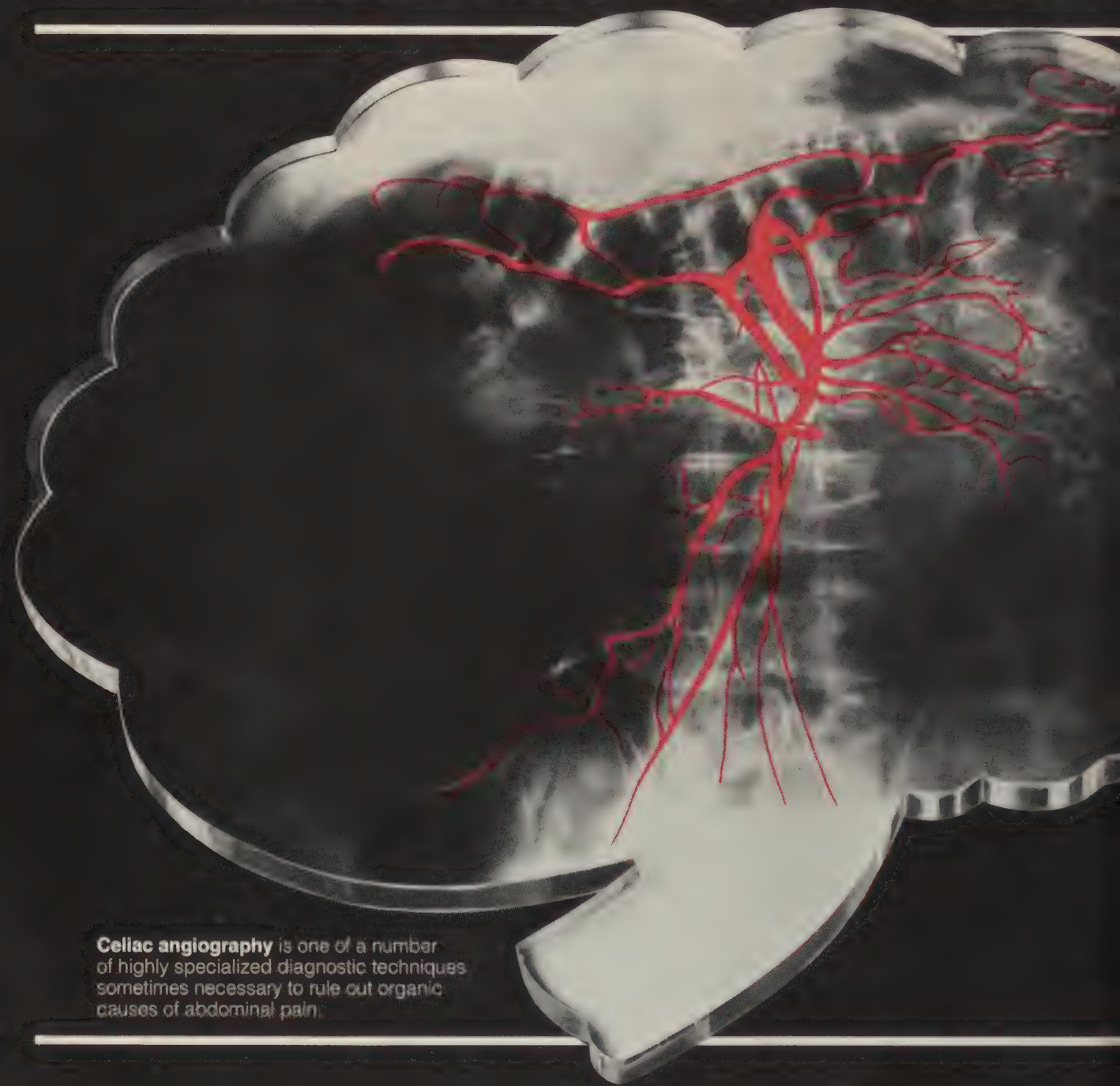


*A.H. HOSTETTER, M.D., chairman elect of the Council on Education and Science, presented testimony for the State Society in Hershey recently. He spoke before the first of a series of town meetings being held to gather testimony by the Governor's Council on Physical Fitness and Sports. Shown with him is Franco Harris, council chairman, who has been known to play a little football on a couple of famous fields in the Commonwealth.*



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Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.

A clear treatment advantage  
for patients with  
irritable bowel syndrome

ROCHE

\*This drug has been evaluated as possibly effective for this indication.  
Please see following page for brief summary of prescribing information.



# A CLEAR TREATMENT ADVANTAGE FOR PATIENTS WITH IRRITABLE BOWEL SYNDROME\*

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Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.

ONLY LIBRAX PROVIDES THE SPECIFIC ANTIANXIETY ACTION OF LIBRIUM® (chlordiazepoxide HCl) PLUS THE POTENT ANTISPASMODIC ACTION OF QUARZAN® (clidinium Br)

Please consult complete prescribing information, a summary of which follows:

- \* **Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:  
"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.  
Final classification of the less-than-effective indications requires further investigation.

**Contraindications:** Patients with glaucoma; prostatic hypertrophy and benign bladder neck obstruction; known hypersensitivity to chlordiazepoxide hydrochloride and/or clidinium bromide.

**Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering Librium® (chlordiazepoxide hydrochloride) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

**Precautions:** In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacologic effects of agents, particularly potentiating drugs such as MAO inhibitors and

phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

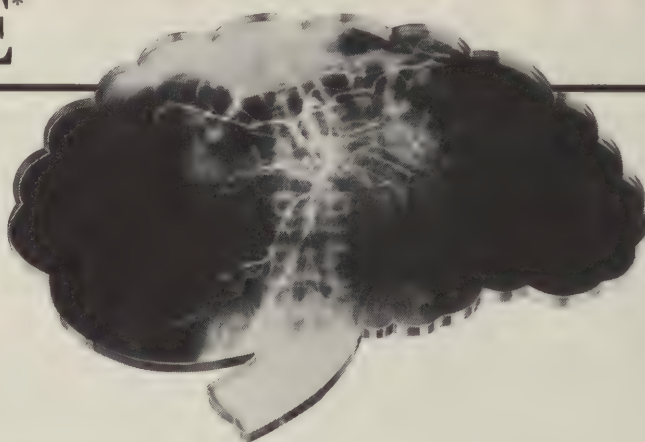
**Adverse Reactions:** No side effects or manifestations not seen with either compound alone have been reported with Librax. When chlordiazepoxide hydrochloride is used alone, drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are avoidable in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally with chlordiazepoxide hydrochloride, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax are typical of anticholinergic agents, i.e., dryness of the mouth, blurring of vision, urinary hesitancy and constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

**Dosage:** Individualize for maximum beneficial effects. Usual maintenance dose is 1 or 2 capsules, 3 or 4 times a day, before meals and at bedtime. Geriatric patients—see Precautions.

**How Supplied:** Librax is available in green capsules, each containing 5 mg chlordiazepoxide hydrochloride (Librium®) and 2.5 mg clidinium bromide (Quarzan®)—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 50, available singly and in trays of 10.

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Roche Laboratories  
Division of Hoffmann-La Roche Inc.  
Nutley, New Jersey 07110







## The laetrile dilemma

"It has been estimated that consumers waste \$500 million a year on medical quackery and another \$500 million annually on some 'health foods' which have no beneficial effect. Unnecessary deaths, injuries and financial loss . . . can be expected to continue until the law requires adequate testing for safety and efficacy of products and devices before they are made available to consumers."—John F. Kennedy, Message to Congress, February 21, 1963.

Sir William Osler once wrote, "A desire to take medicine is, perhaps, the great feature which distinguishes man from other animals." Home remedies and nostrums played an important part in the history of medicine in the United States. While the ingredients of patent medicine were sometimes ludicrous and often dangerous and results of self-treatment chancy, its use should be viewed within its historical context. Few professional restraints were practiced and educated physicians were in very short supply. Population was scattered and travel to the nearest doctor was often a hardship. Small wonder, then, that Americans turned to the ready made medicines sold by barkers who extolled their wondrous "cures."

In 1906 the federal government passed the Food and Drug Act in an attempt to control the marketing of medicines which purportedly cured almost any disease imaginable. This was the first positive move away from home remedies. Since the spring of 1976, the move to legalize laetrile through legislation at the state level has met with success. To date, eleven states have passed "laetrile laws." Based on purely emotional arguments—if all else fails, why shouldn't the patient have it?—laetrile proponents offer a non-invasive, non-mutilating "cure" for cancer.

The National Cancer Institute, in the face of public pressure, announced on June 23, 1977, that it will

conduct a laetrile test. Dr. Guy R. Newell, acting director, stated that the National Cancer Institute has "reconsidered our position because of a lot of factors, and one of them is societal pressures" and that the experiment does not "change our opinion that laetrile is not effective."

On June 5, 1977, the Pennsylvania Medical Society's Board of Trustees adopted the following position on laetrile: "Laetrile (apricot pits) has no scientific basis for the treatment of cancer. Laetrile is not recognized by any acceptable body of qualified experts in the field of drug research or cancer treatment as a safe and effective drug. The legalization of laetrile may exploit the victims of cancer by offering false hope for the hopelessly ill. The only people to be helped by the legislation of this drug would be its promoters who prey on the misguided beliefs of some cancer victims and their families."

To legitimize laetrile because of societal and resultant political pressure is to reject the scientific foundation of modern drug therapy. Educated physicians are no longer scarce yet quackery and nostrums still pose a threat to the health and safety of our people. Charles Evans Hughes, the late Chief Justice of the United States Supreme Court, commented, "Allowing the broadest range to the conflict of medical views, there still remains a field in which statements as to curative properties are downright falsehoods." If legalization of laetrile is permitted to occur, how long will it be before promoters of other "cures" demand equal recognition? Legislators have opened Pandora's Box in some states but Pennsylvania legislators should not give their support this shameful episode in the national effort to eradicate cancer.

David A. Smith, M.D.  
Medical Editor

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# Twenty-second annual PMGA Tournament

September 19, 1977—Pittsburgh Field Club, Pittsburgh, PA



**Complete package for \$75.00—non PMGA members add \$5.00 one-time PMGA membership fee.**

**Includes buffet luncheon, greens fee, cart, cocktails (6:30 p.m.-7:15 p.m.), hors d'oeuvres, dinner, gratuities, door prizes—also trophies for low gross (McKee Cup), PMGA Handicap, PMGA Seniors, and flight prizes.**

**Buffet: 11:15 a.m. to 12:30 p.m. "Shotgun start": 12:45 p.m.**

**Hors d'oeuvres and cocktails: 6:30 p.m. Dinner 7:30 p.m.**

---

## Entry Form

\$75.00 fee includes greens fees, cart, buffet, cocktails, hors d'oeuvres, dinner, prizes. No fee refund after September 9.

**Limited to 124 golfers**

**Entry deadline: September 8**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Certified Handicap: \_\_\_\_\_

Other members of foursome:

1. \_\_\_\_\_ Handicap: \_\_\_\_\_

2. \_\_\_\_\_ Handicap: \_\_\_\_\_

3. \_\_\_\_\_ Handicap: \_\_\_\_\_

(Not necessary to submit foursome—single entries acceptable)

Make check payable to: PMGA, 20 Erford Rd., Lemoyne, PA 17043.

# TO HELP PROLONG ANTACID RELIEF OF PAIN



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OFF

Please see following page for  
brief summary of prescribing information.



# PRO-BANTHINE®

(propantheline bromide)

15-mg. tablets

## HELPS RUB OUT ULCER PAIN 3 WAYS:<sup>1</sup>

1. prolongs antacid action...
2. relaxes smooth muscle spasm...
3. reduces acid secretion

Antacids relieve ulcer pain. Pro-Banthine administered with antacids can prolong their neutralizing action and, by relieving smooth muscle spasm, "...provides dramatic relief of pain in ulcer patients."<sup>1</sup> And if adherence to the antacid schedule is a problem,<sup>2</sup> adding Pro-Banthine to the regimen may help reduce gastric acidity to desired levels.

1. Goth, A.: Medical Pharmacology, Principles and Concepts, ed. 7, St. Louis, C. V. Mosby Company, 1974, p. 455.

2. Schneider, R. P., and Roach, A. C.: An Antacid Tasting: The Relative Palatability of 19 Liquid Antacids. South Med. J. 69: 1312-1313 (Oct.) 1976

### PRO-BANTHINE®

brand of propantheline bromide

**Indications:** Pro-Banthine is effective as adjunctive therapy in the treatment of peptic ulcer.

Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the other indications as follows:

"Probably" effective: as adjunctive therapy in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis, acute enterocolitis, and functional gastrointestinal disorders).

Final classification of the less-than-effective indications requires further investigation.

**Contraindications:** Glaucoma, obstructive disease of the gastrointestinal tract, obstructive uropathy, intestinal atony, toxic megacolon, hiatal hernia associated with reflux esophagitis, or unstable cardiovascular adjustment in acute hemorrhage.

**Warnings:** Patients with severe cardiac disease should be given this medication with caution.

Fever and possibly heat stroke may occur due to anhidrosis.

In theory a curare-like action may occur, with loss of voluntary muscle control. For such patients prompt and continuing artificial respiration should be applied until the drug effect has been exhausted.

Diarrhea in an ileostomy patient may indicate obstruction, and this possibility should be considered before administering Pro-Banthine.

**Precautions:** Since varying degrees of urinary hesitancy may be evidenced by elderly males with prostatic hypertrophy, such patients should be advised to micturate at the time of taking the medication.

Overdosage should be avoided in patients severely ill with ulcerative colitis.

**Adverse Reactions:** Varying degrees of drying of salivary secretions may occur as well as mydriasis and blurred vision. In addition the following adverse reactions have been reported: nervousness, drowsiness, dizziness, insomnia, headache, loss of the sense of taste, nausea, vomiting, constipation, impotence and allergic dermatitis.

**Dosage and Administration:** The recommended daily dosage for adult oral therapy is one 15-mg. tablet with meals and two at bedtime. Subsequent adjustment to the patient's requirements and tolerance must be made.

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# Health care cost containment—can we help?

ROBERT L. LAMB

Director of Communications

In recent years, the cost of medical care has been rising approximately twice as fast as the rest of the Consumer Price Index. In 1976, the overall Consumer Price Index (CPI) climbed 4.8%, but the total medical care component of the CPI climbed 10.1%. Total U.S. health care expenditures in fiscal 1976 were \$139.3 billion, an increase of \$17 billion, 14% over 1975 according to the Social Security Administration. This total covers personal health care, such as hospital care and physician services as well as public health programs, research, and facilities construction. Inflation plus increased demand for physician's services resulted in total expenditures for physician's services rising by 16% in 1975 and by 15% in 1976.

Because the economy is growing at a slower rate than health care expenditures, the percentage of gross national product allocated to health is increasing. Health as a percentage of GNP was 7.8% in 1974, 8.4% in 1975 and 8.6% in 1976.

All of this would be academic to physicians except for the ever expanding role of the federal government in financing health care. About a decade ago, the federal government was paying only 10% of the nation's health care costs. But after the passage of medicare and medicaid in 1965, the figures jumped dramatically. By the end of fiscal 1976, the federal government was paying about 30% of the nation's health expenditures. When state and local funds are added, government's share equals about 42% of the nation's total health bill.

Unfortunately, government's biggest commitment to medical costs is to the most inflationary part of the health care dollar—hospitalization. In 1976, government's share of hospital bills amounted to 55%. The

availability of these public dollars has gradually influenced the whole health care delivery system. Health care delivery has tended to go where the dollars are—the hospital. From 1950 to 1974, the share of the health care dollar spent for hospital care grew from 31% to 40% while the proportion going to physicians has decreased slightly from 22% to 19%.

## Big budget item

Health has now become the fourth biggest item in the federal budget, ranking behind defense, interest on the national debt, and income security programs. It is not surprising then that federal officials have viewed rising hospital costs as a "crisis." The response of the Carter Administration has been the proposed 9% cap on hospital income.

While spending for physician's services occurs at about half the rate of spending for hospital care, many people still view the physician as the villain. In a 1976 poll conducted by the *Philadelphia Bulletin*, 20% of the people surveyed felt that doctors' fees were the principal reason for medical care being "too expensive." It was the reason cited most frequently. This is probably because present insurance plans cover mostly in-hospital costs, not visits to the doctor's office.

In a statewide random telephone survey conducted by the Pennsylvania Medical Society in 1975, Pennsylvanians were highly critical of physicians' fees. When asked to compare physicians of today to those of 20 years ago, surveyors found a 40.6% drop in the number of people who thought doctor's charges today are fair compared to those of 20 years ago.

To summarize then, hospital costs, more than half of which are paid by government, are rising at a rate of

about 15% a year, far faster than the general consumer price index. Through increased utilization, advancing technology, and price inflation, the total effect of these rises on the federal budget is devastating. The result is that Congress may be forced to take draconian steps to slow the meteoric rise of hospital costs.

The danger is that in taking these steps, unacceptable regulations will be imposed on physicians. Already a number of states have attempted to trim their medicaid costs by imposing such administrative measures as mandatory second opinions for medicaid elective surgery and other regulations on medicaid nonemergency admissions. The Ralph Nader health group has launched an attack on the medicare prevailing fee concept and the Carter Administration has been rumored to be working on a cost containment program on physicians' fees, to follow its 9% hospital cap.

## Business speaks out

Complicating the situation are rumblings from a traditional ally of the healing arts, the business community. In the past, with the blessing of business and industry, the nation's private health care insurance industry has flourished. Of this, there is no better example than Pennsylvania Blue Shield. PBS, fathered by the Pennsylvania Medical Society, has become the model of the industry. And as long as the cost increases for Blue Cross and Blue Shield plans remained within the parameters of the overall consumer price index, health care benefits were an affordable part of union contracts. But in recent years, health care costs have absorbed a dominant share of every new contract.

Thomas A. Murphy, chairman of the



General Motors Corporation, has underscored the cost of so called "fringe" benefits by pointing out that GM's health care costs shot up by 21% or \$123 million on an annual basis in 1975. Only \$15 million of the increase was for improved benefits. The other \$108 million resulted in higher prices and increased employee claims under group health policies.

Charles L. Glass, assistant treasurer for Eastern Airlines, Inc., told the White House Council on Wage and Price Stability that health insurance costs at Eastern increased from \$430 per employee in 1973 to \$850 estimated in 1976 reflecting an annual increase of 25%. This increase occurred during a time when only minor changes were made in the benefit package. He also noted, "Except for the cost of fuel, I am unaware of any single cost element which has escalated as much as medical insurance costs."

John J. O'Connell, vice president of Bethlehem Steel Corporation, reported that health care benefit costs rose from \$48 million in 1970 to \$113 million in 1976. On a per employee basis, costs rose from \$371 in 1970 to \$1,069 in 1976 reflecting an annual rate increase of 19%.

Bernard R. Tresnowski, senior vice president of the Blue Cross Association, testified that premium rates for the large Blue Cross/Blue Shield federal employee program increased 22% in 1973, 26% in 1974, and 32% in 1975 for a total rise of 103% in only 3 years.

#### Unions concerned

The common interest of unions and management in the rising tide of health care costs has led to experiments in cost control. In a study done in September 1976, the Council on Wage and Price Stability was able to identify some 126 projects now underway in industries across the country designed to reduce health care costs. The largest experiment underway is the development of alternative delivery systems such as HMOs. There are also projects in preventive care. Other companies are experimenting with prospective review of elective surgery, alternative methods of provider reimbursement, self-insurance, involvement in health planning, and claims review.

Perhaps the pioneer experiment in prospective review of elective surgery has occurred with the United Store Workers and the AFSCME (American Federation of State, County, and Municipal Employees) District Council 37 in New York City. Data collected from this program which began in 1972 on a voluntary basis suggests that elective surgery can be reduced about 4%.

Motorola, the largest employer in Arizona, became active in the health care field when it saw its health care costs skyrocketing in Phoenix. Rockwell International practices claims review through a new information management system called "The Quarterly Trend Report."

Caterpillar Tractor Company is supporting the development of a medi-

cal care foundation review of hospital admissions to determine the necessity and length of stay of hospital confinement. The Greyhound Corporation is purchasing peer review services from the Maricopa Foundation for Medical Care. Proctor and Gamble sponsors the Midwest Foundation for all its employees at all Cincinnati locations. Begun in 1975 and cosponsored by Blue Cross of Southwest Ohio and the Cincinnati Academy of Medicine, the foundation provides peer review, monitors hospital stays, and works with physicians toward an agreement on fees.

#### Is regulation inevitable?

Must physicians sit back and wait for the government to take control over all medical activity, or are there





steps which the profession can take now to stem radical governmental interference?

Richard C. Bates, M.D., writing in *Medical Economics*, has said, "almost nothing in medicine gets done without a doctor's willing it; but—more important to cost cutting endeavors—almost nothing can be denied a physician who demands care for his patient." This raises the specter of the physician wearing a new hat—that of purchasing agent for his patients. Unfortunately, the goals of a good purchasing agent may not be compatible with "the best medical care" or with the desires of the patient.

Victor R. Fuchs, professor of economics at Stanford University, has said, "It is true that physicians' fees have risen more than twice as fast as other consumer prices since the end of World War II and that their incomes have almost doubled in the last decade, but physicians' fees and income are only a small part of the cost problem." According to Fuchs, of every \$100 spent for health in the United States, only about \$20 goes for physicians' services compared to more than \$40 for hospital care and another \$10 for drugs.

He estimates that even if a physician's income were to be reduced by 20% while holding utilization constant, this would reduce total health costs by only 3%. This is contrasted with the physician's influence on other elements of cost. Expenditures for hospital care and out-of-hospital prescription drugs account for about 50% of total health outlays.

Fuchs concludes, "Physician decisions have significant influence on these costs: the volume of surgery, the number of hospital admissions, the length of stay in the hospital, the number and type of prescriptions—all are subject to physician control."

As PSRO data have become available, we are seeing significant differences in lengths of stay for like procedures contrasted between the east and west—as much as nine days per diagnosis (e.g., Diabetes Mellitus). Even in Pennsylvania, we have seen significant differences in utilization and length of stay between, for example, western Pennsylvania and the rest of the state. A study, conducted during 1976 by Blue Cross of Western Penn-

sylvania, showed that the higher the ratio of beds to physicians, the higher the admission rate.

One can also see statistically significant differences in the length of stay for a procedure as handled by an east coast fee-for-service surgeon as compared with a similar admission by a west coast surgeon employed by a pre-paid health care plan.

Since admissions and length of stay presently appear to be the most fruitful cost saving potentials available to physicians and hospitals, certainly the profession must consider these

significant variations seriously.

Is it possible to practice conservation voluntarily? Perhaps, if all parties—physicians, patients, hospitals—see that it is in their immediate self-interest to do so. Certainly, voluntary restraint and conservation are preferable to government regulation, since it is unlikely that government will allow health care rationing to occur naturally through uncontrolled pricing.

Unless the U.S. rate of productivity grows dramatically and unemployment drops, there will probably not be





enough dollars in the economy to allocate 9, 10, or 11% of the GNP to health care. The segment of the health care industry most vulnerable to control is physicians. As the highest paid professionals in the country, they become an obvious target for federal reg-

ulators. We suggest that unless dramatic voluntary conservation steps are taken by physicians in their role as purchasing agents for patients, odious government controls are inevitable.

#### What can you do?

*Stop apologizing.* The finest medicine in the world is practiced in America. There is absolutely no need to apologize. Most of our problems stem from our desire for "Cadillac medicine" at "Honda prices." Those who idolize socialized medicine should move to England where, according to Harry Schwartz of the *New York Times*, "there is an unhappy English woman who has been waiting since September of 1957 for Britain's national health service to provide her with an orthopedic operation."

Our problems have arisen during the last 50 years when further extensions in life expectancy have become less and less dependent on inexpensive public health measures (immunization) and more and more reliant

upon expensive sophisticated labor-intensive surgical and therapeutic procedures. America's total commitment to the value of *every* human life harkens back to a time when the most extraordinary measures known to medical science might have cost several hundred dollars. Today, the cost of maintaining a single human life for even 24 hours can run to many thousands of dollars.

At some point, American society may be forced to determine whether it can afford to provide every means known to medical science to keep every American alive for as long as possible. In preparation, it may be prudent for physicians to begin thinking how they will respond when directed by government to ration facilities and care on a cost-effective basis.

Even now, it is the responsibility of every physician to talk to his patients about the great health problems which lie ahead. The physician who has not taught his patients about some of the dilemmas in providing the world's best health care should not complain later when the prerequisites of his profession are taken from him. There is an obligation to prepare patients for the day when they will be asked to make these crucial national health decisions.

#### Cost factors beyond physician control

In the marketplace, there are major factors pushing up medical costs which are beyond the control of individual doctors or the profession in general. They relate to the state of the



*DEMANDS FOR increased health insurance benefits—workers' demands for more covered services as well as the demands of sheer population growth—have caused expansion of facilities for delivery of and payment for health care. On the opposite page are Harrisburg Hospital (top) and the older Pennsylvania Blue Shield building, Camp Hill. Blue Shield's new office building in Camp Hill is shown in the bottom photo on this page. Holy Spirit Hospital, Camp Hill, is in the middle photo, while the top photo is a view of the grounds of Harrisburg Hospital.*



art, the expectations of patients, the general economy, and the current national litigious temperament. Patients should recognize the following as beyond the control of physicians:

1. Sophisticated new equipment and treatments, such as open heart surgery, coronary and intensive care units, linear accelerators and cobalt units, hemodialysis units, and whole body scanners, to name a few.

2. Defensive medicine triggered by the malpractice scare.

3. Six-fold and more increases in malpractice insurance premiums.

4. Application of minimum wage laws to hospitals.

5. Increased demand for care by the worried well.

6. Unionization of hospital personnel.

7. Occupational Health and Safety Act requirements on hospitals.

8. Unemployment insurance benefits for hospital personnel.

9. The cost of federal and state regulation.

10. Duplication of hospital inspections and audits.

#### What can PMS do?

Certainly, the Pennsylvania Medical Society has an obligation to inform the public about health care costs and the things that patients and their doctors together can do to help contain medical costs. Examples of future activities include:

1. A pamphlet or a series of pamphlets for distribution in physicians' offices on the subject of health costs.

2. The Society's weekly health column and radio show to devote space on health care costs.

3. The Society's Speakers' Bureau to include health costs in its repertoire of subjects.

4. Articles such as this in PENNSYLVANIA MEDICINE.

5. Programs on medical costs for county society and hospital medical staff meetings.

6. Discussions on medical costs at such meetings as Officers' Conference.

7. Formal assignment of cost control to one of the administrative councils so that it becomes a formal part of the Society's annual agenda.

8. Seek an increase in physician fee schedules for medicaid so that private physicians can care for medicaid pa-

tients in their offices at lower cost to taxpayers than in hospital emergency rooms and clinics.

9. Improve the climate for nursing homes in Pennsylvania so that more nursing home beds are built to take the strain off expensive acute care facilities.

10. Promote the training of more family practitioners.

11. Develop incentives for better distribution of physicians by specialty in Pennsylvania.

12. Develop better manpower statistics to facilitate the study of specialty shortages by geographic areas and to facilitate the better functioning of the medical manpower marketplace in Pennsylvania.

13. Solve the malpractice crisis.

#### Steps doctors can take together

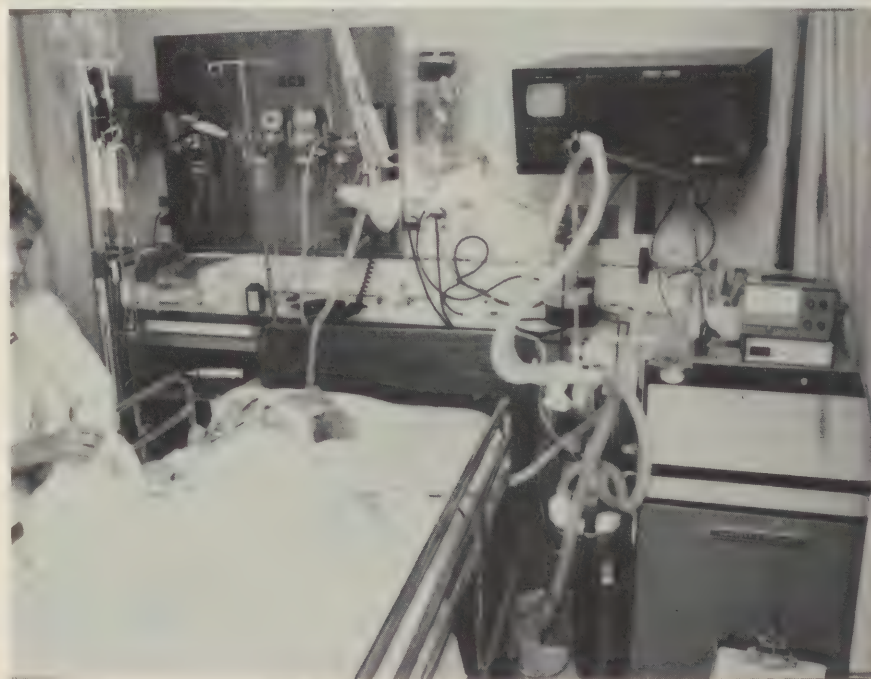
As members of hospital medical staffs, physicians can work in concert to discipline the way health care is ordered and delivered. Hospital medical staffs can:

1. Audit the utilization of hospital services and design educational programs to revise physician diagnostic and prescribing patterns where necessary.

2. Form risk management committees.

3. In the role of purchasing agents for their patients, find out the costs of their hospital orders.

4. Avoid weekend admissions (A





Michigan Blue Cross-Blue Shield study revealed that Friday and Saturday admissions result in longer hospital stays than do admissions on any other days of the week).

5. Review all standing orders and cut out the fat where possible. Honor tests by referring hospitals where appropriate.

6. Make peer review work.

7. Provide representatives to serve on hospital boards;

8. Make health planning work.

9. Get along with 10% fewer beds. (The National Institute of Medicine

has set as a national goal 4.0 non-federal short term general hospital beds per 1,000 population by 1981 representing a cutback of 10% of the current supply of 4.4 beds per 1,000. In 1975 Pennsylvania had 4.5 beds per 1,000.)

#### What can the individual M.D. do?

1. Spend more time listening and talking to patients. In nearly every survey done, the public faults physicians for not spending enough time with their patients. The Society's telephone survey of Pennsylvanians in 1975 revealed that while most Pennsylvanians felt physicians were more competent today than they were 20 years ago, they also felt that physicians were personally less interested in what happens to their patients. They said today's doctors spends less

time with their patients than did doctors 20 years ago. Even in the matter of obtaining informed consent, many physicians still abdicate this vital communication responsibility to a nurse.

2. Experiment with less expensive (non-physician) personnel such as nurse practitioners and physicians' assistants.

3. Learn to delegate less critical activity to subordinates and reserve physician time for things only a doctor can or should do.

4. Spend more money for competent secretarial and managerial talent so that less physician time is spent on the business side of the practice.

5. Install a patient education center to cut down on the frequency of hospitalization and other problems of patients with chronic conditions. Attempt to change the destructive life style of patients.

6. Enroll in some of the practice management courses, many of which are held in Pennsylvania each year under the sponsorship of the Pennsylvania Medical Society's Council on Education and Science.

7. Prescribe generics where feasible and point out to the patient the attempt to save him some dollars.

8. Buy supplies at 30-50% savings from the Pennsylvania Medical Cooperative.

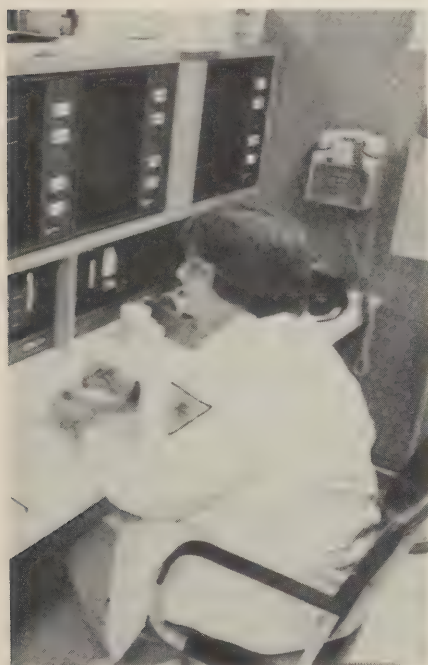
9. Take a pointer from banks and supermarkets and open the office at night and on weekends so patients don't have to take time off from work.

10. Learn to improve communication skills by finding out how you actually come across to your patients in one of several tested and proven sensitivity courses available. For more information, contact the Council on Professional Relations of the Pennsylvania Medical Society.

11. Post the enclosed sign in your office to let patients know that you welcome questions about your fees and payment procedures.

12. Stop passing the buck to the insurance company by saying, "Well, you have insurance don't you?" Instead, worry with the patient about who's going to pay the bill.

Every journey begins with a few steps. Let the profession take these steps freely together lest they later take them in leg irons.



*A STEP which physicians can take together in attempting to control costs is to avoid weekend hospital admissions as they result in longer stays than admissions during the week. Among the cost factors which are beyond physicians' control is the sophisticated equipment used in intensive care (lower photo, opposite page) and cardiac care (adjacent photo) units as well as the growing complexity of routine office equipment (below). Photographs on this and the opposite page were taken at the Polyclinic Medical Center, Harrisburg.*





# For Sale

## Part Ownership In One Of The Nation's Fastest Growing Physician Supply Houses

When you join the Pennsylvania Medical Cooperative you're not just another customer . . . you're one of the owners. And that's just the way we treat you.

As an owner you'll be able to:

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Memberships in the Co-op are now available for a one-time fee of only \$200. Chances are you'll save that much in the first year. Take a moment now to fill out the membership application below. Join the more than 2,000 physicians who now enjoy Co-op savings.



Pennsylvania MEDICAL Cooperative

## THE PENNSYLVANIA MEDICAL COOPERATIVE

### IT'S TIME YOU MADE IT YOUR BUSINESS

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#### MEMBERSHIP APPLICATION

Pennsylvania Medical Cooperative  
3617 Simpson Ferry Road  
Camp Hill, PA 17011

☐ I have heard enough. I am a member of the Pennsylvania Medical Society, so please enroll me as a member of the Pennsylvania Medical Cooperative. Enclosed you will find a check in the amount of \$200 to cover the membership requirement. It is my understanding that this is a life-time subscription entitling me to a vote in the affairs of the Cooperative and giving me the right to purchase all medical supplies offered by the Cooperative.

☐ I am impressed by what I have read, but I would like to know more. Please send me more information and a membership application on the Co-op.

(Please make checks payable to the Pennsylvania Medical Cooperative.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

# On the way to a claims-made policy form

ROBERT L. ARCHER

Harrisburg

*'... the advantage of the claims-made policy form is that the insurance company in its rate-making deals with hard data; that is, claims that it expects to pay or defend. The company does not deal with incurred but not reported claims, the area of judgment which causes great difficulty.'*

Upheaval in the area of professional liability insurance has created so much difficulty in the market place that presently only four insurance companies write substantial numbers of policies in Pennsylvania. They are the Medical Protective Insurance Company, the Argonaut Insurance Company, the Pennsylvania Hospital Insurance Company, and the Joint Underwriting Association which is the residual market.

According to insurance companies' statistics, the major problem is that the number of claims for professional liability is increasing as is the severity (size of settlement) of those claims. A 10,000 claim study by the National Association of Insurance Commissioners presents evidence in support of the insurance companies.

Most rating plans for professional liability insurance utilize an "occurrence policy" which merely means the insurance company pays any future loss which may be discovered even though the policy is no longer in force.

The other type of policy is the "claims-made" policy which states that future discoveries will be covered if and only if the policy is in force at the time discovery is made. For instance, if a tort were to occur in 1977, the policy lapsing at the end of the year, and the tort were discovered in 1978 or later, there would be no insurance coverage. That is not an attractive

situation for a physician who may elect to retire or otherwise leave an insurance company and insure elsewhere; the physician is personally liable for claims discovered after he leaves the insurance company.

The solution is to purchase a "tail" policy at the time of termination of insurance so that any losses discovered in the future will be covered by the insurance company. The overriding concern of physicians regarding claims-made policy forms is that when they retire or otherwise leave the insurance company they will not be able to afford purchase of the tail policy and will be subject to a great deal of unknown risk.

A claims-made policy form can accomplish several important objectives. The first objective is immediate reduction of premiums. The second is to assist the insurance companies in making rates in order to reduce prospective judgment in determining what future cost of claims might be under the occurrence policy. The third objective is to demonstrate a method of exercising individual physician

responsibility so that when a tail policy is necessary the funds are there to pay for it.

## Premium reduction

The first issue is an immediate reduction in premium. In insurance rating for professional liability, the companies report to the Insurance Department the premium income for a policy year or accident year and show how the losses which resulted in that policy year developed; this is called a loss development schedule.

A New York study shows that during the first policy year the actual claims reported and not paid or reported and paid are about 60 percent of the total claims that will be reported for that policy year. During the second year the figure is 23 percent; the third year, 10 percent; the fourth year, 3 percent; fifth year, 1 percent; and the remaining 2 percent is reported in subsequent years, sometimes as long as 22 years after the policy year.

What an insurance company does when it receives a doctor's premium is to place it in various reserves, first taking out acquisition costs and taxes, and then charging those reserves with unearned premiums, claims cost, defense cost, and administrative expenses. Theoretically, at the end of five years in Pennsylvania the net in the reserve funds would be zero, except those funds earmarked to

*Mr. Archer is director of Health Policy and Operations with the Pennsylvania State Insurance Department, Harrisburg.*



**TABLE 1**  
**OCCURRENCE/CLAIMS-MADE RATE EXHIBIT**

	YEAR ONE	YEAR TWO
Cost of Occurrence Policy	\$ 1744	\$ 1744
Cost of Claims-Made Policy	\$ 698	\$ 1395
Cost of Tail Policy	\$ 1090	\$ 1918

(NOTE: Tail policy cost for year two is cumulative because it includes future liability arising from both years one and two.)

settle filed claims, which may take several more years. The same procedure is followed for each policy year.

### Predicting future costs

What claims-made does for the system is to eliminate what the industry refers to as "incurred but not reported" claims. Obviously, when the policy goes into effect on January 1, no claims have been reported so most of the money begins to flow from the unearned premium account to a reserve called "incurred but not reported" (IBNR). As claims develop the money is taken out of IBNR and placed in a claims reserve, which is an estimate of what a reported incident may develop based on the insurance company's judgment.

The problem is that a company looks ahead five years. If the company were not forced to do that and were required to deal only with reported incidents where there is a reasonable expectation of a claim, the only reserves they would need to maintain are reported claims reserves and one-year IBNR. Thus, a substantial portion of that first year's premium would not need to be charged because most of it covers losses to be discovered in future years. Accordingly, the first year's premium under a claims-made policy form could be reduced from, say, \$2,000 on the occurrence policy to \$400 on the claims-made policy.

In the second year of the claims-made policy form there is modest activity in claims for that policy year but claims from the preceding year begin to come in. A higher premium must be charged in order to cover reported claims from the preceding year plus those

from the current year. This continues on through the fifth year, at which time in Pennsylvania the Catastrophe Loss Fund insures any further reported losses.

Administrative cost and certain other expenses aside, and all other things equal (that is, inflation not being present), the difference in cost between a claims-made policy form and an occurrence policy form over a five year term is equal to one year's occurrence policy rate. One may determine the figure by adding together the annual differences between claims-made and occurrence prices for the five years.

Let us consider an example using actual numbers filed by the Argonaut Insurance Company (Table I). If a physician retires at the end of the first year, during which his occurrence policy cost would have been \$1,744 but he only paid \$698 for claims-made, the cost of the tail coverage is \$1,090. If he retires at the end of year two, the cost of the claims-made policy for year two is \$1,395 and the tail coverage is \$1,918. The jump to \$1,918 the second year reflects future liability from both years. If inflation, increase in claims, and severity were moderated, the change would be reflected through a reduction; if those factors were to increase, the tail price would rise.

In short, the advantage of the claims-made policy form is that the insurance company in its rate-making deals with hard data; that is, claims that it expects to pay or defend. The company does not deal with incurred but not reported claims, the area of judgment which causes great difficulty. The apparent disadvantage

to the physician is that he would have to pay a premium for tail coverage when he retires from the insurance company; the tail coverage would equal an occurrence policy rate for that year.

### Physician's responsibility

The advantages seem to outweigh the disadvantages. If, for example, a substantial financial commitment at the time of retirement is a problem, the physician may find a method to prepare for eventual tail policy purchase. The Insurance Department proposes that the physician fund the difference between the occurrence policy and the tail policy each year for the five years. This gives him control over the money. He is entitled to the investment income on that money and the premium he is paying is predicated upon reported and paid losses.

Since interest on investment may not counteract the inflation of increasing claims and severity, the insurance company can provide a periodic statement which shows on an annual basis the actual cost of a tail policy should the physician elect to purchase it. This may sound like a difficult task, but in fact it is no different than the company's procedure in making occurrence policy rates. With the policy renewal statement the insurance company sends the doctor a bill for a claims-made policy and a statement showing the cost of tail coverage at that time. If the physician were to be insured for ten years under claims-made, for example, he would put into reserve a larger portion during the earlier years. The reserve amount would taper off to a point at which additional monies would be deposited only to offset the effects of inflation less any interest accumulating from the fund.

The Insurance Department has asked insurance companies to write optional claims-made policies in Pennsylvania. By law companies writing claims-made policies must offer a tail policy, the rates of which require Insurance Department approval. □



## In-house system versus computer service bureau

EDWARD H. ACHORN, M.Ad., C.P.A.

DONALD L. DeMUTH, M.B.A., C.P.A.

Harrisburg

The age of computers has arrived. Last month's article dealt with the possible uses of computers in the management of a medical practice. The following paragraphs examine the advantages and disadvantages of installing a computer in the office and using a computer service bureau.

### Common alternatives

1. A semi-automated system uses a terminal in the physician's office. The terminal may be in the form of a cathode ray tube (CRT), or it may be in the form of a non-visible unit, such as a typewriter-like printer.

2. A computer service bureau is probably the most common approach. In this case, the physician has no equipment in the office. He merely sends his work to the service bureau and, in turn, receives the finished work.

*The authors are on the faculty of The Pennsylvania State University's Capitol Campus, Middletown. Mr. DeMuth is an assistant professor of accounting and finance and Mr. Achorn is an assistant professor of accounting and management. For reprints write either Mr. Achorn or Mr. DeMuth at The Pennsylvania State University, The Capitol Campus, Middletown, PA 17057.*

3. A modification of the previous approach is the use of a service bureau; however, the physician has terminal(s) in his office which are used to transmit the work to and from the service bureau. In all cases, there is a need to record data in a machineable form. In this case, office personnel record data.

4. With an automatic system using an "in-house" computer, the work is done in batches, perhaps at the end of the day.

5. Another type of automatic system uses "on-line" CRT terminals. With this technique, the charges and credits, etc., are entered directly as they occur.

Some aspects of the computer industry are in a state of rapid change while others remain stable. Much is said about obsolescence; however, the techniques of computerization have not changed radically—only the hardware has changed. When deciding to proceed in a given direction, the physician should understand that he is making a five to seven year commitment because:

1. The cost of programming (software) is high and must be amortized.

2. Getting maximum advantage of the investment credit requires a seven year holding period.

3. Once equipment is amortized, it is still operable. There is still a major market for used computer equipment as much as 15 years old. Thus obsolescence is not a major factor.

An examination of the advantages and disadvantages of the different approaches to computerization will aid in understanding the processes.

### Advantages

**Computer service bureau**—Costs are usually incurred on a per-document basis, thereby permitting the expansion and contraction of the practice with cost in direct proportion. (In modern accounting terminology, these are referred to as variable costs.)

A service bureau eliminates the need for a large investment in equipment. The doctor does not need to satisfy requirements for a room with appropriate electricity and air conditioning if he uses a service bureau.

High-priced computer personnel are not required. The inordinate salary of a programmer and/or operator and its related effect on other salaries is avoided.

A bureau usually permits submission of claims to third parties on magnetic tape, thereby improving processing time and cash flow.

Service problems are eliminated; the service bureau is responsible for maintenance of the equipment.

With a well-run bureau, the doctor will not be farmed. A good preventive measure is to obtain a cost estimate before commencing a project and make payment upon its completion.

**In-house computer**—Long term costs will decline significantly, once



the system is paid for and/or amortized.

An in-house system presents no limitation to cycle. Bills or statements may be prepared as desired. (This capability should be used sparingly, however, to prevent the skyrocketing of costs.)

The ability to build files and programs, thereby enhancing flexibility,

a disadvantage of packages, whether in-house or out-house, in that title normally rests with the software or computer firm, and change implies re-programming or seeking another package.)

In order to use a service bureau, the office must be disciplined to a cycle. Charges and credits must be closed out on a cutoff date—a deadline. (This is

problem; such disagreement can delay repair.

#### Usual costs

Examining advantages and disadvantages of different approaches is a matter of common sense. An important aspect of such an examination is consideration of the nature of the arrangements.

If the physician were to consider moving his office, he would most probably examine the major alternatives from an economic standpoint. In "Computerese" this is known as a feasibility study, which may take many forms. Under any circumstances, the doctor must know what he is getting into—and to understand.

**Service bureau**—Normally charges are based on a per document basis—perhaps per statement, per bill, or per line item.

Postage is usually a separate charge.

Programming charges are usually on a per diem basis for "customizing."

Service bureaus usually charge extra for supplies—a significant factor because of inflation. The doctor should make sure those charges are specified.

If "open item" receivables are used, service bureaus normally charge per open item. (This simply refers to the system whereby records are kept by billing, as opposed to a simple balance from the previous month.)

Frequently bureaus charge for storage media such as disk packs, tapes, etc. Transactions with those bureaus should include a clear statement in regard to ownership of the physical asset.

Special runs are usually billed per hour of machine time. The physician should know the rates as well as the basis for computer time (meter time or the clock on the wall).

*Caution:* In any agreement, even if it is a handshake, take pains to clarify ownership of data and programs, and the confidentiality thereof. Seldom will confidentiality be a problem, but the question of data and programs has several ramifications:

1. Who owns the programs? In what forms are they made available? In what programming language? Most desirably, the programs should be made available in 80 column card form or some other commonly used media. These should be source (not ob-

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*'Caution: In any agreement, even if it is a handshake, take pains to clarify ownership of data and programs, and their confidentiality. . . . Who owns the programs? . . . Who owns the data? . . . What price confidentiality? . . . Under any circumstances, the doctor must know what he is getting into—and to understand.'*

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is a distinct advantage of an in-house computer. In a static (non-growth) practice, the advantage is marginal.

Costs are essentially fixed. Increases in practice volume do not automatically mean proportionately increased costs. (This can be a disadvantage on the down side.)

If using an on-line CRT, instant inquiry from patients may be handled; posting is always up to date and does not wait for the cycle to be processed. (The extra hardware needed to take advantage of this feature is an additional cost.)

If a physician's practice volume is sufficient to justify a system in-house, he is master of his own fate.

Just as in real estate, to own one's computer is to hedge against inflationary costs.

#### Disadvantages

**Service bureau**—Entries cannot be made directly; computer codes and account numbers must be used. (This is probably the case with in-house equipment.)

Patient input needs to be recorded twice—once by the receptionist and again by the key-punch operator of the service bureau. The double recording can be reduced if "on-line" equipment is used.

System changes involve a third party. If using a package program, it may not be feasible to change. (This is

also true of in-house batch-type computers.)

**In-house equipment**—The computer needs a room with appropriate electric and air conditioning. A typical system will need two hundred square feet, a 30-ampere dedicated circuit, and room air conditioning plus.

A staff programmer may be needed for an in-house system. In many cases, programming services are available on a per diem basis, so a staff programmer may not always be necessary.

An operator is needed to run an in-house system. Depending on the complexity and the nature of the system, this may or may not be a major consideration. For example, a mini-computer may be effectively operated by office personnel.

An office using an in-house system must exercise care in backing-up files and providing for data security, both from a fidelity and from an error standpoint.

Costs are basically fixed. If practice volume decreases, costs will remain essentially the same.

Service problems, when they occur, are the user's headaches. This is not normally a problem, for most manufacturers provide excellent maintenance on a contract basis. When multiple manufacturers are involved, however, they often disagree about whose equipment is causing the



ject) programs in any common language such as RPG or COBOL. There is probably little reason not to permit joint ownership; thus the service bureau can expand its scope of services. However, the user should bargain for ownership, as well, to insure continuity of operations in the event of catastrophe such as fire, flood, or bankruptcy.

2. Who owns the data? In what form is it to be made available? There is probably little legal question that the user owns the data, but it must be made clear that it is solely his and not usable by the service center. Further, should a change be made—for whatever reason—it should be clear in what form the data is maintained, and what costs will be incurred in securing the data.

3. What price confidentiality? Any reputable service center will accept the physician's need for privacy. However, even the best of organizations may have a bad apple, and steps should be taken to detect and prevent this. Several "blind" names in a master file is one of several common techniques.

**In-house equipment**—The obvious major cost is the initial investment in hardware. Mini-computers are now available at a starting price of \$30,000. This may be adequate, or it may be necessary to have additional hardware. Generally the degree of sophistication and number and content of records dictate the costs. For example, if a doctor is content to operate in a "batch mode," i.e., if he is willing to forego the luxury of being able to inquire about account status by use of CRTs, he will be able to considerably reduce the hardware required. If record size is held down, this luxury may still be available.

As mentioned above, an in-house system often requires an operator. The degree of training needed depends on the size of the system. Additionally, a "back-up" operator should be available in the event of illness. The process need not be sophisticated, and that back-up person may have other normal duties but should be able to keep the day to day process running.

Preparations necessary for installation create added expenses—a room with a dedicated circuit of 30 amperes and air conditioning. The mini-

computers do not require as much environmental planning as the more sophisticated hardware.

Programming costs, nebulous by nature, are difficult to pin down and easy to get out of control. The manufacturers frequently supply "package" programs. Usually, these are either not susceptible to modification or may be modified only at a very substantial cost. A new development in the industry is the advent of software houses which sell programs and do contract programming. These programs may be less expensive than the manufacturers'. Another alternative is the use of "moonlight" programmers to tailor programs to specific requirements. While the latter alternative may be less expensive, it is also more treacherous, for the moonlighter's first responsibility is his prime job. The physician should consider a tight contract containing completion dates, penalty clauses, and mechanics of payment.

Service costs are usually handled by maintenance contract, and while substantial, are usually predictable. Service is normally reliable unless the

service location is a great distance from the computer.

Supplies costs have been subject to inflation, and are a significant item.

A rule of thumb which may help in testing estimates is that machinery, labor, and overhead are usually incurred in approximately equal parts. While it is not scientific, the rule can be used to test the validity of cost estimates and provide confidence in the estimates; it may also suggest missing or overestimated costs.

The information above may seem technical in nature but it is really a matter of common sense.

In summary, when considering using a computer in a medical practice a doctor should use the following guidelines:

1. Understand the proposed system thoroughly.
2. Pinpoint responsibilities.
3. Pinpoint rates and costs.
4. Be assured of projected volumes. If underestimated, the physician's costs will be proportionately greater.
5. Be clear as to ownership of programs, data, and the media by which they will be returned. □

## **The Pennsylvania Society of Colon and Rectal Surgery Scientific Meeting**

**September 16**

**Union League**

**Philadelphia**

Executive Council meeting 5:00 p.m., followed by cocktails at 6:00 p.m., and dinner at 7:00 p.m.

### **Program:**

Surgery of intestinal injury following radiation therapy to the urinary bladder

Colonoscopy—practiced with a surgical conscience  
Ileorectal anastomosis in the surgery of inflammatory bowel disease.

Application of ultrasound in the management of intra-abdominal disorders

Non-members are cordially invited to attend and may send their reservations with check in the amount of \$15.00 per person to W. Davy Smith, M.D., Providence Medical Center, 2112 Providence Ave., Chester, PA 19013.



# **Fall Courses 1977**

## **New York University Post-Graduate Medical School**

### **Clinical Anesthesia Today (CAT III)**

**Tuition \$200\***

**September 16-18**

For practitioners and nurse anesthetists to improve and update skills in clinical anesthesia. Stress is on new management and care concepts, especially in circulation, respiration, anesthetic agents, obstetrics, neuroanesthesia and pediatrics. Includes group workshops in respiratory care and a special session on government regulation and malpractice. Review will assist in preparation for the ADA oral examination. Tuition \$100 for residents and nurse anesthetists. (21 AMA Category I Credit hours)

### **Clinical Rheumatology for Primary Physicians**

**Tuition \$165\***

**October 9-10**

Practical knowledge and application of the newest developments in the diagnosis and treatment of the rheumatic diseases. Special attention to the more common disorders such as rheumatoid arthritis, gout, osteoarthritis and various musculoskeletal syndromes. Problem cases are presented and discussed. Several concurrent lectures in Spanish are offered. (14 AAFP prescribed hours; 14 AMA Category I Credit hours.)

### **Introduction to Medical Genetics for Primary Physicians**

**Tuition \$165\***

**October 11-12**

Basic concepts and genetic terminology are defined. Differential diagnosis with emphasis on inborn errors of metabolism is reviewed with special attention to practical application in clinical situations. Office counseling and treatment including dietary and replacement therapy and the implications of genetic screening are considered (14 AAFP prescribed hours; 14 AMA Category I Credit hours).

### **General Diagnostic Radiology**

**Tuition \$275\***

**October 10-14**

An in-depth survey of all subspecialties of diagnostic radiology including neuroradiology and bone and joint radiology. Basic concepts and practical clinical applications are reviewed with particular attention to currently accepted procedures as well as newer developments, e.g., computerized tomography and its application to the trunk and head. A refresher course for practicing radiologists and a review for candidates preparing for radiology exams. Tuition \$175 for residents, fellows and military personnel. (30 AMA Category I Credit hours.)

### **Dermatological Diagnosis & Management for the Primary Physician**

**Tuition \$200\***

**October 26-28**

Common dermatologic problems are considered with emphasis on unraveling diagnostic possibilities in a presenting complaint and providing relief of the patient's symptoms while the evaluation is underway. Format includes clinical presentations and a workshop on therapeutics. (21 AAFP prescribed hours; 21 AMA Category I Credit hours).

### **Introduction to Echocardiography**

**Tuition \$165\***

**October 20-21**

Basic physical concepts of sound and ultrasound are reviewed, echocardiographic equipment is described and demonstrated and examination techniques are illustrated. Indications for examination in adults and children are presented and the echocardiographic patterns of patient problems commonly seen in practice are examined. Assumes no previous experience with the subject. Will assist physicians evaluate their patients' echocardiograms and intelligently interpret the literature. (14 AMA Category I Credit hours.)

### **Management of Common Orthopedic Problems for the Primary Physician**

**Tuition \$165\***

**October 22-23**

An intensely practical review of the diagnosis and management of common orthopedic problems as seen in the office and emergency room. Topics include neck and shoulder pain, hand trauma, low back pain and disc disease, the painful hip, the painful knee, the sprained ankle, common foot problems and frequently missed fractures. Instructors stress their personalized approach to diagnosis and management. (14 AMA Category I Credit hours; AAFP and Emergency Medicine credit pending.)

### **Hypnosis for the Primary Physician**

**Tuition \$165\***

**October 29-30**

A practical demonstration on how and when to employ hypnosis in office practice. The use of the Hypnotic Induction Profile (test and measure of hypnotizability) is taught as a diagnostic tool and a therapeutic agent in the treatment of smoking, weight control, management of pain, seizure disorders, control of breathing disorders, blood pressure, functional cardiac arrhythmias and the management of phobic reactions. The relation of hypnosis to TM, yoga, biofeedback and acupuncture is examined. (14 AAFP prescribed hours; 14 AMA Category I Credit hours.)

**Additional Courses—Fall 1977—**• Management of the Alcoholic and the Alcohol Abuser, Oct. 13-15 • Internal Medicine: An In-Depth Review, Sept.-April • Diagnosis of Inflammatory Skin Diseases (dermatologists, pathologists), Oct. 13-15 • Helping Children Cope, Oct. 15 • Hotchkiss Symposium on Male Infertility, Nov. 5-6 • Neurosurgery/New York City 1977, Nov. 28-Dec. 1 • Urodynamics, Dec. 3-6 • Advanced Clinical Diagnosis of Neuromuscular Disease, Dec. 8-9 • Diagnostic Radiology for the Primary Physician, Dec. 9-10.

\* Tuition includes continental breakfast, lunch, refreshments, and written materials.

**For more detailed information write or phone:** Registration Department, NYU Post-Graduate Medical School, 550 First Avenue, New York, NY 10016; (212) 679-3200, ext. 4038.





**D. Rohrer Eshelman, M.D.**, Lancaster, recently returned to Nazareth, Ethiopia, where he had worked for 18 years, in order to answer an emergency call from the 80-bed HaileMariam Mammo Memorial Hospital there. Dr. Eshelman first went to Ethiopia in 1950 and for ten years was the only doctor in the hospital in Nazareth. In 1968, when he returned to Lancaster, the hospital had three doctors and a school for medical training. Because of the recent unrest in Ethiopia, the three doctors resigned from the hospital, so Dr. and Mrs. Eshelman are filling in for four months until a new doctor arrives. Since 1968 Dr. Eshelman has been an emergency room physician at St. Joseph's Hospital.

State Society awards for 50 years in the practice of medicine were recently presented to **Luther I. Fisher, M.D.**, Bethlehem; **Fred E. Murdock, M.D.**, DuBois; **Anthony J. Sparta, M.D.**, Easton; and **Raymond Wing, M.D.**, Easton.

**John B. Coates, Jr., M.D.**, Phoenixville, was installed recently as president of the Chester County Medical Society during its annual dinner meeting. He is a retired brigadier general in the United States Army. The other officers of the county society are: **Thomas S. Johnston, M.D.**, West Chester, president elect; **E. Thomas Deutsch, Jr., M.D.**, Malvern, vice president; **Norman A. Goldstein, M.D.**, Phoenixville, secretary; and **Pascal J. Imperato, M.D.**, Paoli, treasurer.

The Community of Beallsville recently celebrated the nintieth birthday of **Milton F. Manning, M.D.** Dr. Manning began his practice in Beallsville in July 1913 and continued seeing patients until last May—almost 65 years in medical practice.

Three physicians at Temple University Hospital were recently recognized for their excellence as chief residents of the department of medicine. They are: **Frank S. James, M.D.**,

currently with Temple under a fellowship in cardiology; **Matthew B. Naegle, M.D.**, also with Temple as associate professor of medicine and a staff member of the diagnostic center; and **Craig Sussman, M.D.**, who is presently a fellow in endocrinology at Vanderbilt University, Nashville.

**Bruce G. Pitts, M.D.**, was named recently as resident of the year by the department of medicine at Temple University Hospital. The award, given to the hospital by the Upjohn Company for the outstanding resident among the first-year group, was presented for the first time. Dr. Pitts received his medical degree from the University of Pennsylvania School of Medicine.

Physicians on the faculty of the Pennsylvania State University College of Medicine, Milton S. Hershey Medical Center, Hershey, have received the following academic promotions: **Arthur H. Hayes, Jr., M.D.**, professor of medicine and pharmacology; **Rodrigue Mortel, M.D.**, professor of obstetrics and gynecology;

**William S. Pierce, M.D.**, professor of surgery; **Arthur B. Abt, M.D.**, associate professor of pathology; **Joseph D. Babb, M.D.**, associate professor of medicine; **John H. Dossett, M.D.**, associate professor of pediatrics; **Laszlo Geder, M.D.**, associate professor of microbiology; **Alexander Kalenak, M.D.**, associate professor of surgery; **David M. Leaman, M.D.**, associate professor of medicine; **Gary G. Nicholas, M.D.**, associate professor of surgery; **Robert B. Page, M.D.**, associate professor of surgery; **Javad Towfighi, M.D.**, associate professor of pathology; **Joseph J. Trautlein, M.D.**, associate professor of medicine; **Lottie A. Varano, M.D.**, associate professor of radiology; **Victor Whitman, M.D.**, associate professor of pediatrics; **Willis W. Willard, M.D.**, associate professor of family and community medicine; and **Keith H. Marks, M.B., B.Ch.**, assistant professor of pediatrics.

The Fogarty International Center of the National Institutes of Health recently awarded a senior international fellowship to **William S. Frankl, M.D.**, St. Davids. Beginning January 1978, Dr. Frankl will work for one year in the Cardiothoracic Institute of the University of London. He will study myocardial function and ionic exchange in anesthesia in order to delineate the cellular basis for development of arrhythmias often seen in patients given anesthesia, especially for cardiac surgery. Dr. Frankl is professor of medicine and director of the cardiovascular division at the Medical College of Pennsylvania and president of the Southeastern Pennsylvania Chapter of the American Heart Association.

**John A. Waldhausen, M.D.**, was elected recently to a two-year term as president of the Thoracic Surgery Directors Association. Dr. Waldhausen is professor and chairman of surgery and chief of the division of cardiothoracic surgery at the Pennsylvania State University College of Medicine, Milton S. Hershey Medical Center, Hershey.

*J. Mostyn Davis, M.D., Shamokin, joined more than sixty other witnesses in Philadelphia June 16 to testify during hearings of the National Commission on Smoking and Public Policy. Dr. Davis, who is chairman of the State Society's Officers' Conference Committee, addressed the commission on the subject of smoking as it relates to pregnant women and young people. The hearings, sponsored by the Philadelphia Division of the American Cancer Society, were conducted as part of the national organization's "Target Five" campaign to reduce smoking among youth and adults by 50 to 25 percent respectively in the next five years. State Secretary of Health Leonard Bachman, M.D., and Robert C. Eyerly, M.D., Danville, chairman of the Pennsylvania Cancer Coordinating Committee, also addressed the commission.*





**Eastern Pennsylvania Chapter of the American College of Surgeons  
Twenty-Sixth Annual Meeting\***  
**Wednesday, November 9, 1977      Holiday Inn East-Bethlehem, Pa.**

**Schedule of Events**

Registration—8:15-9 a.m.

**Morning Session  
General Surgery Program  
Marfil Room**

**Presiding Officer**  
**Harry G. Light, M.D., F.A.C.S.**  
**St. Luke's Hospital, Bethlehem, PA**

9:00 a.m.: Harry Goldsmith, M.D., Samuel Gross Professor of Surgery, Thomas Jefferson University Medical School, Philadelphia, PA., SUBJECT: LIVER SURGERY.

9:45 a.m.: Robert Freeark, M.D., Professor and Chairman, Department of Surgery, Stritch School of Medicine of Loyola University of Chicago, Maywood, IL., SUBJECT: DIVERTICULAR DISEASE OF THE COLON

10:30 a.m.: Francis D. Moore, M.D., Elliott Carr Cutler Professor of Surgery, Harvard Medical School, Boston, MA., SUBJECT: THE TREATMENT OF BREAST CANCER IN VARIOUS STAGES OF DEVELOPMENT.

11:15 a.m.: Harry H. LeVeen, M.D., Chief of Surgical Service, Professor of Surgery, State University of New York, Veterans Administration Hospital, Brooklyn, NY., SUBJECT: TREATMENT OF TUMORS WITH RADIOFREQUENCY - THERMOGRAPHY.

12:00 p.m.: Cocktails MARFIL ROOM.

12:30 p.m.: Luncheon BALLROOM.

Presiding Officer: Harry G. Light, M.D., F.A.C.S., President, Eastern Pennsylvania Chapter of the American College of Surgeons. SPEAKER: Francis D. Moore, M.D., SUBJECT: "HOW FAST DO WE WANT SURGICAL MANPOWER TO GROW?"

**Afternoon Session  
Presiding Officer**  
**Stuart H. Irons, M.D., F.A.C.S.**  
**Wilkes-Barre, PA**

2:00 p.m.: Resident's Paper.

2:30 p.m.: PANEL DISCUSSION MODERATOR: Charles K. Zug, III, M.D., F.A.C.S., Bethlehem, PA

PANELISTS: Robert Freeark, M.D., Harry Goldsmith, M.D., Harry H. LeVeen, M.D., Francis D. Moore, M.D., SUBJECT: SURGICAL COMPLICATIONS—THEIR AVOIDANCE OR TREATMENT

4:00 p.m.: CHAPTER MEETING

**Morning Session  
Gynecologic and Urologic Program  
Sala De Oro Room**

**Presiding Officer**  
**Frank S. Flor, M.D., F.A.C.S.**  
**St. Luke's Hospital, Bethlehem, PA**

9:00 a.m.: Earl F. Greenwald, M.D., Associate Professor of Obstetrics/Gynecology, Director of Section of Gynecological Oncology, Temple University School of Medicine, Philadelphia, PA., SUBJECT: CARCINOMA OF THE CERVIX.

10:00 a.m.: Equinn W. Munnell, M.D., Professor of Clinical Gynecology & Obstetrics, College of Physicians and Surgeons, Columbia University, New York, Attending Obstetrician & Gynecologist, Presbyterian Hospital, New York, NY., SUBJECT: CARCINOMA OF THE ENDOMETRIUM.

11:00 a.m.: Joseph N. Corniere, Jr., M.D., Professor & Director, Division of Urology, University of Texas, Houston, TX., SUBJECT: UROLOGICAL COMPLICATIONS FOLLOWING GYNECOLOGICAL SURGERY.

12:00 p.m.: Cocktails MARFIL ROOM.

12:30 p.m.: Luncheon BALLROOM.

**Afternoon Session**

2:00 p.m.: Panel Discussion and Question-and-Answer Session with Questions Submitted by Audience.

**\* in association with the Lehigh Valley Obstetrical Society and the American Trauma Society, Pennsylvania Division.**

As an organization accredited for continuing medical education, the Pennsylvania Medical Society certifies that this continuing medical education offering meets the criteria for hour for hour credit in Category I of the Physician's Recognition Award of the American Medical Association, provided it is used and completed as designed.

**Morning Session  
Trauma Program  
Darsena Room**

**Presiding Officer**  
**Charles F. Snyder, Jr., M.D., F.A.C.S.**  
**St. Luke's Hospital, Bethlehem, PA**

9:00 a.m.: William P. Graham, M.D., Chief, Plastic Surgery,\* Hershey Medical School, Hershey, PA., SUBJECT: SOFT TISSUE INJURIES.

9:45 a.m.: Carl T. Brighton, M.D., P.H.D., Professor & Chairman, Department of Orthopedics, University of Pennsylvania, SUBJECT: "THE TREATMENT FRACTURE NON-UNION WITH ELECTRICITY"

10:30 a.m.: Peter Janetta, M.D., Professor & Chairman, Department of Neurosurgery, University of Pittsburgh School of Medicine, Pittsburgh, PA., SUBJECT: THE CEREBELLOPONTINE ANGLE AS PANDORA'S BOX: THE CRANIAL NERVE DYSFUNCTION SYNDROMES.

11:15 a.m.: Felicien Steichen, M.D., President PA Division, American Trauma Society, University of Pittsburgh School of Medicine, Pittsburgh, PA., SUBJECT: PRESENT AND FUTURE TRENDS IN THE MANAGEMENT OF TRAUMA.

12:00 p.m.: Cocktails MARFIL ROOM.

12:30 p.m.: Luncheon BALLROOM.

**Afternoon Session**

2:00 p.m.: Felicien Steichen, M.D., PRESENTATION OF A CASE OF MULTI-SYSTEM TRAUMA

PANEL DISCUSSION OF MANAGEMENT: Carl T. Brighton, M.D., William P. Graham, M.D., Peter Janetta, M.D., John Ryan, M.D.

4:00 p.m.: CHAPTER MEETING.

**Eastern Pennsylvania Chapter of the American College of Surgeons  
20 Erford Rd, Lemoyne PA 17043**

**Annual Meeting Registration (Pre-Registration Requested)**

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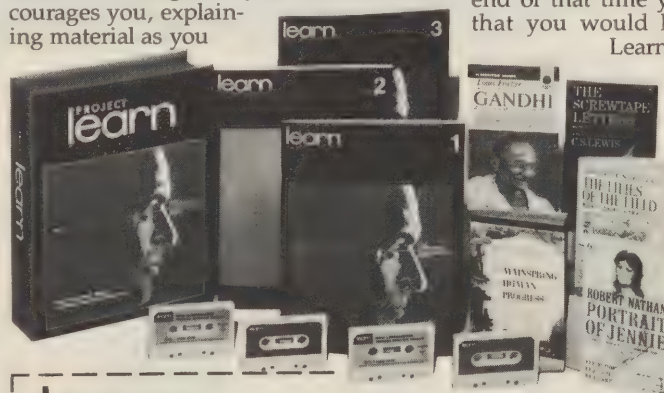
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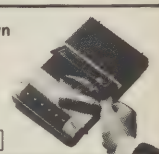
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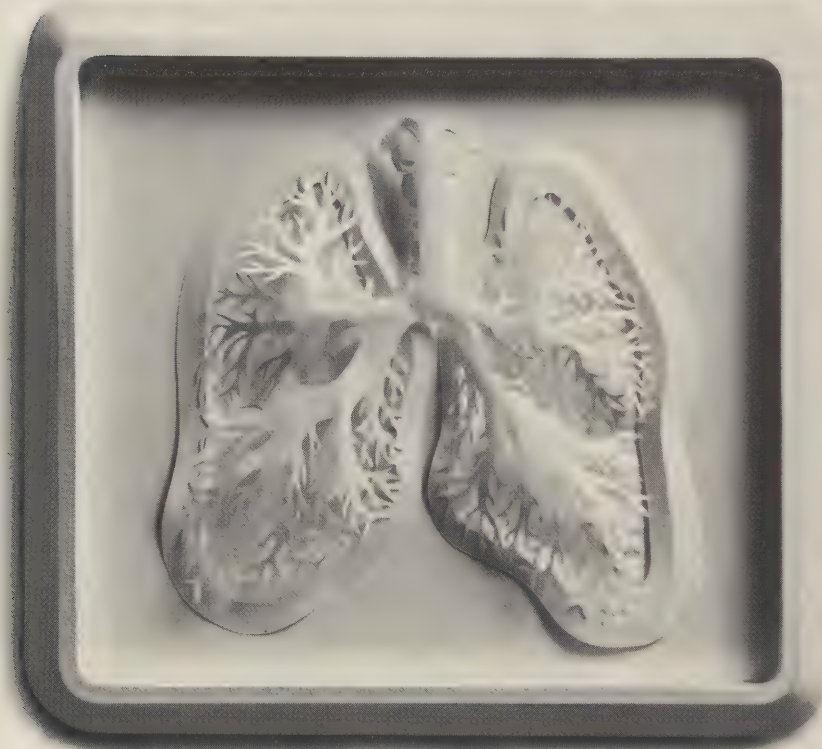
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	29-Sept. 2 Seattle, Washington	706
September	7-11 Ann Arbor, Michigan	707
	7-11 Richmond, Virginia	708
	<del>7-11 San Francisco, California</del>	<del>709</del>
	14-18 Kansas City, Missouri	710
	<del>26-30 Cambridge, Massachusetts</del>	<del>711</del>
	26-30 Los Angeles, California	712
	26-30 Philadelphia, Pennsylvania	713
	26-30 Rochester, Minnesota	714
	26-30 Washington, DC	715
	October 1-5 Montauk Point, L.I., NY	716
October	3-7 Cincinnati, Ohio	717
	3-7 Denver, Colorado	718
	3-7 Houston, Texas	719
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## Test your capital gains tax I.Q.

**DONALD L. DeMUTH, M.B.A., C.P.A.**

**EDWARD H. ACHORN, M.Adm., C.P.A.**

**Harrisburg**

**D**o you think that capital gains tax laws state only that any gains from the sale of stock are taxed? Answer the following questions and you might be surprised.

- You bought a convertible a year before production ended. Now you are going to give up the glamour for the safety and economy of a diesel powered Mercedes. You sell the convertible for more than you paid for it, since it is now a collector's item. Will you have to pay a capital gains tax on the difference between the convertible's purchase price and the amount for which you sold it?

- You own some stock, the price of which you believe is as high as it will be; you are considering selling it now to realize substantial capital gain. The only reason you have not sold the stock yet is that earlier this year you sold some other securities and garnered big gains on that transaction. If you sell the stock you will be in a much higher tax bracket than if you wait until next year to sell. Is there any way you could sell the stock now and push off paying the capital gains tax until next year?

- A radiologist friend of yours has bought some municipal bonds to take advantage of the federal income tax free interest. He buys some new equipment and sells the bonds at a price less than he paid for them. Will he be able to subtract the loss from his other capital gains?

- A pediatrician had bought a vacation cabin in the mountains several years ago for \$10,000. During a recent dry spell, the cabin was totally destroyed by a forest fire. He has received \$15,000 from the insurance company and does not intend to

rebuild the cabin or buy another. Is this a capital gain?

- You are a numismatist and have sold some coins which you had owned for several years at a \$750 profit. Since coin collecting is your hobby, not your business, must you pay capital gains tax on the transaction?

- Your wife lost a diamond ring which cost \$200 ten years ago. The insurance company has paid you \$650, the ring's market value at the time it was lost. Must you pay a capital gains tax on the \$450 difference between the insurance proceeds and the cost?

- If you sell your ownership in a practice for \$50,000, your tax will differ depending on whether you are selling an unincorporated solo practice, your share of a partnership, or your shares of stock in a professional corporation. Is this statement correct?

If you answered "no" to any of the above questions, read further to discover why all answers are "yes." Even if you have a perfect score, you might pick up some other pointers from the following paragraphs.

*Mr. Achorn is assistant professor of accounting and management and Mr. DeMuth is assistant professor of accounting and finance at The Pennsylvania State University's Capitol Campus, Middletown. For reprints write to Mr. Achorn or Mr. DeMuth at The Pennsylvania State University, The Capitol Campus, Middletown, PA 17057.*

### Short sale against the box

At this writing, Eastman Kodak's stock has been suffering a beating as a result of competitive inroads by Polaroid. You own some Kodak stock and believe its price will continue to take a pounding. You would sell it now for a profit but because you have already sold other capital assets, you are in a higher tax bracket than you expect to be in next year. Is there any way for you to sell the stock and defer taxation until next year when you are in a lower bracket?

Yes there is—through what is known as a short sale against the box. Essentially, a short sale of Kodak involves borrowing the stock from your broker and selling it. The next year, you give your broker the shares you own to replace those which you borrowed. The following example illustrates the mechanics of the transactions.

You own Kodak stock which you acquired for \$40 per share. In May 1977 you sell the stock short for \$60, borrowing the shares that you sell from your stockbroker. In January 1978 you give the broker the shares you bought for \$40 to replace the shares of stock you sold.

You recognize the gain for tax purposes in 1978, when the borrowed stock is returned (called "covering the short sale"). The term "against the box" indicates that you presently own the securities (and they are probably kept in a safe deposit box).

Whether a gain is long-term or short-term depends on the date of acquisition of the stock and when the short sale is closed. It does not depend upon when the borrowed shares are returned. In the previous example, if



**TABLE I**  
**Municipal Bonds**

	<i>Municipal Bond I</i>	<i>Municipal Bond II</i>
<i>Interest</i>	\$80	\$40
<i>Short-Term Capital Gain</i>	\$40	
<i>Income Tax (50%)</i>	<u>20</u>	
<i>Gain After Tax</i>	\$20	<u>\$20</u>
<i>Total After Tax Return</i>	<u>\$80</u>	<u>\$60</u>

the shares had been acquired in May 1975 and the short sale took place in May 1977, the gain is of a long-term nature. On the other hand, if the sale took place in May 1977 and the shares had been acquired in December 1976, the gain would be a short-term gain. Your stockbroker can fill you in on the procedural details of short selling.

#### Installment sales

If a doctor has sold some real estate or personal property without receiving the full purchase price at the time of the sale, he may defer recognizing a gain until the future when he receives payment. To qualify for deferral of the

gain for tax purposes the physician cannot receive more than 30 percent of the selling price in the year of the sale.

For example, suppose the M.D. sells some raw land for \$30,000; he had bought it years earlier for \$10,000. Therefore, he has a long-term capital gain of \$20,000. If his taxable practice income is presently \$65,000 and he expects this to continue in the future, his taxable income if he receives the sale proceeds this year is \$75,000 (\$65,000 in practice income plus 50 percent of the \$20,000 capital gain) and his income tax on that amount is \$29,560.<sup>1</sup>

If he only has practice income of \$65,000 in the future, his taxable in-

come will be \$24,560.

If he receives only 25 percent of the \$30,000 of sales proceeds (\$7,500) for each of four years, his taxable income each year is \$67,500 (\$65,000 in practice income plus 25 percent of the \$10,000 taxable portion of proceeds) and his income tax is \$25,810.<sup>1</sup>

The total income tax paid over the four year period in this example is the same, but the installment method defers the payment of the tax. If you are in a tax bracket lower than 50 percent, it may be possible not only to delay, but also to reduce the total tax paid. An axiom of tax advisors states that if tax payment cannot be avoided, it should be delayed as long as feasible. The authors rigorously support this position.

Another point to remember when making an installment sale is to be sure to charge at least a 6 percent annual interest rate on the unpaid portion of the selling price. Otherwise the IRS may foul your plan to defer the tax payment.

#### Municipal bonds

While the interest on municipal

<sup>1</sup> Tax computed using the maximum tax on earned income and the alternative tax computation method where applicable.

**TABLE II**  
**Tax Ramifications**

<i>Event</i>	<i>I</i>	<i>II</i>	<i>III</i>	<i>IV</i>
<i>Proceeds</i>	<i>Robbery</i>	<i>Boat Sale</i>	<i>Lost Watch</i>	<i>Wreck</i>
	-	\$2,000	-	\$1,600
<i>Market Value</i>	<u>250</u>	<u>1,600</u>	<u>350</u>	<u>2,500</u>
<i>Gain (Loss)</i>	(\$250)	\$ 400	(\$350)	(\$900)
<i>Disposition</i>	<i>Personal Theft</i>	<i>Personal Gain-</i>	<i>Personal Loss-</i>	<i>Personal</i>
	<i>Loss - Reduce</i>	<i>Taxable at</i>	<i>Not Arising</i>	<i>Casualty Loss-</i>
	<i>by \$100 and</i>	<i>Appropriate</i>	<i>from</i>	<i>Reduce by</i>
	<i>Deduct, if</i>	<i>Capital Gains</i>	<i>Casualty or</i>	<i>\$100 and</i>
	<i>Itemized</i>	<i>Tax Rates</i>	<i>Theft -</i>	<i>Deduct, if</i>
	<i>Deductions</i>		<i>No Effect</i>	<i>Itemized</i>
	<i>Used</i>			<i>Deductions</i>
				<i>Used</i>
<i>Taxable Gain</i>	(\$150)	\$ 400	None	(\$800)
<i>(Tax Deductible</i>		<i>(if short-term)</i>		
<i>Loss)</i>		\$ 200		
		<i>(if long-term)</i>		

bonds is not taxable, any gains or losses on the difference between the selling price or proceeds at maturity and the purchase price are taxable according to the capital gains tax rules.

For example, a doctor in the 50 percent tax bracket has a choice of two investments: a municipal bond which matures in almost a year and pays \$80 in interest (remember that in 1978 the cut-off point for long-term capital gains is one year); and a bond which matures in almost a year, pays \$40 in interest, and sells at \$40 less than its maturity value (total interest plus capital gain equals \$80). The doctor should choose the former bond because it yields more money after income tax, as shown in Table I.

### Personal, hobby gains and losses

Losses on the sale or disposition of items utilized for personal enjoyment or in a hobby are *not* deducted from taxable income. The only exception to this rule is for losses from theft or casualty. If a physician itemizes deductions, he is permitted to deduct the portion of each personal or hobby loss in excess of \$100 arising from each casualty or theft in determining taxable income.

However, Uncle Sam is not so benevolent as to allow gains on personal or hobby property to escape taxation. All such gains, no matter how they arise, must be taxed in accordance with capital gains tax law.

Let us examine the tax ramifications of the following events involving a particular physician during 1977:

1. The doctor was robbed at gun point by a drug addict attempting to support his habit. He lost \$250 which he had in his wallet; his credit cards were discarded and never used.
2. He sold a motor boat for \$2,000; he had bought it earlier for \$1,600. It was used solely for his family's pleasure.
3. He mislaid his wristwatch, which was worth \$350 at that time. It was uninsured.
4. The physician had an automobile accident in a sports car he drove for enjoyment. It was totally destroyed and had a market value of \$2,500 at the time of the accident. He recovered \$1,600 from his insurance company.

Determine the tax treatment of each item (Table II).

**TABLE III**  
**Alternative Tax**

<i>Practice Income</i>		<u>\$62,000</u>
<i>Income Tax on Practice Income<sup>1</sup></i>		<u>\$23,060</u>
<i>Net Long-Term Capital Gain</i>	\$10,000	
<i>Net Short-term Capital Loss</i>	<u>4,000</u>	
<i>Excess</i>	6,000	
<i>Tax Rate</i>	<u>x 25%</u>	
<i>Tax on Capital Gain</i>	1,500	<u>1,500</u>
<i>Income Tax</i>		<u>\$24,560</u>

### Alternative computation method

If the following fact pattern aptly describes your situation, you will benefit by computing your income tax by the alternative method:

1. Married with ordinary income (generally, taxable practice income) of \$52,000 or more, *OR*;
2. Single with ordinary income (generally, taxable practice income) of \$38,000 or more;
3. Have a net *long-term* capital gain in excess of a net *short-term* capital loss or a zero net short-term capital loss.

If, in addition to the above, your excess net long-term capital gain is \$50,000 or less (which is typical for physicians), compute your tax by first determining the tax on ordinary (practice) income. Then add to that figure one-fourth (25 percent) of the excess net long-term capital gain over the net short-term capital loss.

For example, Dr. Morris is married and has \$62,000 of taxable practice

income. He has sold some stock and has a \$10,000 net long-term capital gain and a \$4,000 net short-term capital loss. Table III shows the computation.

If the excess of the net long-term capital gain over the net short-term capital loss exceeds \$50,000, the alternative tax computation method is slightly more complex. We will not discuss it as it interests so few readers.

### Sale of home

As previously stated, a gain on the sale of personal property is subject to capital gains tax. There is an exception to this law. If a doctor moves into a new home any time between 18 months before and 18 months<sup>2</sup> after

2. The limit, after selling the home, is extended to 2 years if a new home is built, provided construction has commenced by the end of 18 months after the sale.

**TABLE IV**  
**Selling a Home**

	<i>Dr. Lazerfeld</i>	<i>Dr. Carns</i>	<i>Dr. Mezzio</i>
<i>Sales Proceeds - Old Home</i>	\$40,000	\$50,000	\$60,000
<i>Purchase Price - Old Home</i>	<u>45,000</u>	<u>40,000</u>	<u>40,000</u>
<i>Gain (Loss)</i>	<u>(\$5,000)</u>	<u>\$10,000</u>	<u>\$20,000</u>



**TABLE V**  
**Buying a Home**

	<i>Dr. Carns</i>	<i>Dr. Mezzio</i>
<i>Purchase Price - New Home</i>	\$55,000	\$55,000
<i>Purchase Price - Old Home</i>	40,000	40,000
<i>Gain on Which Tax Potentially Does Not need to Be Paid</i>	<u>\$15,000</u>	<u>\$15,000</u>
<i>Gain on Sale of Old Home</i>	\$10,000	\$20,000
<i>Excess of Purchase Price of New Home in Excess of Old Home</i>	<u>15,000</u>	<u>15,000</u>
<i>Taxable Portion of Gain</i>	<u>NONE</u>	<u>\$5,000</u>

selling his old home, he is permitted to avoid paying tax on the gain of the sale of the old home to the extent that the purchase price of the new home exceeds the purchase price of the old home.

Examine the outcome of the home sales of three members of a surgical group (Table IV).

Dr. Lazerfeld has sold his home for a loss; it is a personal loss and he receives no tax benefits as a result of it. Drs. Carns and Mezzio have capital gains. The amount of gain which they must recognize for tax purposes depends on the cost of their new houses.

Suppose both buy \$55,000 homes. Both physicians could have gains up to \$15,000 and still avoid paying income tax on them. If the gains are greater than \$15,000, only the portion in excess of \$15,000 is taxed (Table V).

What becomes of the untaxed portion? Could it be that the IRS is making a gift to John Q. Public? No, actually the tax is only being deferred. The next time Dr. Carns or Dr. Mezzio sells his home, the purchase price of the home he currently is buying must be reduced by the present untaxed portion of the capital gain (Table VI).

Remember that this is only for your principal home and not for a vacation home, office, or rental property. You must buy another home to qualify for such treatment.

There are different rules for persons 65 or older. Basically, the gain at-

tributable to the first \$35,000 of the adjusted selling price will never be taxed. There are additional details to this law which must be considered.

If your office is located in your home, you must allocate the gain between

the office portion and the personal portion. There are other ramifications to selling business property which are beyond the scope of this article.

#### **Tax preference items**

The untaxed portion of a long-term capital gain is also considered a "tax preference item." In addition to his normal income tax, a physician must pay a 15 percent additional tax on tax preference items in excess of the greater of \$10,000 or one-half of his normal income tax. This provision should not affect very many doctors.

Let us consider the following example. Dr. Alworth has income tax of \$22,000. In determining his taxable income, he includes 50 percent of \$30,000 of net long-term capital gains he has earned. His tax on tax preference items is computed in Table VII.

This article highlights some of the slightly off-beat situations a physician might encounter regarding capital gains taxation. The next article in this series will explain the tax consequences of selling a practice. □

**TABLE VI**  
**Untaxed Portion of Capital Gain**

	<i>Dr. Carns</i>	<i>Dr. Mezzio</i>
<i>Purchase Price - Home</i>		
<i>Currently Owned</i>	\$55,000	\$55,000
<i>Untaxed Capital Gain</i>		
<i>From Present Time</i>	<u>10,000</u>	<u>15,000</u>
<i>Adjusted Purchase Price</i>	<u>\$45,000</u>	<u>\$40,000</u>

**TABLE VII**  
**Tax Preference Items**

<i>Net Long-Term Capital Gain</i>	\$30,000	
<i>Portion Taxed (50%)</i>	<u>15,000</u>	
<i>Portion Untaxed</i>	<u>15,000</u>	\$15,000
<i>Normal Income Tax x ½</i>		<u>11,000</u>
<i>Income Subject to Tax on Tax Preferences</i>		4,000
<i>Tax Rate</i>		<u>x 15%</u>
<i>Tax on Tax Preference Items</i>		<u>\$ 600</u>

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## Volvulus and necrosis of the small intestine

RONALD L. PERRIN, M.D.

PEDRO A. MARQUEZ, M.D.

Pittsburgh

**F**rimann-Dahl has reported the presence of a water density mass described as a "pseudotumor" sign in cases of closed loop small bowel obstruction and volvulus of the small intestine.<sup>1</sup> Numerous case reports and articles have also described the roentgen features in strangulating obstruction of the small bowel<sup>2,3,4</sup> as well as the roentgenographic findings of bowel infarction.<sup>5</sup>

This paper is a case report showing both the roentgen features of the "pseudotumor" sign of strangulated closed loop small bowel obstruction and the presence of gas in the bowel wall consistent with that of bowel infarction and necrosis. The presence of either of these signs should alert the radiologist and surgeon to the need for immediate surgical exploration.

### Case report

A 55 year old black female with known Von Recklinhausen's disease presented at the emergency room with crampy, peri-umbilical pain radiating to the right lower quadrant; the pain was of 24 hours' duration. The patient was nauseous, vomiting frequently, and had a slight fever. Her last bowel movement had been approximately 6 days prior to admission. She had no history of melena or rectal bleeding. Previous surgery consisted of an appendectomy 30 years earlier.

The patient's abdomen was distended with occasional high pitched bowel sounds, but no rushes. Palpation revealed acute abdominal tenderness in the midabdomen and right lower quadrant with rebound and guarding. Rectal examination demonstrated marked right anterior wall tenderness.

### Roentgen findings

Frontal AP supine examination of the abdomen showed an approximate 20×20 cm discrete water density mass occupying the right mid and

lower quadrant of the abdomen (Figure 1). The borders of the mass were sharply defined with short confined horizontal air fluid levels on the erect and decubitus views (Figures 2, 3). A 5 cm crescentic, elongated, radiolucency was superimposed upon the air fluid level seen about the medial margin of the mass in the right lateral decubitus study (Figure 3). Multiple air filled, non-distended loops of small and large bowel surrounded the mass showing displacement by extrinsic impression. There was no free air.

### Surgery

Exploratory laparotomy shortly after the initial abdominal films showed the presence of a volvulus of the terminal ileum with complete 360° rotation. Numerous adhesive bands surrounded the involved, gangrenous

small bowel. The adhesions were lysed and the gangrenous small bowel resected.

The pathology report revealed segmental necrosis involving approximately 100 cm of the terminal ileum with numerous serosal adhesions. Mild (non-occlusive) atherosclerosis of small mesenteric arteries were present throughout the specimen. There were no neurofibromas in the submitted specimen.

### Postoperative course

Three days postoperatively the patient demonstrated spiking fever and became unresponsive with bilateral Babinski's reflex and frequent seizure activity. A progressive downhill course ensued. Subsequent autopsy showed the cause of death to be gliomatosis of the optic nerve and hypothalamus with bilateral basilar acute bronchopneumonia.

### Discussion

The term volvulus is derived from

*Drs. Perrin and Marquez are associate diagnostic radiologists at Montefiore Hospital, Pittsburgh.*



*Figure 1. Frontal AP supine view of abdomen showing prominent water density mass—"pseudotumor" sign of closed loop obstruction.*

**VOLVERE**—to turn or twine. Volvulus of the small intestine is frequently associated with congenital anomalies of the mesentery and errors of mesenteric fixation.<sup>6,7</sup> The attachment of the mesentery may be very short while the length of the mesentery is long, predisposing to twisting of the midgut. Postoperative adhesions along the serosal surface of the small bowel, as in this case report of a patient with previous appendectomy, may also compromise the normal fixation of the small bowel allowing vol-

vulus to occur with or without compromise of blood supply.

The diagnosis of a closed loop obstruction must be differentiated from that of simple obstruction. With simple mechanical small bowel obstruction, swallowed air allows gaseous distention of the small bowel. Distention of the small bowel permits fluid to accumulate within the bowel lumen and demonstrates the classic "stepladder" appearance of small bowel obstruction in the erect view of the abdomen.



Figure 2. Frontal erect view demonstrating confined horizontal air-fluid level outlining the top of the "pseudotumor."



Figure 3. Right lateral decubitus view demonstrating confined horizontal air-fluid interface with intramural air (arrow).

In closed loop obstruction, both ends of the bowel are occluded and swallowed gas is unable to reach the involved portion of the bowel. Early in the course of the closed loop obstruction, small amounts of non-absorbed intraluminal gas is present showing the presence of discrete air fluid filled loops of bowel (Figures 1, 2, and 3). As the closed obstruction persists, intraluminal gas is absorbed.<sup>3</sup> Since no further gas can reach the area of closed obstruction, a discrete homogenous mass density of closed loop obstruction may be seen.

The mass of distended bowel is the classic "pseudotumor" sign described by Frimann-Dahl.<sup>1</sup> The presence of this mass sign of closed loop obstruction is an important roentgen warning of bowel strangulation with impending necrosis—the blood supply usually first compromised on the venous side followed by arterial obstruction. A "pseudotumor" sign should be considered a surgical emergency since operative intervention early enough may allow the volvulus to be reduced without necessity of resection due to vascular embarrassment and necrosis of bowel.

The roentgenographic findings of bowel infarction have been fully described by Tomchick, *et al.*<sup>5</sup> Specific roentgenographic findings of vascular embarrassment are: (1) changes in bowel wall thickness, mucosal contour, and configuration; and (2) gas in the bowel wall and portal system. This case report demonstrates the presence of intramural air surrounding portions of an obstructed, distended loop of small bowel. □

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# COLBY PROCLAIMS WOMAN SUFFRAGE

**Signs Certificate of Ratification  
at His Home Without  
Women Witnesses.**

**MILITANTS VEXED AT PRIVACY.**

**Wanted Movies of Ceremony,  
But Both Factions Are**

**WASHINGTON, Aug. 24, 1920—**



# TRUMAN CLOSES UNITED NATIONS CONFERENCE WITH PLEA TO TRANSLATE CHARTER INTO DEEDS

## NEW WORLD HOPE

**President Hails 'Great  
Instrument of Peace,'  
Insists It Be Used**

## HISTORIC LANDMARK

**Meeting Gives Standing  
Ovation as Executive  
Pictures Peace Gain**

# Social Security Bill Is Signed; Gives Pensions to Aged, Jobless

**Roosevelt Approves Message Intended to Benefit 30,000,000  
Persons When States Adopt Cooperating Laws—He Calls  
the Measure 'Cornerstone' of His Economic Program.**

## SENATE APPROVES 18-YEAR OLD VOTE IN ALL ELECTIONS

**Amendment to Constitution  
is Sent to House, Where  
Passage is Expected**

**WASHINGTON, March 10,  
1971—The Senate approved  
today, 94 to 0, and sent to the**

**WASHINGTON, Aug. 14, 1935—**  
The Social Security Bill, providing a broad program of unemployment insurance and old age pensions and counted upon to benefit 20,000,000 persons, became law today when it was signed by President Roosevelt in the presence of those chiefly responsible for bringing it through Congress.

Mr. Roosevelt called the measure "the cornerstone of my economic program," which is being built on the basis of measures capable of bringing about a new era of prosperity for all.

# SIGNED the Draft Ends Now

"If we fail to use it," he declared to the solemn final meeting of the delegates, "we shall betray all of those who have died in order that we might meet here in freedom and safety to create it."

"If we seek to use it selfishly—for the advantage of any one nation or any small group of nations—we shall be equally guilty of that betrayal."

### Fervent Interpolation

The President, speaking in the auditorium of the War Memorial Opera House, built in memory of sons of the Golden Gate city who gave their lives in the first World War, in which he himself served, seemed to give unconscious expression to the solemn feeling of the occasion when, at the outset of his speech, he interpolated the words, half a hope, half a prayer:

"Oh, what a great day this can be in history!"

Just before the plenary session, the President accompanied the

**WASHINGTON, Jan. 27, 1973—**"With the signing of the peace agreement in Paris today, and after receiving a report from the Secretary of the Army that





# PATIENT PACKAGE INSERTS: A CONCEPT WHOSE TIME HAS COME?

*The consumer's right to know is an irreversible and desirable trend of the Seventies. It extends, and properly, to a patient's right to know more about his or her prescription medications. One way, gaining favor, is through patient package inserts. Wisely-prepared and properly distributed when medically indicated, they could markedly improve patient knowledge and drug therapy—laudable goals by anyone's standards.*

*The PMA endorses these goals and will work with government, the health professions and consumers to achieve them.*

## **The Advantages**

The concept holds promise of benefits: better patient understanding of the product prescribed, better adherence to the treatment plan, and more awareness of possible side reactions.

Every doctor has had patients who fail to finish antibiotic regimens because they feel better. Some patients assume that if one tranquilizer or analgesic is good, two may be twice as good. Still others fail to report dizziness while on antihypertensive therapy—and so on.

Problems like these might arise less often if the patient received written information in addition to verbal instructions. Some studies suggest that patients are more receptive to such materials, and they more often understand the verbal instructions and follow them, when inserts are used.

## **The Disadvantages**

There are also some potential problems. Obviously, the inserts must be clearly phrased, without extraneous or complex detail. How much information

is enough? How can it be kept current? Should all patients receive the same information? Should inserts be included with all drugs? Should only potential problems be listed or are patients better off with a "fair balance" presentation that describes usefulness as well as drawbacks?

These and similar questions require answers, since model inserts have yet to be properly developed and tested. Despite the need for these studies, the FDA is proceeding prematurely with inserts on selected products. We think the Congress is the only place where the matter can be given the proper legal status and direction, particularly since it represents a conceptual change in the legal, medical and social framework of the nation's prescription drug information system.

## **The Solution**

The PMA believes that carefully-devised pilot studies of various kinds of inserts are needed. They should be developed and implemented with full participation by doctors, pharmacists, consumers, communications experts and the drug industry. Such studies will provide reliable pathways to follow, so that inserts will be useful aids to medical practice.

And particularly we think that you should be closely involved in this debate and in these studies and decisions. Otherwise, people with less experience and qualifications may control the purposes, content and use of a tool with considerable promise for improved patient care. It could make a difference in your practice tomorrow, and more importantly, in the health of your patients.

**PMA**

THE PHARMACEUTICAL MANUFACTURERS ASSOCIATION  
1155 FIFTEENTH ST., N. W., WASHINGTON, D. C. 20005



# Alkali burns caused by contact with cement

R. KEITH WHITING, M.D.

New Cumberland

Cement products contain the strong alkali calcium hydroxide [ $\text{Ca}(\text{OH})_2$ ] which, irritating to the skin and mucous membranes, can cause serious alkali burns. The following case reports of two employees of Berg Electronics illustrate the potential hazard of skin contact with cement products.

## Case 1

On May 15, 1976, a 48 year old male, while mixing cement powder with water for a home repair project, allowed some of the powder to get under the cuff of his glove, and splashed some of the mixture onto his forehead. He then noticed burning on his forehead and right wrist. He immediately removed the glove and stopped the burning by irrigating the wrist and forehead with copious amounts of plain water.

Examination two days later at the medical department of Berg revealed a first degree burn of the forehead, measuring  $1 \times 0.5$  cm in diameter, and a second degree burn involving the radial aspect of the right wrist. Conservative treatment was advised, resulting in complete healing, although a slightly hyperpigmented area persists on the wrist.

## Case 2

On August 11, 1976, a 30 year old male, after finishing a home project, noticed that he had some cement inside the top of his right boot. He had a minor irritation, but did not feel burned at the time.

Examination five days later revealed five areas of deep burn. The largest was  $3 \times 5$  cm and the smallest  $0.5 \times 1$  cm (Figure 1). The deeply burned tissue was surrounded by a smaller area of erythema in each instance. The boot had formed an occlusive dressing over the cement in contact with the man's skin.

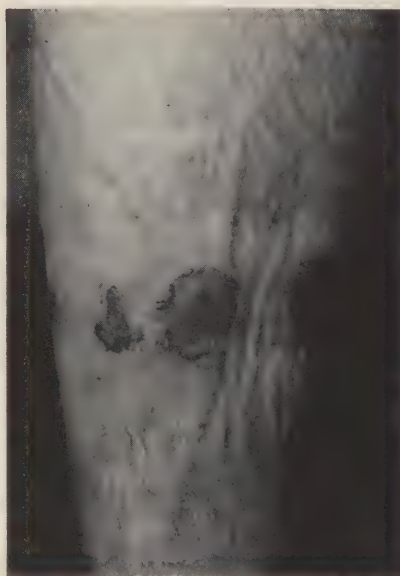


Figure 1. Note circular pattern of burn where cement was in contact with skin under the top of the boot.

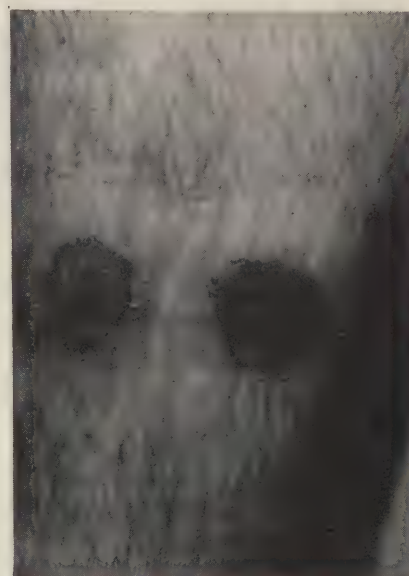


Figure 1a. Closer view of the two larger burned areas.

The area was debrided on August 20, 1976, and healed satisfactorily without skin grafting.

Almost any substance may be an irritant when applied directly to the skin. The degree of irritation can be increased when an occlusive dressing is applied; other factors are concentration, physical characteristics, length of exposure, and relative sensitivity of the exposed area.

Strong alkalis cause colliquation of tissue. In this process, water is abstracted from the tissue and protein is precipitated. A loose alkali-albuminate bond is formed and the

precipitate will redissolve in an excess of water. The damaged tissue, in contrast to the dried, charred feel of an acid burned tissue, has a slimy, soapy feel.

The irritation may not be accompanied by many symptoms. As in the cases discussed above, a mild itching or burning may be the only indication that a burn is occurring. Chemical burns tend to be insidious and continue until the agent is neutralized. Neutralization is an exothermic reaction. Copious amounts of water should, therefore, be the first line of treatment in chemical contacts. Then neutralizing solutions may be used to stop the ongoing specific chemical irritation. □

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*Dr. Whiting is site physician at Berg Electronics, New Cumberland, a division of E. I. du Pont de Nemours and Company, Inc. He serves as secretary of the Philadelphia Chapter of the Industrial Medical Association.*



# Official Call to the 1977 Annual Session Pennsylvania Medical Society House of Delegates

*The 1977 Annual Session of the House of Delegates of the Pennsylvania Medical Society will be called to order at the Host Farm Resort Motel, Lancaster, Pennsylvania, on Tuesday, October 25, 1977, at 1:00 p.m. The second session of the House of Delegates is scheduled for Wednesday, October 26, 1977, at 1:00 p.m. The third and concluding session of the House of Delegates will be held Thursday, October 27, 1977, at 9:30 a.m.*

## Elections

In accordance with Article X, Section 3 of the Constitution and Chapter IV, Section 2 of the Bylaws and Standing Rule No. 1 of the House of Delegates (revised October 23, 1972) of the Pennsylvania Medical Society, the following nominations and/or elections will be in order at the second session, Wednesday afternoon, October 26, 1977:

General Officers—a Vice President, a Secretary, a Speaker of the House of Delegates, and a Vice Speaker of the House of Delegates.

In accordance with Article VIII, Section 3 of the Constitution and Standing Rule No. 1 of the House of Delegates of the Pennsylvania Medical Society, elections will be in order for a Trustee and Councilor for the Seventh Councilor District to serve five (5) years to succeed Kenneth L. Cooper, M.D., Lycoming County, who is eligible for re-election; a Trustee and Councilor for the Tenth Councilor District to serve for five (5) years to succeed David W. Clare, M.D., Allegheny County, who is eligible for re-election; a Trustee and Councilor for the Twelfth Councilor District to serve five (5) years to succeed Orlo G. McCoy, M.D., Bedford County, who is eligible for re-election.

In accordance with Chapter XIV, Section 2 (e) of the Bylaws of the Pennsylvania Medical Society, elections for five delegates and five alternates to the American Medical Association are in order. The term is for two years beginning January 1, 1978. Delegates whose terms expire December 31, 1977, are: Paul S. Friedman, M.D., Philadelphia County; John B. Lovette, M.D., Cambria County; Matthew Marshall, Jr., M.D., Allegheny County; Malcolm W. Miller, M.D., Philadelphia County; Robert N. Moyers, M.D., Crawford County.

The Committee to Nominate Delegates and Alternates to the AMA makes the following nominations for Delegates for two years commencing January 1, 1978:

1. John B. Lovette, M.D. (Cambria County)
2. Matthew Marshall, Jr., M.D. (Allegheny County)
3. Robert N. Moyers, M.D. (Crawford County)
4. John Helwig, Jr., M.D. (Philadelphia County)
5. R. Robert Tyson, M.D. (Philadelphia County)

Alternate Delegates whose terms expire December 31, 1977, are: Lawrence D. Ellis, M.D., Allegheny County; Henry H. Fetterman, M.D., Lehigh County; Wayne W. Helmick, M.D., Beaver County; John Helwig, Jr., M.D., Philadelphia County; David J. Keck, M.D., Erie County.

The Committee to Nominate Delegates and Alternates to

the AMA makes the following nominations for Alternate Delegates for two-year terms commencing January 1, 1977:

1. Lawrence D. Ellis, M.D. (Allegheny County)
2. Henry H. Fetterman, M.D. (Lehigh County)
3. Wayne W. Helmick, M.D. (Beaver County)
4. David J. Keck, M.D. (Erie County)
5. William J. Mitchell, M.D. (Fayette County)
6. George Ross Fisher, M.D. (Philadelphia County)
7. Robert J. Carroll, M.D. (Allegheny County)
8. Charles Heisterkamp, M.D. (Lancaster County)

(Note: Should a vacancy exist in any of the unexpired terms as a result of this election, the committees will be prepared to nominate additional candidates from the floor.)

Also to be elected will be two members to serve on the Committee to Nominate Delegates and Alternates to the American Medical Association. The term of Donald E. Harrop, M.D., Chester County, expires; he is eligible for a second three-year term. Since John V. Blady, M.D., Philadelphia County, has resigned from the Committee, his vacancy is required to be filled, the term expiring in 1978.

Elections will be held for a District Censor from each component medical society to serve for one year following the close of the 1977 House of Delegates session, as required by Chapter IV, Section 4 of the Bylaws of the Pennsylvania Medical Society. The component county medical societies have submitted the following nominations for District Censor:

Adams, **W. North Sterrett**; Allegheny, **William D. Stewart**; Armstrong, **Donald Minter**; Beaver, **John G. Hallisey**; Bedford, Berks, **Brian A. Wummer**; Blair, ; Bradford, **Arthur B. King**; Bucks, **Stanley F. Peters**; Butler, **Robert C. McCorry**; Cambria, **Warren F. White**; Carbon, ; Centre, **H. Thompson Dale**; Chester, **Michael B. Dooley**; Clarion, ; Clearfield, ; Clinton, **George J. Trieres**; Columbia, **C. Perry Cleaver**; Crawford, **David D. Kirkpatrick**; Cumberland, **Hans S. Roe**; Dauphin, **Robert P. Dutlinger**; Delaware, **Arthur S. Reynolds**; Elk-Cameron, **Robert J. Dickinson**; Erie, **Robert L. Loeb**; Fayette, **Veronica Binns**; Franklin, **Albert W. Freeman**; Greene, ; Huntingdon, ; Indiana, **Richard N. Freda**; Jefferson, **Nicholas F. Lorenzo**; Lackawanna, **Norman S. Berger**; Lancaster, **William C. Phippen**; Lawrence, ; Lebanon, **John D. Walmer**; Lehigh, **Robert J. Beitel, Jr.**; Luzerne, ; Lycoming, **Franklin G. Wade**; McKean, **Bruno P. Sicher**; Mercer, **Anderson W. Donan**; Mifflin-Juniata, **Donald E. Basom**; Monroe, ; Montgomery, **Rudolph K. Glocker**; Montour, **William Curry, Jr.**; Northampton, **Walter J. Filipek**; Northumberland, **Nicholas Spock**; Perry, **James O. Rumbaugh, Jr.**;



Philadelphia, **Charles M. Thompson**; Potter, **Francisco B. Villa**; Schuylkill, **Gabriel M. Lizak**; Somerset, **Alexander Solosko**; Susquehanna, \_\_\_\_\_; Tioga, **William A. Coolidge**; Union, **Joseph Weightman**; Venango, **Kenneth H. Heasley**; Warren, **William S. Walters**; Washington, **John C. McGinnis**; Wayne-Pike, \_\_\_\_\_; Westmoreland, **Leslie S. Pierce**; Wyoming, **John S. Rinehimer, Jr.**; York, **Donald R. Gross**.

## Proposed Amendments to the Constitution and Bylaws

Printed below is the text of the amendments to the Constitution and Bylaws which are being proposed by the Committee on Constitution and Bylaws.\*

\* *Material underlined is being added. There are no deletions.*

### Subject One

#### I. Unified membership in county, state, and national medical societies.

##### Constitution

##### Article IV - Membership

**Section 2. Active Members.** The Active Members of this Society shall be physicians who are members of the Component Societies and the American Medical Association. (*Secretary's Note: Two-thirds vote required.*)

##### Bylaws

##### Chapter 1 - Membership

**Section 2. Membership Compulsory.** Every member of a Component Society eligible for membership in this Society as provided in Article IV of the Constitution shall become a member of this Society and the American Medical Association within three months after his election to any class of membership therein unless such member is a provisional or honorary member of the Component Society, in which event he shall not be required to become a member of this Society until three months after his election to some other class of membership.

(*Secretary's Note: Three-fourths vote required.*)

### Subject Two

#### II. Members in Associate category not required to maintain their licenses.

##### Constitution

##### Article IV - Membership

**Section 4. Associate Member.** An Associate Member of this Society shall be a physician who (i) is seventy years of age or over and (ii) has been an Active or Senior Active Member of this Society, a service member of the American Medical Association, or an active member of a constituent association of the American Medical Association for a continuous term of thirty years. Such Associate Member shall have the right to this class of membership upon certification in due form by the Component Society to the Executive

Vice President of this Society; and thereafter such Associate Member shall not be required to pay any annual assessment, (iii) members in this category shall not be required to maintain their licenses.

(*Secretary's Note: Two-thirds vote required.*)

### Subject Three

#### III. County society executives eligible for Affiliate Membership.

##### Constitution

##### Article IV - Membership

**Section 6. Affiliate Member.** Upon recommendation and certification in due form by the Component Society to and election by the Board of Trustees and Councilors, any member of a Component Society not engaged in active practice within the jurisdiction of the Component Society, may be made an Affiliate Member of this Society and remain as such provided he is a person who belongs to one of the following classes: (a) persons who are members of national medical societies of foreign countries; (b) American physicians, whether or not licensed to practice medicine and surgery in the Commonwealth, engaged in missionary or philanthropic labors; (c) full-time teachers of medicine or of the arts and sciences allied to medicine who are not holders of an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania; (d) physicians not fully licensed to practice medicine in Pennsylvania who are engaged in Pennsylvania in research, or administrative medicine; (e) physicians, whether or not fully licensed to practice medicine in Pennsylvania, who are retired from active practice, and (f) physicians in active practice who move out of the Commonwealth provided they concurrently maintain active membership in a county medical society and the state medical society in their new state of residence. Such out-of-state affiliate members shall not be eligible to participate in insurance programs endorsed by the Pennsylvania Medical Society. In addition, county society executives shall be eligible for Affiliate Membership. Affiliate Members shall not be required to pay any annual assessment.

Election to Affiliate Membership pursuant to part (b) above shall not be interpreted as breaking the continuous Active Membership of an Active Member so as to make him ineligible for Senior Active Membership or Associate Membership under Sections 3 and 4 respectively of this Article IV.

(*Secretary's Note: Two-thirds vote required.*)

### Subject Four

#### IV. Fifty percent dues excused for Active Members.

##### Constitution

##### Article XI - Funds

**Section 1. Annual Assessment.** Money for the purposes of the Society shall be raised by annual assessment payable by each Active, Senior Active, Intern and Resident member. (a) Senior Active Members shall be required to pay only 50 percent of the annual assessment. Interns or Residents during their period of training shall be required



to pay only 10 percent of the annual assessment provided the Component Society, of which each is a member, grants a corresponding reduction in its annual assessment. (b) Active Members in their first full calendar year of practice following completion of a training program shall be required to pay only 50 percent of the annual assessment. (c) Members serving temporarily in the Armed Forces or other Government service of the United States shall be excused for any assessment year in which the member enters service prior to March 1, is in service for the entire assessment year, or returns from service on or after March 1. (d) Any member prevented from the practice of medicine by reason of illness or disability shall be excused, provided the Component Society of which each is a member grants a corresponding exemption from its annual assessment. No annual assessment shall be payable by an Associate, Affiliate, Special Student or Honorary Member. The assessment for new members becoming such (a) not more than six and not less than two months prior to the end of the assessment year shall be one-half the annual assessment for that class or category of member, and (b) not more than two months prior to the end of the assessment year shall be waived provided the full annual assessment for the following year is paid at the time of becoming a member. The amount of the annual assessment is to be fixed each year by the House of Delegates at the Annual Session after opportunity has

been given to the Board of Trustees and Councilors to recommend the amount thereof, and the manner and time of payment and the assessment year shall be as provided in the Bylaws of this Society.

*(Secretary's Note: Two-thirds vote required.)*

## Subject Five

**V. Member on a Board of Censors may not be a member on a County Board of Censors or Grievance Committee.**

### Bylaws

#### Chapter XII - District Board of Censors

**Section 1. Composition.** Each Councilor District shall have a separate Board of Censors who may not be members of a County Board of Censors or Grievance Committee, comprised of the District Censors from each of the Component Societies in the Councilor District and the Councilor of the Councilor District who shall be the chairman without the right to vote. In Councilor Districts with fewer than three Component Societies, there shall be added to the Boards of Censors the District Censors of the adjoining Component Societies.

*(Secretary's Note: Three-fourths vote required.)*

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Compliments of Frank B. Hall & Company of Pennsylvania, Inc.

Dinner, Dancing and Entertainment—8 p.m.

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Presentation of Past President's Medallion to

William J. Kelly, M.D., 127th President

Presentation of Retiring Trustee Award to

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## **new members**

#### **ALLEGHENY COUNTY:**

Hermes Nunez, M.D., General Surgery, 756 Chartiers Ave., McKees Rocks 15106  
Ralph S. Buvinger, M.D., Urological Surgery, 4264 Northern Pike, Monroeville 15146

#### **BEAVER COUNTY:**

Tallam I. Rao, M.D., General Surgery, M.C.B.C., Rochester Unit, Rochester 18074

#### **BERKS COUNTY:**

Ward G. Becker, M.D., Family Practice, 124-I Colonial Dr., Shillington 19607  
Raymond J. Hauser, M.D., Family Practice, 1660 Penn Ave., Wyomissing 19610  
Thomas A. Stewart, M.D., Family Practice, 314-1, Springside Dr., E. Shillington 19607  
Thaddeus R. Zajdowicz, M.D., Internal Medicine, 230 Fairview Dr., Kutztown 19530

#### **BUCKS COUNTY:**

Michael R. Brown, M.D., Pediatrics, R.D.2, Cold Spring and Creamery, Doylestown 18901  
Charles A. Knowles, M.D., Family Practice, 2136 Bristol Pike, Cornwells Heights 19020  
William Toreki, M.D., Family Practice, 449 N. Pa. Ave., Morrisville 19067

#### **CARBON COUNTY:**

Sidney J. Kohle, M.D., Family Practice, R.D.3, Lehighton 18235

#### **CRAWFORD COUNTY:**

Gonzala N. Mesa, M.D., Psychiatry, 751 Liberty St., Meadville 16335

#### **DAUPHIN COUNTY:**

Richard W. Fidler, M.D., Neurological Surgery, 3500 Trindle Rd., Camp Hill 17011

#### **ERIE COUNTY:**

Vittal B. Chanamolu, M.D., Pathology, St. Vincent Health Ctr., Erie 16512  
Dennis M. Scully, M.D., Family Practice, 3125 French St., Erie 16504

#### **FAYETTE COUNTY:**

David C. Blass, M.D., Family Practice, Uniontown Hosp., Uniontown 15401

#### **LACKAWANNA COUNTY:**

Frank E. Fierro, M.D., Anesthesiology, 257 Knob Rd., Mt. Pocono 18344  
Raouf E. Hanna, M.D., Pediatrics, Connell Bldg., N. Washington Ave., Scranton 18503  
James P. Slovák, M.D., Psychiatry, Bank Twrs., Spruce at Wyoming, Scranton 18503  
James L. Sundheim, M.D., Radiology, Mercy Hosp., 746 Jefferson Ave., Scranton 18509

#### **LANCASTER COUNTY:**

Richard W. Bacon, M.D., Family Practice, 2120 Kentwood Dr., Lancaster 17601  
William B. Grosh, M.D., Family Practice, 215 S. Broad St., Lititz 17543  
Michael W. Kita, M.D., Family Practice, 1123 Old Hickory Rd., Lancaster 17601  
David L. Newcomer, M.D., General Surgery, 1880 Sturbridge Dr., Lancaster 17601

#### **LEBANON COUNTY:**

Carl K. Becker, M.D., Family Practice, E.C.C. Retirement Vlg., Myerstown 17067

#### **LYCOMING COUNTY:**

Daniel R. Gandy, D.O., Internal Medicine, 1201 Grampian Blvd., Williamsport 17701  
Magdalena D. Mondejar, M.D., Pathology, Muncy Valley Hosp., Muncy 17756  
Teodorico C. Rodriguez, M.D., Internal Medicine, 27 S. Washington St., Muncy 17756

#### **MERCER COUNTY:**

Yung-Hsien Tsai, M.D., Anesthesiology, 740 E. State St., Sharon 16146

#### **MONTGOMERY COUNTY:**

David M. Danoff, M.D., Radiology, 2501 Red Oak Circle, Springfield 19064  
Kanta Diwan, M.D., Family Practice, 660 W. Germantown Pk., Norristown 19401  
Natvarbhai Patel, M.D., Family Practice, 1420 Arch St., C-201, Norristown 19401

#### **PHILADELPHIA COUNTY:**

Brian D. Altman, M.D., Ophthalmology, 314 Cranford Rd., Cherry Hill, NJ 08003  
Ronald F. Asper, M.D., Internal Medicine, 230 N. Broad St., Rm. 822, Philadelphia 19102  
Sr. Maria N. Barusewycz, M.D., Psychiatry, 1825 W. Lindley Ave., Philadelphia 19141  
Robert J. Cales, M.D., Thoracic Surgery, 3144 Passyunk Ave., Philadelphia 19145  
Peter T. Cassalia, D.D.S., 7955 Castor Ave., Philadelphia 19115  
William L. Choliak, M.D., Orthopedic Surgery, 1116 Waverly St., Philadelphia 19147  
Nancy J. Gettes, M.D., Internal Medicine, 2401 Pa. Ave., Philadelphia 19130  
Henry M. Hession, M.D., Family Practice, 2932 S. 72 St., Philadelphia 19153  
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 Mohammed Mohiuddin, M.D., Radiology, 14 Paper Mill Rd., Cherry Hill, NJ 08003  
 Charles B. Mulhern, M.D., Radiology, 3400 Spruce St., Dept. Radiology, Philadelphia 19104  
 Karim B. Nakhgevany, M.D., General Surgery, 5990 Henry Ave., Philadelphia 19128  
 Dasika M. Sastry, M.D., Thoracic Surgery, 8116 Bustleton Ave., Philadelphia 19152  
 Gurcharan Singh, M.D., Psychiatry, 11th St. and Tabor Rd., Philadelphia 19141  
 James C. Stewart, D.D.S., S. J. Med. Ctr., Rt. 70, E. Gates, Cherry Hill, NJ 08034  
 Jacob H. Zweig, M.D., Family Practice, 1425 Snyder Ave., Philadelphia 19145

### TIOGA COUNTY:

Robert M. Bowers, M.D., General Surgery, R.D.3, Wellsboro 16901

### UNION COUNTY:

William G. Reish, M.D., Orthopedic Surgery, 3 Hosp. Dr., Lewisburg 17837

### VENANGO COUNTY:

George J. Vukmer, M.D., Radiology, 226 E. Main St., Titusville 16354

### WARREN COUNTY:

Paul F. Ignatius, M.D., Orthopedic Surgery, 208 East St., Warren 16365

### WASHINGTON COUNTY:

Jose M. Abalos, M.D., Anesthesiology, Charleroi Hosp., Charleroi 15022  
 Yee C. Ho, M.D., Family Practice, R.D.2, Box 1036B, Burgettstown 15021

### WAYNE-PIKE COUNTY:

Alan E. Kohrt, M.D., Pediatrics, W. A. M. F., Tafton 18464

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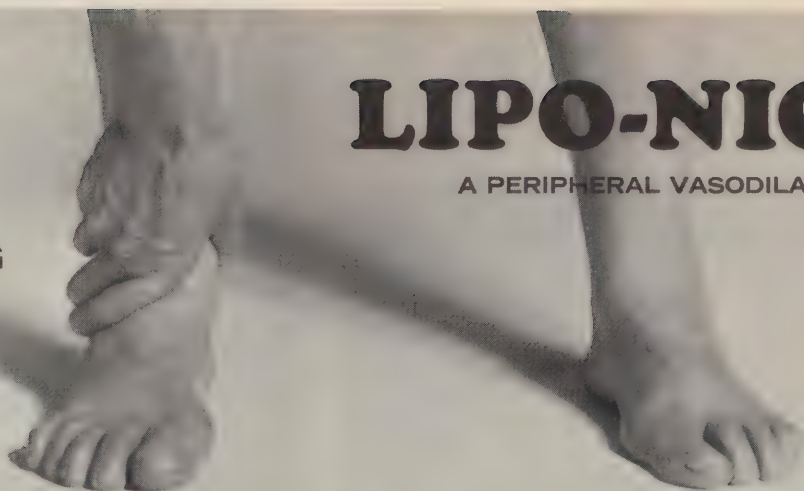
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\* **WRITE FOR REPRINT:** R. B. Greenblatt, M.D.; R. Witherington, M.D.; I. B. Sipahioglu, M.D.: Hormones for Improved Sexuality in the Male and Female Climacteric. *Drug Therapy*, Sept. 1976.

Is there a true aphrodisiac? How effective are androgens in the management of the male climacteric and male impotence? Article discusses the psychophysiological and hormonal changes in the elderly male and female and therapeutic considerations. The effectiveness of methyltestosterone in the management of male impotence was confirmed by a cross-over, double-blind study using a placebo and Android-25

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avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE**

**REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. **In the male:** Eunuchoidism and eunichism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpubertal cryptorchidism, 30 mg. **REFERENCE:** Robert B. Greenblatt, M.D., and D. H. Perez, M.D.: "The Menopausal Syndrome," *Problems of Libido in the Elderly*, pp. 95-101. Medcom Press, N.Y., 1974. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250. Rx only.





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vices directed by either board certified or board eligible physicians. Rent free first year, added incentive assurance of first year income during establishment of practice. Address inquiries to Dr. E. S. P. Cope or Dr. L. E. Leshock, Palmerton Hospital, Palmerton, PA 18071.

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**Psychiatrist, Board Certified or Board Eligible**—Mental hospital in metropolitan area. Easy access to New York, Philadelphia, and close to Pocono resort area. Good salary with excellent fringe and retirement benefits. Pennsylvania license required. Contact: Henry Buxbaum, M.D., Superintendent, Clarks Summit State Hospital, Clarks Summit, PA 18411; telephone (717) 586-2011.

**POSITIONS WANTED**

**General Surgeon**—37, Board Eligible, F.R.C.S. (Eng. and Ed.) FLEX, experience in vascular and pediatric surgery. Excellent training. Academic background including Harvard. Excellent references. Seeks practice opportunity—solo, group, partnership, or institutional. Available January 1978. Contact I. N. Nayak, M.D., St. Barnabas Medical Center, Livingston, NJ 07039. (201) 533-5252 or (201) 731-7179 evenings.

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**Prominent New Corner Office**—Home, secluded pool, yard, (16,000 sq. ft. lot). Bus stops. Ideal arrangement, outstanding appearance. Abundant free parking half block. Suburban, well populated. Hospital, 4 schools 0.4 mile. \$87,900. Drexel Hill, PA (215) 789-1111.

**Brick House With Large Lawn**—In residential section of Manheim, 10 miles from Lancaster. Two bedroom residence and space for one physician or partnership of two in office section. Retiring from well established practice. Contact Charles E. Weaver, M.D., 72 S. Heintzelman St., Manheim, PA 17545. (717) 665-3595.

**Ready Made Location for Family Practice**—Allentown, Pa. Available due to recent death. Building consisting of first floor offices and rooms, all of the equipment and supplies, and a second and third floor residence. Call or write Craig Scharadin Real Estate, 1633 Allen St., Allentown, PA 18102; area code (215) 435-5104.

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**Equipment for Radiology Practice**—Suburban Philadelphia area. G.E. KX23 unit. Aristocrat table. Phototiming. Automatic processor. Black contemporary office furniture. Write Department 759, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoine, PA 17043.

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• Indicates membership in the Pennsylvania Society at time of death.

• **Daniel W. Beckley**, Bloomsburg; Jefferson Medical College, 1927; age 83; died January 13, 1977.

• **Leonard F. Bush**, Danville; Washington University School of Medicine, St. Louis, Missouri, 1934; age 68; died June 17, 1977. Former executive director of the Geisinger Medical Center, he had joined Geisinger's staff in 1936, later serving as assistant chief of staff and director of orthopedic surgery. After retiring in 1974 he spent six weeks during 1975 and 1976 as a volunteer at the Bach Christian Hospital, Pakistan.

• **Oscar Corn**, Philadelphia; Hahnemann Medical College and Hospital, 1943; age 60; died June 12, 1977. He was a clinical professor of orthopedic surgery at Hahnemann Medical College and Hospital. He had been in clinical practice and general orthopedic surgery for 27 years.

• **Thomas M. Durant**, Gladwyne; University of Michigan Medical School, 1930; age 71; died June 21, 1977. Named professor of medicine emeritus in 1974, he was chairman of the department of medicine at Temple University Medical Center 1956 to 1966. From 1966 to 1971 he was chairman of medicine at Albert Einstein Medical Center. He was a past president of the American College of Physicians and the Philadelphia College of Physicians.

• **Robert H. Fessler**, Easton; Jefferson Medical College, 1958; age 44; died June 21, 1977.

• **Frank L. Follweiler**, Jenkintown; Hahnemann Medical College and Hospital, 1927; age 77; died May 12, 1977. He had practiced medicine for 50 years.

• **William B. Fulton**, New Cumberland; University of Pittsburgh School of Medicine, 1929; age 77; died June 11, 1977. He had served as director of the State Department of Health's Bureau of Industrial Hygiene 1934 to 1941 and of the Health Division of the U.S. Bureau of Mines 1941 to 1942, followed by a year with the U.S. Public Health Service.

• **John Q. Griffith**, Margate, New Jersey; University of Pennsylvania School of Medicine, 1927; age 73; died June 23, 1977. He was the founder and retired director of the John Q. Griffith Research Foundation in Philadelphia. Previously he had been on the faculty of the University of Pennsylvania School of Medicine.

• **George B. Heckman**, Swarthmore; Jefferson Medical College, 1925; age 85; died June 22, 1977. He had practiced medicine for 45 years until retiring in 1974, and had been director of the Community Nursing Service of Delaware County for 30 years.

• **Kurt Hortner**, Pine Grove; University of Vienna, Vienna, Austria, 1934; age 68; died June 17, 1977. He had practiced medicine in the Pottsville area since 1941.

• **John C. Hughes**, Ft. Lauderdale, Florida; University of Pittsburgh School of Medicine, 1936; age 62; died May 30, 1977. A Pittsburgh obstetrician-gynecologist for many years, he was on the staffs of St. Francis General Hospital and St. Joseph's Hospital.

• **Newton E. Kendig**, Mt. Joy; Jefferson Medical

College, 1954; age 49; died May 30, 1977. He was a former coroner of Lancaster County. A fourth generation physician, he had practiced in Mt. Joy since 1955.

• **Richard J. Kilhullen**, Kingston; Georgetown University School of Medicine, 1932; age 73; died May 18, 1977. He was chief of radiology at the Veterans Administration Hospital, Wilkes-Barre.

• **Harry N. Metzger**, Philadelphia; Jefferson Medical College, 1920; age 82; died June 16, 1977. He had been in the practice of gastroenterology for 56 years.

• **Robert J. Nevin**, Washington; University of Pittsburgh School of Medicine, 1929; age 71; died June 5, 1977. He had practiced medicine in the Washington area for 46 years. After his retirement from active practice he was associated with Western State Hospital and Centerville Clinic, and was a consultant in cardiology at Washington Hospital.

• **Ernest L. Noone**, Elverson; Jefferson Medical College, 1923; age 79; died June 13, 1977. He had been on the faculty of the University of Pennsylvania School of Medicine for 38 years and had practiced pediatrics in Drexel Hill until 1966.

• **George L. Oxley**, Harrisburg; Meharry Medical College, Nashville, Tennessee, 1925; age 83; died June 15, 1977. He had practiced medicine for 52 years, 51 of which were in Harrisburg.

• **Peter C. Petropoulos**, Merion; Georgetown University School of Medicine, 1930; age 74; died May 23, 1977. He was a general practitioner in Philadelphia for 50 years and had been on the staffs of the Fitzgerald and Misericordia divisions of the Mercy Catholic Medical Center.

• **Jacob Ripp**, Pittsburgh; University of Pittsburgh School of Medicine, 1937; age 65; died May 21, 1977. He joined the radiology staff of Columbia Hospital in 1949 and became chief of the department in 1959. Except for five years in the Army Medical Corps, he had practiced medicine in Pittsburgh 39 years.

• **Andrew J. Sedwick**, Kittanning; Medico-Chirurgical College of Philadelphia, 1914; age 88; died April 16, 1977.

• **Charles J. Seitz**, Punxsutawney; University of Pittsburgh School of Medicine, 1930; age 70; died June 27, 1977. He had practiced medicine in the Punxsutawney area since 1930.

• **John M. Szamborski**, Philadelphia; Temple University School of Medicine, 1936; age 65; died May 24, 1977. He was chief of the pediatric service of Northeastern Hospital.

• **Jesse G. Webster**, Wellsboro; Jefferson Medical College, 1914; age 85; died December 26, 1976.

• **Parker N. Wentz**, Northbrook, Illinois; College of Physicians and Surgeons, Baltimore, Maryland, 1906; age 83; died May 3, 1977.

• **Henry M. Wise**, Philadelphia; University of Pennsylvania School of Medicine, 1909; age 90; died May 11, 1977. He had been a family physician for more than 58 years before his retirement in 1967, and was on the emeritus staff of the Albert Einstein Medical Center, Northern Division.



ROCHE

# For recurrent attacks of urinary tract infection in women

# Bactrim™ DS Double Strength Tablets

Each tablet contains 160 mg trimethoprim and 800 mg sulfamethoxazole.

## Just one tablet b.i.d. for 10 to 14 days



- Action at urinary/vaginal/lower bowel sites helps eliminate reservoirs of infecting organisms
- Distinctive antibacterial action plus wide spectrum helps eradicate recurrent UTI
- Low incidence of bacterial resistance in community practice

- Convenient *b.i.d.* dosage provides day-and-night antibacterial control
- Contraindicated during pregnancy and the nursing period. During therapy, maintain adequate fluid intake perform CBC's and urinalyses with microscopic examination.

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications and Usage:** For the treatment of urinary tract infections due to susceptible strains of the following organisms: *Escherichia coli*, *Klebsiella-Enterobacter*, *Proteus mirabilis*, *Proteus vulgaris*, *Proteus morgani*. **It is recommended that initial episodes of uncomplicated urinary tract infections be treated with a single effective antibacterial agent rather than the combination.** Note: The increasing frequency of resistant organisms limits the usefulness of all antibacterials, especially in these urinary tract infections.

**Also for the treatment of documented *Pneumocystis carinii* pneumonitis. To date, this drug has been tested only in patients 9 months to 16 years of age who were immunosuppressed by cancer therapy.**

The recommended quantitative disc susceptibility method (*Federal Register*, 37:20527-20529, 1972) may be used to estimate bacterial susceptibility to Bactrim. A laboratory report of "Susceptible to trimethoprim-sulfamethoxazole" indicates an infection likely to respond to Bactrim therapy. If infection is confined to the urine, "Intermediate susceptibility" also indicates a likely response. "Resistant" indicates that response is unlikely.

**Contraindications:** Hypersensitivity to trimethoprim or sulfonamides; pregnancy; nursing mothers; infants less than two months of age.

**Warnings:** Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been associated with sulfonamides. Experience with trimethoprim is much more limited but occasional interference with hematopoiesis has been reported as well as an increased incidence of thrombopenia with purpura in elderly patients on certain diuretics, primarily thiazides. Sore throat, fever, pallor, purpura or jaundice may be early signs of serious blood disorders. Frequent CBC's are recommended; therapy should be discontinued if a significantly reduced count of any formed blood element is noted.

**Precautions:** Use cautiously in patients with impaired renal or hepatic function, possible folate deficiency, severe allergy or bronchial asthma. In patients with glucose-6-phosphate dehydrogenase deficiency, hemolysis, frequently dose-related, may occur. During therapy, maintain adequate fluid intake and perform frequent urinalyses, with careful microscopic examination, and renal function tests, particularly where there is impaired renal function.

**Adverse Reactions:** All major reactions to sulfonamides and trimethoprim are included, even if not reported with Bactrim. **Blood dyscrasias:** Agranulocytosis, aplastic anemia, megaloblastic anemia, thrombopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia. **Allergic reactions:** Erythema multiforme, Stevens-Johnson syndrome, generalized skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis. **Gastrointestinal reactions:** Glossitis, stomatitis, nausea, emesis, abdominal pains, hepatitis, diarrhea and pancreatitis. **CNS reactions:** Headache,

peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insomnia, apathy, fatigue, muscle weakness and nervousness. **Miscellaneous reactions:** Drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L. E. phenomenon. Due to certain chemical similarities to some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia in patients; cross-sensitivity with these agents may exist. In rats, long-term therapy with sulfonamides has produced thyroid malignancies.

**Dosage:** Not recommended for infants less than two months of age.

**Urinary Tract Infections:** Usual adult dosage—1 DS tablet (double strength), 2 tablets (single strength) or 4 teasp. (20 ml) b.i.d. for 10-14 days.

Recommended dosage for children—8 mg/kg trimethoprim and 40 mg/kg sulfamethoxazole per 24 hours, in two divided doses for 10 days. A guide follows:

*Children two months of age or older:*

Weight	Dose—every 12 hours	
	Teaspoonfuls	Tablets
lbs kgs		
20 9	1 teasp. (5 ml)	½ tablet
40 18	2 teasp. (10 ml)	1 tablet
60 27	3 teasp. (15 ml)	1½ tablets
80 36	4 teasp. (20 ml)	2 tablets or 1 DS tablet

For patients with renal impairment:

Creatinine Clearance (ml/min)	Recommended Dosage Regimen
Above 30	Usual standard regimen
15-30	½ the usual regimen
Below 15	Use not recommended

***Pneumocystis carinii* pneumonitis:** Recommended dosage: 20 mg/kg trimethoprim and 100 mg/kg sulfamethoxazole per 24 hours in equal doses every 6 hours for 14 days. See complete product information for suggested children's dosage table.

**Supplied:** Double Strength (DS) tablets, each containing 160 mg trimethoprim and 800 mg sulfamethoxazole, bottles of 100; Tel-E-Dose® packages of 100. Tablets, each containing 80 mg trimethoprim and 400 mg sulfamethoxazole—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 40, available singly and in trays of 10. Oral suspension, containing in each teaspoonful (5 ml) the equivalent of 40 mg trimethoprim and 200 mg sulfamethoxazole, fruit-licorice flavored—bottles of 16 oz (1 pint).

ROCHE

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Division of Hoffmann-La Roche Inc.  
Nutley, New Jersey 07110

**Please see back cover.**



Her next attack of cystitis may require

# the Bactrim<sup>TM</sup> 3-system counterattack



ROCHE

Bactrim has shown high clinical effectiveness in recurrent cystitis as a result of its wide spectrum and distinctive antimicrobial action in the urinary, vaginal and lower intestinal tracts.

The probability of recurrent urinary tract infection appears to be enhanced by the establishment of large numbers of *E. coli* or other urinary pathogens on the vaginal introitus. The trimethoprim component of

Bactrim diffuses into vaginal fluid in effective concentrations, thus combating migration of pathogens into the urethra.

Studies have shown that Bactrim acts against *Enterobacteriaceae* in the bowel without the emergence of resistant organisms. Thus, Bactrim reduces the risk of introital colonization by fecal uropathogens. It has *no* significant effect on other normal, necessary intestinal flora.

## Bactrim fights uropathogens in the urinary tract/vaginal tract/lower intestinal tract

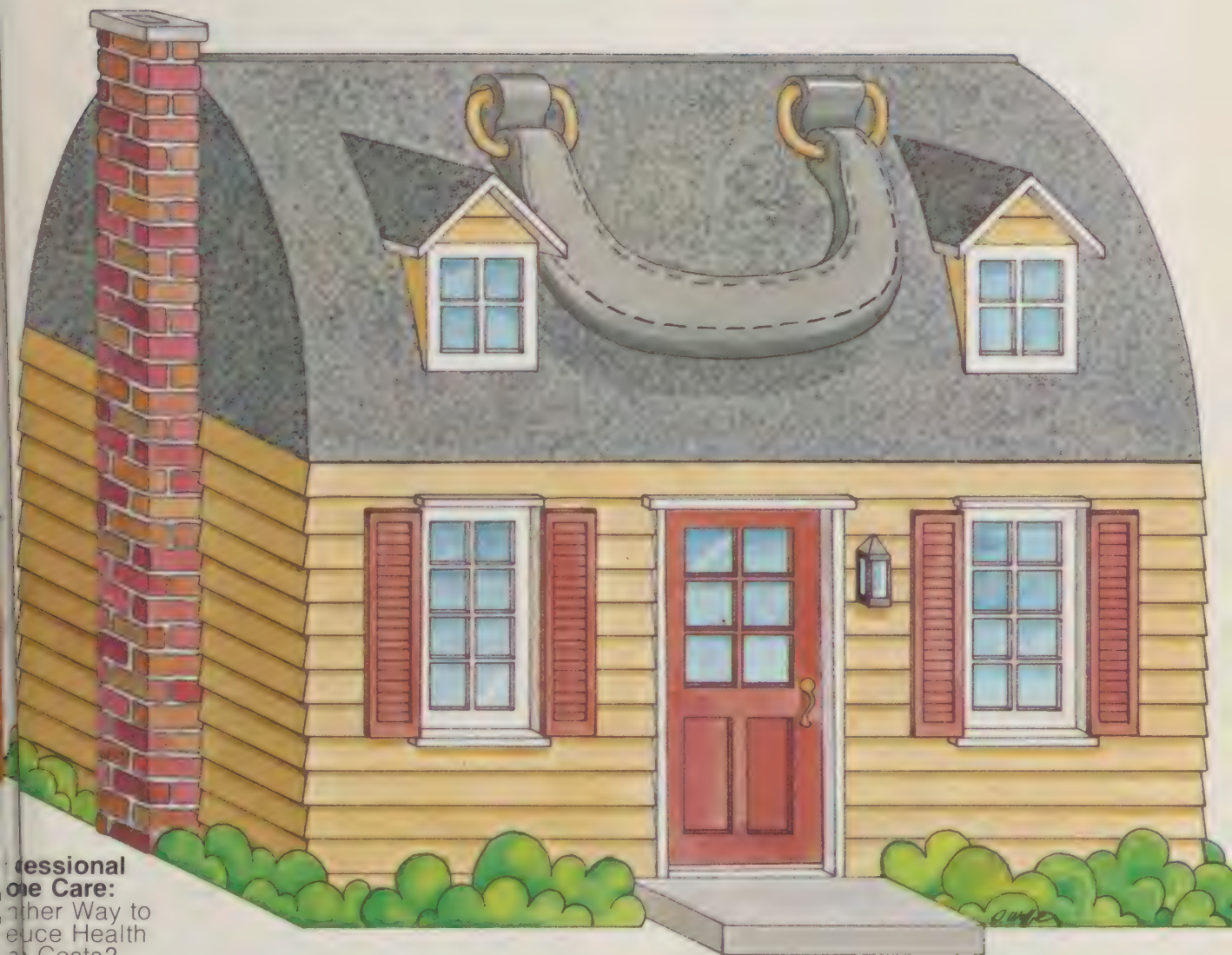
Please see reverse side for summary of product information.

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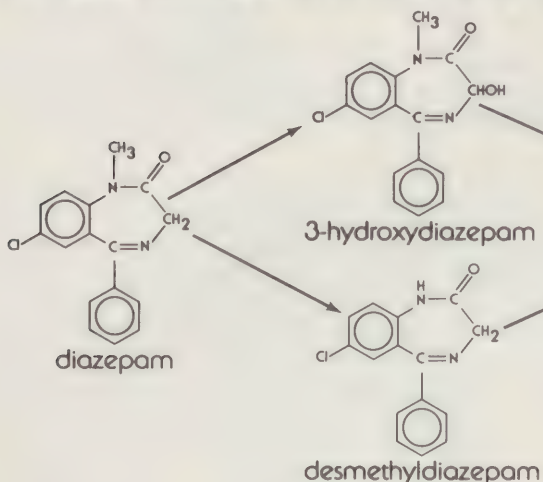
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One Care:  
Another Way to  
Reduce Health  
Care Costs?



# A pharmacokinetic character all its own



**Valium (diazepam) is a benzodiazepine with a distinctive pharmacokinetic profile**

The pharmacokinetic profile of Valium is one of the characteristics that sets it apart from other benzodiazepines. Consider, in particular, the metabolic pathway of Valium. The three major metabolites of Valium exhibit significant pharmacologic activity—and so, of course, does the parent substance—diazepam itself. All combine to produce the characteristic clinical response seen with Valium. The response you have come to know, to want and to trust.

Pharmacokinetic studies also demonstrate that Valium has a pattern of absorption, distribution, metabolism and elimination that is reliable and consistent. And, although the pharmacokinetics of a drug cannot, at present, be specifically related to its clinical effects, it is clearly a factor that distinguishes one product from another by providing important insights into how each moves through the patient's body.

## Valium® (diazepam) <sup>IV</sup>

2-mg, 5-mg, 10-mg scored tablets  
**a prudent choice in psychic tension and anxiety**

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

**Contraindicated:**

Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma;

may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** Not of value in psychotic patients.

Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

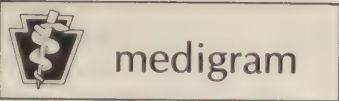
**Use in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**Precautions:** If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

**Side Effects:** Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.



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BOARD AUTHORIZES FURTHER NEGOTIATIONS WITH ARGONAUT

The Board of Trustees on August 24 authorized further

negotiations with Argonaut Insurance Co. after reviewing a proposed settlement drafted by the Society's legal counsel. This settlement would include activation of the Pennsylvania Medical Society Liability Insurance Co. (PMSLIC) following development of a method for company capitalization. The Finance Committee will meet September 13 on the method of capitalization. At a special meeting immediately following, the Board will act on committee recommendations. Any agreement will be null and void if the necessary capitalization is not raised. The settlement would include withdrawal of lawsuits filed by both parties to the current contract between the State Society and Argonaut. The proposal also would prevent Argonaut from soliciting malpractice insurance business in Pennsylvania for 180 days after PMSLIC assumes the Argonaut book of business.

SOCIETY OPPOSES ARGONAUT'S BID FOR MORE PREMIUM MONEY

The Board of Trustees August 24 voted not to

approve a new effort by Argonaut Insurance Co. for higher premiums on increased limits coverage, the \$100,000/\$300,000 coverage required by law in Pennsylvania. The recent 23.6 percent increase granted to Argonaut was on the basic limits of \$25,000/\$75,000. The Board acted on a recommendation of the Commission on Professional Liability Insurance in its vote against what would amount to an increase of 17 percent in premiums for Argonaut.

SOCIETY TESTIMONY GOES TO INSURANCE COMMITTEE

J. Joseph Danyo, M.D., of York, a member of the Society's ad hoc

committee on medical malpractice insurance, appeared August 25 before the Senate Insurance Committee to present the Society's position on S.B. 679. The bill would permit professional liability insurance coverage for corporations and, by amendment, would allow additional categories of "health care providers" in the Joint Underwriting Association (JUA) by regulation. The State Society had the bill introduced after the attorney general ruled that professional corporations are barred by the Act from participation in the Catastrophe Loss Fund. The bill was amended further to transfer the loss underwriting responsibility of the JUA from the Cat Fund to an "equitable apportionment basis of member insurers." This means that the JUA's risk of loss would be borne by the insurance companies which make up the JUA rather than by the Catastrophe Loss Fund which is funded by physicians and other providers as defined in Act 111.

HOUSE OF DELEGATES TO ACT ON HEALTH FRAUD

The Board of Trustees has referred to the House of Delegates for action a

recommendation from the Society's Committee on Quackery. The recommendation calls on the AMA to (1) reactivate the Committee on Quackery; (2) re-establish the Department of Investigations; and (3) establish a quackery defense fund.

SOCIETY TO NEGOTIATE ON LABORATORY RULES

The Board of Trustees on August 24 authorized the Council on Education and

Science to negotiate with the Department of Health on the regulations governing laboratories in physicians' offices. The Council's goal is expansion of the list of tests permitted in the individual physician's office laboratory not registered with the department under the Clinical Laboratory Act. The Council also will seek exemption for those office laboratories certified by the American Society of Internal Medicine or the American College of Pathology.



#### BOARD APPROVES CREDIT UNION

Acting on a recommendation of the Council on Professional Relations and Services, the Board of Trustees

August 24 approved the establishment of a credit union for members, their families and employees, and members of the staffs of the state and component county medical societies. A state charter will be sought by an organizational board composed of seven individuals representative of the credit union membership. The Board authorized the State Society staff to provide necessary services to the credit union, including promotional efforts, for one year.

#### 'STUDY SCANDINAVIA' EXPEDITION SET

A tour of Sweden, Norway, and Denmark, with emphasis on study of these nations' health

care systems and their financing, begins September 25 under the auspices of the Council on Education and Science. Physicians participating will earn ten hours of Category 1 credit.

#### BOARD ACTS ON CANCER RESEARCH, HBP PROGRAM

The Board of Trustees endorsed two Department of Health proposals at the

August 24 meeting. The department's high blood pressure screening program, part of a broad national effort to control the disease, was endorsed on the recommendation of the Council on Education and Science. The Board also endorsed the concept of using cigarette tax monies for recognized cancer research, but opposed the creation of a new bureaucracy to allocate funds. The Council on Governmental Relations recommended the latter action.

#### DR. RYAN RE-ELECTED TO FOUNDATION BOARD.

The Board of Trustees on August 24 re-elected William C. Ryan, M.D., of

Somerset, trustee for the Eleventh Councilor District, as its representative to the Board of Directors of the Pennsylvania Medical Care Foundation. He will serve a three-year term.

#### SPECIALTY SOCIETIES TO HAVE FIELD CONTACT SERVICE

By action of the Board of Trustees on August 24, the

Society's field contact team will be expanded to service specialty societies as well as county medical societies.

#### TRUST AIDS MEDICAL STUDENTS

The State Society's Educational and Scientific Trust reports assisting 126 medical students with

loans worth \$163,550. Of these, 115 attend Pennsylvania medical schools and are receiving \$146,550.

#### SCHOOL NURSE ROLE TO CHANGE

The Board of Trustees on August 24 voted support of the concept of the school nurse practitioner on the

recommendation of the Council on Education and Science. The school nurse practitioner following certification under new regulations approved by the nursing and medical licensing boards, will be key to the school districts' health examinations. The school nurse practitioner will take a complete medical history and conduct a modified physical examination. Physicians will serve as consultants and examine students only when there is medical indication.

#### FIRST RESOLUTION CALLS FOR LEGAL DIVISION

The first resolution submitted for the consideration of the 1977 House of

Delegates calls for the establishment of a legal division within the State Society. Continuation of the malpractice crisis and incursions into the practice of medicine by government are cited as reasons for retaining the full time services of a lawyer. David N. Farber, M.D., author of the resolution, has introduced it on behalf of the Berks County Medical Society. An article on page five outlines other issues to come before the House.

# Pennsylvania Medicine



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## PENNSYLVANIA MEDICINE

20 Erford Road  
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**EMPRACET® with Codeine Phosphate, 30 mg, No. 3 ©**

**CONTRAINDICATIONS:** Hypersensitivity to acetaminophen or codeine.

**WARNINGS: Drug dependence.** Codeine can produce drug dependence of the morphine type and may be abused. Dependence and tolerance may develop upon repeated administration; prescribe and administer with same caution appropriate to oral narcotics. Subject to the Federal Controlled Substances Act.

**Usage in ambulatory patients.** Caution patients that these products may impair mental and/or physical abilities required for performance of potentially hazardous tasks such as driving a car or operating machinery.

**Interaction with other CNS depressants.** Patients receiving other narcotic analgesics, general anesthetics, phenothiazines, tranquilizers, sedative-hypnotics, or other CNS depressants (including alcohol) may exhibit additive CNS depression; when used together reduce dose of one or both.

**Usage in Pregnancy.** Safe use is not established. Should not be used in pregnant patients unless potential benefits outweigh possible hazards.

**PRECAUTIONS: Head injury and increased intracranial pressure.** Respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a pre-existing increase in intracranial pressure. Narcotics produce adverse reactions which may obscure the clinical course of patients with head injuries.

**Acute abdominal condition.** These products or other narcotics may obscure the diagnosis or clinical course of acute abdominal conditions.

**Special risk patients.** Administer with caution to certain patients such as elderly or debilitated patients and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, or prostatic hypertrophy or urethral stricture.

**ADVERSE REACTIONS:** Most frequently include lightheadedness, dizziness, sedation, nausea, and vomiting; more prominent in ambulatory than in nonambulatory patients; some may be alleviated if patient lies down; others include: euphoria, dysphoria, constipation and pruritus.

**DRUG INTERACTIONS:** CNS depressant effect may be additive with that of other CNS depressants. See Warnings.

For symptoms and treatment of overdosage and full prescribing information, see package insert.

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Each tablet contains: codeine phosphate,  
60 mg (1 gr) (Warning—may be habit-forming);  
and acetaminophen, 300 mg.



### Our new non-aspirin/ codeine analgesic for moderate to severe pain.

New peach-colored Empracet ċ Codeine #4 offers a potent alternative for patients in whom aspirin is not indicated.

Unlike compounds containing oxycodone which afford comparable analgesia, new Empracet ċ Codeine #4 gives you CIII prescribing convenience—up to 5 refills in 6 months at your discretion (where state law permits). And, prescribing by telephone is permissible in most states. Moreover, new Empracet ċ Codeine #4 has less addiction potential than does oxycodone.

For those of your patients requiring a less potent analgesic, non-aspirin Empracet® ċ Codeine #3 provides effective relief of moderate pain.

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## Serious issues, deficit face 1977 House of Delegates

When the 1977 Annual Meeting of the State Society's House of Delegates is called to order at 1 p.m., Tuesday, October 25 at the Host Farm Resort Motel, Lancaster, finances will be an overriding issue.

Delegates will be faced with a money problem created in large part by the Society's aggressive but expensive position of challenging insurance company rate increase requests, exposing quackery, and seeking changes in Act 111, the state's malpractice law. All of these issues have precipitated costly court actions and deficit spending.

Preliminary figures indicate that the Society's total expenses for 1977 will be about \$2,013,000. With a maximum income for 1977 of \$1,765,000, the estimated deficit could exceed a quarter of a million dollars. Looking ahead to 1978, a preliminary budget put together by the Finance Committee estimates a deficit of \$295,000. But if heavy expenses such as those which result from court action and rate hearings continue, the deficit for 1978 could run as high as \$700,000.

The Finance Committee currently is wrestling with these budget problems. The Board of Trustees, based on the committee's recommendations, will approve a final budget at its meeting on October 24 and will make recommendations concerning the 1978 dues to the House of Delegates at its October 25-27 meeting.

### Litigation

In 1975 Argonaut Insurance Co. threatened to break its contract with the State Society and leave Pennsylvania. This caused the Society to file suit to force Argonaut to live up to its agreement to write malpractice insurance for PMS members through 1979. Since that time, the Society has been involved in more than a dozen law suits.

The various suits have increased the Society's legal costs 500 percent in the last two years. In 1976 alone the Society incurred \$240,000 in legal expenses. For the first seven months of 1977 legal costs are in excess of \$182,000.

The Society is involved in seven suits in the ongoing malpractice insurance crisis. Additional suits have concerned such issues as the clinical laboratory regulations, the Health Service Area designation for the five-county Philadelphia area, Blue Shield's eye care program, water fluoridation in Lebanon, and an anti-trust action brought by the Pennsylvania Chiropractic Society against the State Society and seven other defendants.

### Rate increase hearings

The hearing on Argonaut's request for a 70 percent rate increase in malpractice insurance premiums was the second longest in Insurance Department history. On June 28, Insurance Commissioner William J. Sheppard granted Argonaut a 23.6 percent increase, the first since April 1975. Sheppard said of the Society's long and costly intervention in the matter, "It is quite clear from the record that the Pennsylvania Medical Society has been an effective and aggressive advocate of the medical profession." He praised "the very competent technical analysis provided the department" and in rejecting the 70 percent request, he cited the Society's actuaries, Woodward and Fondiller, who determined that Argonaut's reserving practices are "unique in the industry."

The Society had intervenor status at three other rate increase hearings. In the fall of 1976, Argonaut requested a 42 percent premium increase; it was denied. In the spring of 1977, the Joint Underwriting Association requested a 75.2 percent increase; the Insurance Department granted a 3.9 percent hike. This summer, the Insurance Services Office filed for an increase; hearings were held, but no decision has been announced. In the first seven months of 1977, actuarial fees alone amounted to \$84,000.

### Legislative priorities

Although the Legislature virtually has ignored all proposed bills in its preoccupation with the state budget, the House of Delegates will consider

the Society's legislative priorities.

Among the main issues expected to receive attention is the Society's proposal to include professional corporations under Act 111 coverage. A ruling by the attorney general denied Catastrophe Loss Fund coverage to corporations. The Society seeks in S.B. 679 to spell out specifically that professional corporations be included under the Act.

Other legislative issues expected to surface are the protection of physician-patient confidentiality and the controversial laetrile bill, S.B. 901, authorizing the prescribing of laetrile by physicians, which has passed the Senate and is awaiting House of Representatives action.

### Society structure

Two standing committees of the Society are recommending their dissolution to the 1977 House of Delegates. Both the Committee on Objectives and the Committee on Relationships with Allied Professionals are making the recommendation because their functions are being fulfilled by other groups within the Society.

Further recommendations on restructuring of the State Society can be expected from the Ad Hoc Committee to Study Society Structure, created by the Board of Trustees as a result of a recommendation which came out of the Board's July 1976 long range planning meeting.

### Unified Membership

A major issue to be considered at the 1977 Annual Session is unified membership. If this proposed amendment is passed all current and future members of the Pennsylvania Medical Society will be required to join the American Medical Association. Currently, PMS members are only required to be a member of a county medical society.

Unified membership was discussed at the 1976 Annual Session, but a vote on it was postponed until the 1977 Session. Currently, five states have unified membership. They are Arizona, Hawaii, Illinois, Oklahoma, and Wisconsin.



# PSRO funding complete; Council contract awarded

In only a little more than three years, all twelve PSRO areas in Pennsylvania have been funded by the Department of Health, Education, and Welfare (DHEW). The eight PSROs originally funded are in the conditional phase and have been performing the review function within their respective areas for some time. The remaining four PSROs recently were funded for one year to develop their organizational structures and make formal plans for assuming the review function within their areas.

Listed below are the names and addresses of the four Planning PSROs, along with the names of their chairmen and executive directors.

In addition to full PSRO implementation in Pennsylvania, DHEW has awarded a contract, effective June 27, 1977, to the Pennsylvania Professional Standards Review Council for a period of one year.

State PSR Councils, which are

mandated in states with three or more PSROs, are to coordinate the activities of, and disseminate information and data among, the PSROs within the state. The Council will also assist the secretary of HEW in evaluating the performance of each PSRO and will be responsible for reviewing appeals and reconsideration from patients, practitioners, or providers. It will review and make recommendations to the Secretary of HEW relative to sanctions under the PSRO Program.

The Pennsylvania PSR Council is comprised of one representative from each Conditional PSRO; four physicians, one designated by PMS, one designated by POMA, and two designated by the Hospital Association of Pennsylvania. In addition, four persons knowledgeable in health care, selected by the Secretary of HEW (two of whom shall be recommended by the Governor) also serve on the Council.

The following officers were

elected to serve until the Council's annual meeting in January of 1978: president, Sidney O. Krasnoff, M.D.; vice president, Earl A. Gabriel, D.O.; and secretary treasurer, Donald C. Brown, M.D.

Council offices will be located in the Royal Globe Building, 205 House Avenue, Camp Hill, Pennsylvania 17011. William F. S. Orner, Jr., has been named as the Council's executive director. Mr. Orner is former assistant executive director of the Pennsylvania Medical Care Foundation.

## Society to review status of Blue Shield action

The State Society's Council on Medical Service and Interspecialty Committee will conduct a review on any additional procedures considered for denial of routine payment by Pennsylvania Blue Shield, according to action taken at its latest meeting by the Board of Trustees.

The Blue Shield Association has published a list of 28 procedures which it suggests should not be paid for routinely, but only upon documentation as to the necessity.

Pennsylvania Blue Shield has acted on five procedures, making it necessary, effective last April 1, for the physician to document the need in order to receive payment. They are: nephropexy, uterine suspension, uterine suspension with presacral sympathectomy, sympathectomy lumbar (when used to treat hypertension), and basal metabolic rate.

Blue Shield officials have agreed to hearing the advice of the Society's Council on Medical Service before acting on the recommendation of the Blue Shield Association to add other procedures to the list of those requiring documentation as to necessity in order to receive payment.

**Area I PSRO**  
1567 West 38th Street  
Erie, Pennsylvania 16508  
Robert B. Stuart, M.D., Chairman  
David DeBacker, Executive Director

**Midwestern Pennsylvania Area V PSRO**  
118½ South Broad Street  
Grove City, Pennsylvania 16127  
Raymond J. Saloom, D.O., Chairman  
Bob A. Jones, Jr., Executive Director

**Northeastern Pennsylvania PSRO (Area III)**  
Rex Craft Building  
Avoca, Pennsylvania 18641  
Edwin C. Neville, M.D., Chairman  
Carmine J. Striano, Executive Director

**Delaware-Chester PSRO (Area X)**  
Suite 208  
Riddle Memorial Health Care Center  
1078 West Baltimore Pike  
Media, Pennsylvania 19063  
John W. Lawrence, M.D., Chairman  
Joseph Fleming, Executive Director



# County society entrance requirements vary widely

Joining organized medicine can take as long as four months. This is the finding of a survey conducted by the Council on Professional Relations and Services. In January, the council asked each of the 60 county medical societies how long it takes a physician to join once he has completed the necessary application; 90 percent of the counties (54) responded.

While the induction of a new member can occur in as little as two weeks (as in three county societies) the average is closer to six weeks. In the case of four counties, the waiting period is longer than four months.

The accompanying chart displays some of the most common entrance requirements. It also indicates whether counties believe the process could be eliminated.

Respondents agreed that the following requirements do not contribute significantly to the screening process:

1. publishing prospective member names in the county bulletin;
2. requiring attendance at a county medical society meeting; and
3. conducting personal interviews.

In addition there were four other requirements of marginal significance:

1. inquiry to the applicant's hospital;
2. screening of the applicant by the membership committee;
3. approval from the AMA; and
4. approval by a county medical society board.

There were two requirements, however, which counties believe vital. They are: the Board of Censors' signatures on the application, and approval of the application by the membership at a regular county medical society meeting.

Despite the fact that entrance into organized medicine usually spans several months, counties were unanimous in their opinion that the delay has no negative impact on recruitment; nor do the county officers feel that the appli-

cation form itself has any effect on recruiting.

The Council on Professional Relations and Services will now determine whether a model entry process should be developed.

Component County Societies		
	Process Currently Conducted	Eliminate Process
<i>Membership Committee considers application</i>	31	40
<i>Obtain approval from AMA</i>	76	34
<i>Names published in county bulletin</i>	17	51
<i>Signatures required by Board of Censors</i>	44	14
<i>Reading at county medical society meeting</i>	61	31
<i>Approval by county medical society Board</i>	35	40
<i>Approval by membership at regular county medical society meeting</i>	87	9
<i>Personal interview</i>	19	46
<i>Inquiry to applicant's hospital</i>	17	43
<i>Attendance at county medical society meeting</i>	9	49
<i>Inquiry to State Board of Medical Education and Licensure</i>	28	31

## Blue Shield announces fee changes

New prevailing fee program profiles were put into effect by Pennsylvania Blue Shield July 1, 1977, following Insurance Department approval. The new profiles are based on physicians' actual charges for services performed in 1976. All claims will be processed according to profiles in effect on the date the service was rendered to the patient.

New medicare profiles also have been developed according to Social Security Administration regulations. These became effective July 5, 1977. These revised profiles are based on actual charges submitted on claims during 1976. The SSA

directive states, however, that new prevailing charges (Level II) be limited to a 35.7 percent increase over medicare prevailing charges which were in effect on July 1, 1972.

Also effective July 1, 1977, are changes in Plan C. The Insurance Department has approved Plan C fee schedule allowances and an increase in income limits to \$9,000 for a single subscriber and \$18,000 for a family. Previously income limits were \$6,000 for an individual, and \$12,000 for a family. Although effective July 1, the Plan C allowances will not be published until the next revision of the Procedure Terminology Manual.

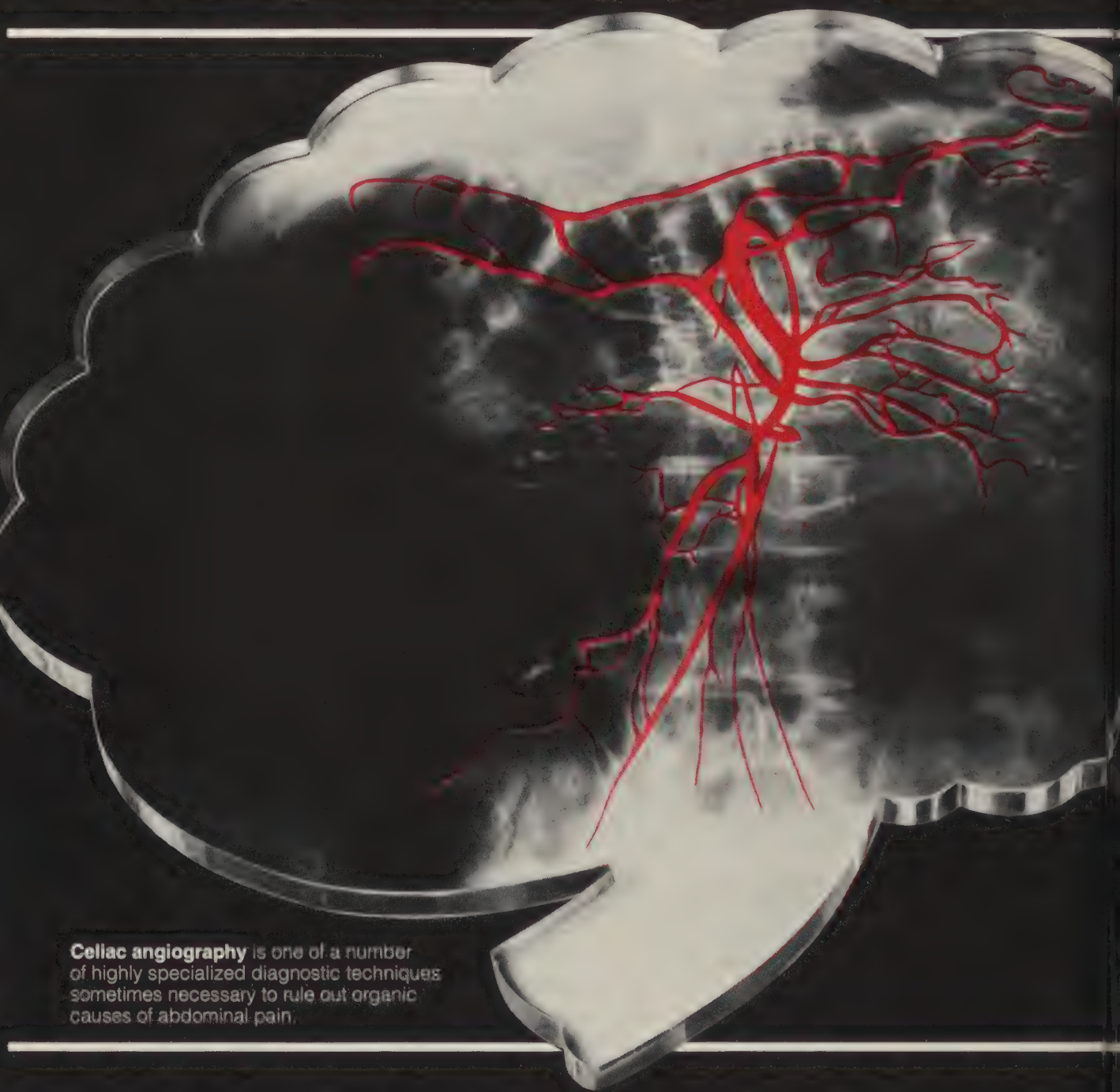
## Supplemental Call to the Annual Session Pennsylvania Medical Society House of Delegates

As directed by Article IX, Section 5 of the Constitution, the Board of Trustees nominates the following members for vacancies on the Judicial Council: For the office now held by Lewis T. Buckman, M.D., who is not eligible for re-election, the Board nominates Samuel F. Cohen, M.D., Montgomery County; Sydney E. Sinclair, M.D., Lycoming County; and Cyrus B. Sleese, M.D., Armstrong County.



# THE LOWER G.I. TRACT: ORGANICALLY SOUND

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**Celiac angiography** is one of a number of highly specialized diagnostic techniques sometimes necessary to rule out organic causes of abdominal pain.

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IN IRRITABLE BOWEL  
SYNDROME\* LIBRAX  
PROVIDES DISTINCTIVE  
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Adjunctive/Dual-Action  
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Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.

A clear treatment advantage  
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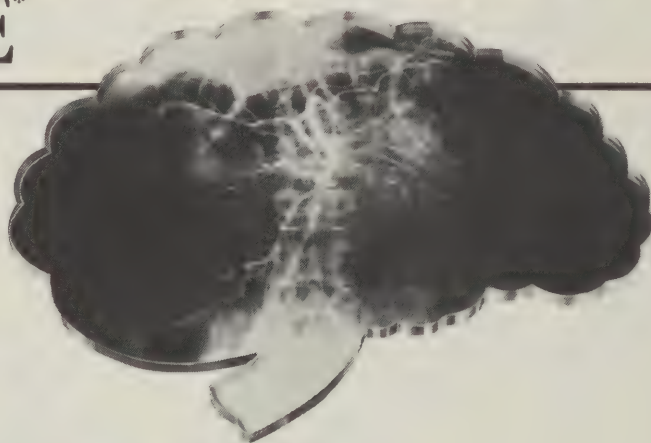
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ROCHE

\* This drug has been evaluated as possibly effective for this indication.  
Please see following page for brief summary of prescribing information.



# A CLEAR TREATMENT ADVANTAGE FOR PATIENTS WITH IRRITABLE BOWEL SYNDROME\*



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Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.

ONLY LIBRAX PROVIDES THE SPECIFIC ANTIANXIETY ACTION OF LIBRIUM® (chlordiazepoxide HCl) PLUS THE POTENT ANTISPASMODIC ACTION OF QUARZAN® (clidinium Br)

Please consult complete prescribing information, a summary of which follows:

\* **Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:  
"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.  
Final classification of the less-than-effective indications requires further investigation.

**Contraindications:** Patients with glaucoma; prostatic hypertrophy and benign bladder neck obstruction; known hypersensitivity to chlordiazepoxide hydrochloride and/or clidinium bromide.

**Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering Librium® (chlordiazepoxide hydrochloride) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

**Precautions:** In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacologic effects of agents, particularly potentiating drugs such as MAO inhibitors and

phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

**Adverse Reactions:** No side effects or manifestations not seen with either compound alone have been reported with Librax. When chlordiazepoxide hydrochloride is used alone, drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are avoidable in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally with chlordiazepoxide hydrochloride, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax are typical of anticholinergic agents, i.e., dryness of the mouth, blurring of vision, urinary hesitancy and constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

**Dosage:** Individualize for maximum beneficial effects. Usual maintenance dose is 1 or 2 capsules, 3 or 4 times a day, before meals and at bedtime. Geriatric patients—see Precautions.

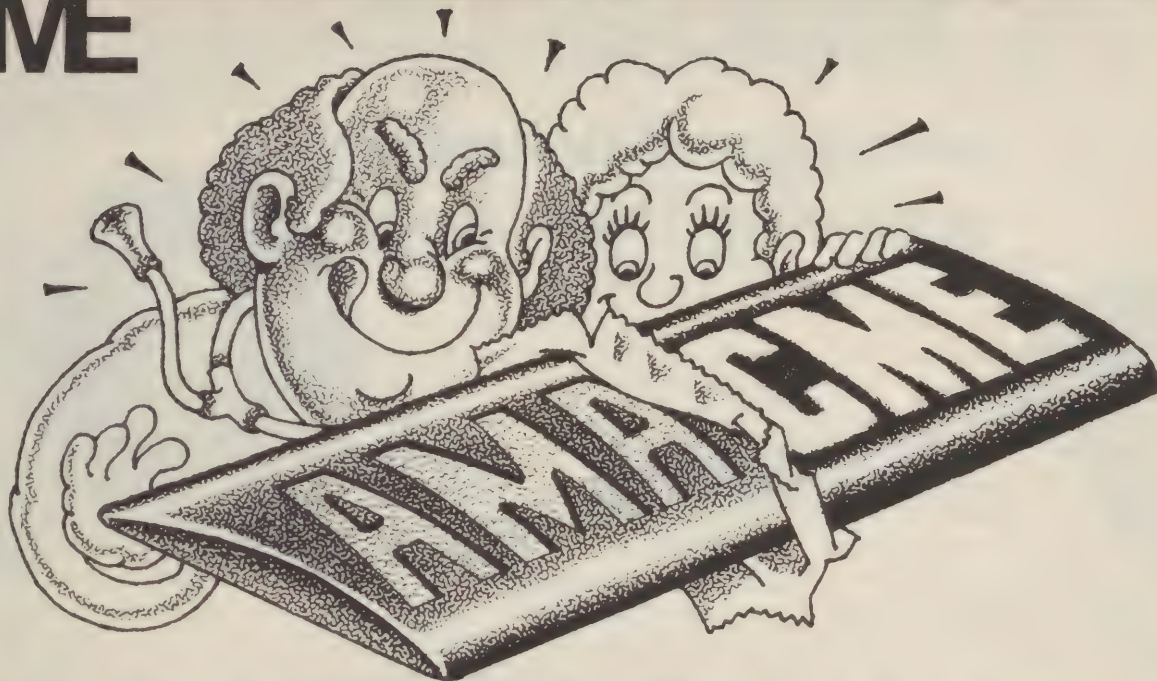
**How Supplied:** Librax is available in green capsules, each containing 5 mg chlordiazepoxide hydrochloride (Librium®) and 2.5 mg clidinium bromide (Quarzan®)—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 50, available singly and in trays of 10.

ROCHE

Roche Laboratories  
Division of Hoffmann-La Roche Inc.  
Nutley, New Jersey 07110



# CME



## AMA brings CME to Hershey

**AMA Regional CME Program — Nov. 18-19, 1977**

AMA has greatly expanded its continuing medical education programs, an important service to member physicians. A regional CME meeting is scheduled at Hershey Motor Lodge, West Chocolate Ave., Hershey, PA 61703. Non-AMA members are welcome.

This meeting has been developed by the AMA in cooperation with Hahnemann Medical School, Jefferson Medical College, Medical College of Pennsylvania, New Jersey Medical School, and the medical schools of Howard University, Penn State University, Rutgers University, Temple University, University of Pennsylvania, University of Pittsburgh, and the Pennsylvania Medical Society.

### AMA BRINGS CME TO YOU . . .

- A clinically directed syllabus for each course.
- Individual attention to questions—class sizes are limited.
- All courses approved by the AMA Council on Continuing Physician Education for Category 1 credit towards an AMA Physician's Recognition Award.

### CME Courses Offered at Hershey Meeting

#### FRIDAY, NOVEMBER 18, 1977 (Each 6 Hours)

- P-1. Proper Selection of Antibiotics
- P-2. Dermatology for Nondermatologists
- P-3. Medical Ethics: Euthanasia & the Doctor-Patient Relationship
- P-4. Neonatology
- P-5. Financial Management Colloquium (This colloquium **only** is CME Category 2.)

#### FRIDAY & SATURDAY, NOVEMBER 18-19, 1977 (16 Hours)

- P-6. Basic & Advanced Life Support  
(Cardiopulmonary Resuscitation—CPR)

#### SATURDAY, NOVEMBER 19, 1977 (Each 6 Hours)

- P-7. Alternate Lifestyle
- P-8. Drugs of the Decade
- P-9. Ambulatory Care of Pulmonary Disease
- P-10. Current Advances in the Treatment & Research of Cancer
- P-11. Acid-Base, Fluid, & Electrolyte Balance
- P-12. Auscultation

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Miami Beach, Florida

December 10-13, 1977

For specific information, please write:

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Methyltestosterone U.S.P. – 5, 10, 25 mg.

## New Double-Blind Study ANDROID-25 vs. Placebo\*

\* **WRITE FOR REPRINT:** R. B. Greenblatt, M.D.; R. Witherington, M.D.; I. B. Sipahioğlu, M.D.: Hormones for Improved Sexuality in the Male and Female Climacteric. *Drug Therapy*, Sept. 1976.

Is there a true aphrodisiac? How effective are androgens in the management of the male climacteric and male impotence? Article discusses the psychophysiological and hormonal changes in the elderly male and female and therapeutic considerations. The effectiveness of methyltestosterone in the management of male impotence was confirmed by a cross-over, double-blind study using a placebo and Android-25

(methyltestosterone 25 mg.), on 20 males, 50 years of age or older who complained of secondary impotence. Patients received a series of placebo then Android-25, or Android-25 then placebo as follows: 1 tablet/30 days; 2 tablets/30 days; 3 tablets/30 days. Sexual response was evaluated: 0 = no change; + = 25% improvement; ++ = 50% improvement; +++ = 75% improvement. Placebo effectiveness was + or ++ in 12.7% of trials. Android-25 elicited a +, ++ or +++ response in 47.2% of trials. There was often a dose related response not observed with the placebo. This effect was not observed in younger patients (age 28-45 years).

**DESCRIPTION:** Methyltestosterone is 17 $\beta$ -Hydroxy-17-Methylandrosta-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunuchism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Post-pubertal cryptorchidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric,

avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE**

**REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. **In the male:** Eunuchoidism and eunuchism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpubertal cryptorchidism, 30 mg. **REFERENCE:** Robert B. Greenblatt, M.D., and D. H. Perez, M.D.: "The Menopausal Syndrome," *Problems of Libido in the Elderly*, pp. 95-101. Medcom Press, N.Y., 1974. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250. Rx only.

**BROWN**

THE BROWN PHARMACEUTICAL CO., INC. 2500 West Sixth Street, Los Angeles, California 90057





# Generic substitution regulations finalized

ARTHUR H. HAYES, M.D.  
Hershey

Implementation of the generic substitution act, Act 259 of 1976, goes into the second phase with publication of the final regulations. PMS has been as active in communicating with the Health Department in the development of those regulations as it was in communicating with the legislature when the bill was being formed. Final determination on all regulations on this act are the responsibility of the Secretary of Health.

One of the key provisions of the regulations affecting physicians describes the format for prescription blanks. The regulations mandate that two separate lines be placed side by side on the blank, the line on the left over the words "Do Not Substitute" and the line on the right over the words "Substitution Permissible." Physicians may continue to have other pre-printed information as desired, such as the number of refills allowed. Although a prescription for a controlled substance must bear the Federal Drug Enforcement Administration registration number, that number may *not* be preprinted on the blank.

Prescription blanks may include the appropriate, pre-printed phrases and lines. Physicians may use existing blanks by having the words and lines typed or rubber-stamped on them.

Oral prescriptions are structured as called for in the act. Unless a physician forbids substitution, a pharmacist will assume that substitution is permissible. In making the regulation,

the health department notes, "Of course, the pharmacist is not prohibited from asking the prescriber for clarification." The burden to specify substitution or not still remains with the physician in oral prescriptions.

In all cases, the pharmacist is required to record substitutions. When substitution is made, the pharmacist is to record the generic equivalent drug name as well as the manufacturer and distributor. This information should be noted on the original prescription he retains. A physician who wants to know for his own records when substitution was permitted should make a notation in his patients' medical records. There is no provision in the regulations requiring the pharmacist to notify the physician of the chosen substitute. Since the labeling on the prescription must contain drug name and manufacturer, the physician may ask the patient to bring prescription containers to his next office visit. He may indicate on the pre-

scription if he does not want the drug name to appear on the label. The pharmacist is then required by regulations to use the recognized national drug code number (if available).

When a generic drug has been substituted with the physician's permission and then is refilled, the pharmacist must refill with the same generic drug. That is, the substitution may take place only once. If the pharmacist no longer has the generic originally substituted in filling the prescription, he cannot refill. A new prescription or prior approval from the physician is necessary before a "second" substitution of a generic may take place.

The physician who dispenses drugs must abide by all the labeling requirements applicable to a pharmacist. His envelopes or labels for dispensing must include his name and address, the date the drug is dispensed, the name of the patient, and directions for using the drug.

## Dr. Levit directs national board

Edithe J. Levit, M.D., Philadelphia, assumed the position as president and director of the National Board of Medical Examiners August 10. She is the first woman in the board's 60 year history to hold the office.

Dr. Levit received her bachelor's degree from Bucknell University and her medical degree from the Medical College of Pennsylvania. She joined the staff of the board in 1961 from her position as director of medical education at Philadelphia General Hospital. Since 1961, serving as assistant director, associate director, secretary, and vice presi-

dent, Dr. Levit has played a prominent role in the board's growth.



DR. LEVIT

*Dr. Hayes is chairman of the State Society's Commission on Therapeutics, which is acting in an advisory capacity to the State Department of Health's Drug Device and Cosmetic Board.*



# State's residents to meet at Annual Session

On October 25 a "historic first" will occur when resident physicians in Pennsylvania hold their first statewide meeting. The organizational meeting of residents will be held at the Host Farm Resort Motel in Lancaster under the sponsorship of the Pennsylvania Medical Society. From that meeting is expected to come a resolution to the House of Delegates calling for official launching of a Resident Physicians Section (RPS) in the Pennsylvania Medical Society.

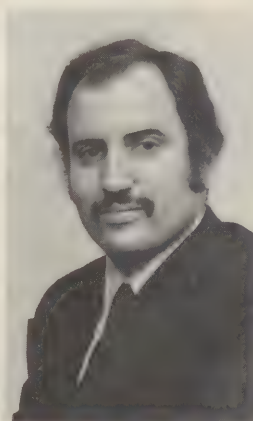
A. Patrick Jonas, M.D., a second year family practice resident at the Hershey Medical Center, said the functions of a resident section would be to "help residents communicate among themselves, with organized medicine, and vice versa." Dr. Jonas continued, "Communication needs to be expanded so that residents can learn, for example, what is available in Pennsylvania for them as future practitioners. Shall I practice here or not? PMS holds the answer to a lot of these questions. Through this kind of organization we can communicate."

Steven J. Davidson, M.D., a resident in emergency medicine at the Medical College of Pennsylvania in Philadelphia, and a member of the steering committee, said, "Residents have a number of problems peculiar to their training status. They provide a considerable amount of care in their hospitals but continue to have the role of students at the same time. As a result, these physician-students are frequently abused. In that sense I think residents need to develop an organization among themselves. Because residents are not going to be residents forever, I prefer that organization occur through the county and state medical societies and the AMA."

In San Francisco in June, J.



DR. JONAS



DR. DAVIDSON



DR. TOKARZ

Patrick Tokarz, M.D., a resident in family practice at the Hershey Medical Center, was elected chairman of the AMA Resident Physicians Section. The AMA's aggressive pursuit of resident physicians has offered a middle-of-the-road avenue for young physicians disenchanted with the radical movements of ten years ago. The State Society, whose resident membership is 500 and growing every year, quickly responded to the AMA initiative.

Society President William J. Kelly, M.D., appointed a steering committee of three residents to lay the groundwork for an RPS. Members of that committee are Drs. Tokarz, Jonas, and Davidson. The steering committee, working in conjunction with the Council on Professional Relations and Services, will sponsor the unique statewide meeting of residents now scheduled for the morning of October 25 at the Host Farm, Lancaster.

According to Dr. Davidson, already a member of the executive council of the Emergency Medicine Residents Association, the resident section will also tackle such issues as house staff contracts. "It is important that the resident, who is making life and death decisions, himself be fairly treated and be in a condition to

make those decisions. I think there is the feeling in many of the residency programs that working 110 hours a week does not necessarily make for a better training experience. Certainly the kinds of things that are usually worked out in contracts—wages, hours and conditions—are part of the reason for residents to organize," Dr. Davidson said.

At the national level Dr. Tokarz said the AMA Resident Physicians Section is anxious to impress Congress with the fact that residents are the physicians of tomorrow and that they want a voice in decisions on national health policy. To emphasize this Dr. Tokarz and other RPS leaders will meet soon in Washington with officials of HEW and members of the Congress.

Regarding the statewide residents' meeting, Dr. Jonas said, "We would like to see a resolution supporting the establishment of a Resident Physicians Section passed by the House of Delegates. We would also like to see the State Society commit itself to sending a certain number of resident delegates to meetings of the AMA House of Delegates. We hope that as a result of this meeting many residents will want to participate in the activities of this resident section and PMS."





## Eastern Pennsylvania Chapter of the American College of Surgeons Twenty-Sixth Annual Meeting\*

Wednesday, November 9, 1977      Holiday Inn East-Bethlehem, Pa.

### Schedule of Events

Registration—8:15-9 a.m.

#### Morning Session General Surgery Program Marfil Room

**Presiding Officer**  
**Harry G. Light, M.D., F.A.C.S.**  
St. Luke's Hospital, Bethlehem, PA

9:00 a.m.: Harry Goldsmith, M.D., Samuel Gross Professor of Surgery, Thomas Jefferson University Medical School, Philadelphia, PA., SUBJECT: LIVER SURGERY.

9:45 a.m.: Robert Freeark, M.D., Professor and Chairman, Department of Surgery, Stritch School of Medicine of Loyola University of Chicago, Maywood, IL., SUBJECT: DIVERTICULAR DISEASE OF THE COLON

10:30 a.m.: Francis D. Moore, M.D., Elliott Carr Cutler Professor of Surgery, Harvard Medical School, Boston, MA., SUBJECT: THE TREATMENT OF BREAST CANCER IN VARIOUS STAGES OF DEVELOPMENT.

11:15 a.m.: Harry H. LeVeen, M.D., Chief of Surgical Service, Professor of Surgery, State University of New York, Veterans Administration Hospital, Brooklyn, NY., SUBJECT: TREATMENT OF TUMORS WITH RADIOFREQUENCY - THERMOGRAPHY

12:00 p.m.: Cocktails MARFIL ROOM.

12:30 p.m.: Luncheon BALLROOM

Presiding Officer: Harry G. Light, M.D., F.A.C.S., President, Eastern Pennsylvania Chapter of the American College of Surgeons. SPEAKER: Francis D. Moore, M.D., SUBJECT: "HOW FAST DO WE WANT SURGICAL MANPOWER TO GROW?"

**Afternoon Session**  
**Presiding Officer**  
**Stuart H. Irons, M.D., F.A.C.S.**  
Wilkes-Barre, PA

2:00 p.m.: Resident's Paper.

2:30 p.m.: PANEL DISCUSSION MODERATOR: Charles K. Zug, III, M.D., F.A.C.S., Bethlehem, PA

PANELISTS: Robert Freeark, M.D., Harry Goldsmith, M.D., Harry H. LeVeen, M.D., Francis D. Moore, M.D., SUBJECT: SURGICAL COMPLICATIONS—THEIR AVOIDANCE OR TREATMENT.

4:00 p.m.: CHAPTER MEETING.

#### Morning Session Gynecologic and Urologic Program Sala De Oro Room

**Presiding Officer**  
**Frank S. Flor, M.D., F.A.C.S.**  
St. Luke's Hospital, Bethlehem, PA

9:00 a.m.: Earl F. Greenwald, M.D., Associate Professor of Obstetrics/Gynecology, Director of Section of Gynecological Oncology, Temple University School of Medicine, Philadelphia, PA., SUBJECT: CARCINOMA OF THE CERVIX.

10:00 a.m.: Equinn W. Munnell, M.D., Professor of Clinical Gynecology & Obstetrics, College of Physicians and Surgeons, Columbia University, New York, Attending Obstetrician & Gynecologist, Presbyterian Hospital, New York, NY., SUBJECT: CARCINOMA OF THE ENDOMETRIUM.

11:00 a.m.: Joseph N. Corriere, Jr., M.D., Professor & Director, Division of Urology, University of Texas, Houston, TX., SUBJECT: UROLOGICAL COMPLICATIONS FOLLOWING GYNECOLOGICAL SURGERY.

12:00 p.m.: Cocktails MARFIL ROOM.

12:30 p.m.: Luncheon BALLROOM.

#### Afternoon Session

2:00 p.m.: Panel Discussion and Question-and-Answer Session with Questions Submitted by Audience.

**\* in association with the Lehigh Valley Obstetrical Society and the American Trauma Society, Pennsylvania Division.**

As an organization accredited for continuing medical education, the Pennsylvania Medical Society certifies that this continuing medical education offering meets the criteria for hour for hour credit in Category I of the Physician's Recognition Award of the American Medical Association, provided it is used and completed as designed.

#### Morning Session Trauma Program Darsena Room

**Presiding Officer**  
**Charles F. Snyder, Jr., M.D., F.A.C.S.**  
St. Luke's Hospital, Bethlehem, PA

9:00 a.m.: William P. Graham, M.D., Chief, Plastic Surgery, Hershey Medical School, Hershey, PA., SUBJECT: SOFT TISSUE INJURIES.

9:45 a.m.: Carl T. Brighton, M.D., P.H.D., Professor & Chairman, Department of Orthopedics, University of Pennsylvania. SUBJECT: "THE TREATMENT FRACTURE NON-UNION WITH ELECTRICITY".

10:30 a.m.: Peter Janetta, M.D., Professor & Chairman, Department of Neurosurgery, University of Pittsburgh School of Medicine, Pittsburgh, PA., SUBJECT: THE CEREBELLOPONTINE ANGLE AS PANDORA'S BOX: THE CRANIAL NERVE DYSFUNCTION SYNDROMES.

11:15 a.m.: Felicien Steichen, M.D., President PA Division, American Trauma Society, University of Pittsburgh School of Medicine, Pittsburgh, PA., SUBJECT: PRESENT AND FUTURE TRENDS IN THE MANAGEMENT OF TRAUMA.

12:00 p.m.: Cocktails MARFIL ROOM.

12:30 p.m.: Luncheon BALLROOM.

#### Afternoon Session

2:00 p.m.: Felicien Steichen, M.D., PRESENTATION OF A CASE OF MULTI-SYSTEM TRAUMA.

PANEL DISCUSSION OF MANAGEMENT: Carl T. Brighton, M.D., William P. Graham, M.D., Peter Janetta, M.D., John Ryan, M.D.

4:00 p.m.: CHAPTER MEETING.

## Eastern Pennsylvania Chapter of the American College of Surgeons 20 Erford Rd, Lemoyne PA 17043

### Annual Meeting Registration (Pre-Registration Requested)

NAME \_\_\_\_\_ Degree \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fees:

\$25—Chapter Member.

\$35—Non-Member Physician.

\$15—Residents if attendance is approved by Program Director.

I approve the attendance of the above Resident.

Program Director

Make checks payable and mail to Eastern Pennsylvania Chapter of the American College of Surgeons.

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_



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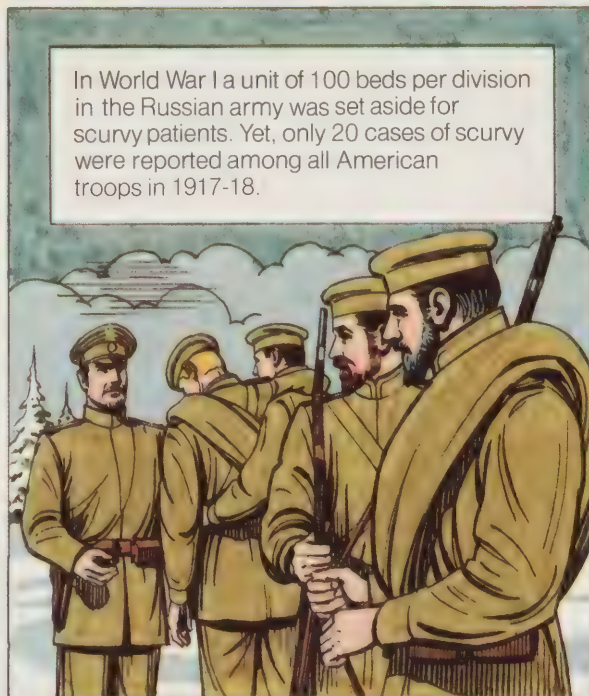
Griffiths, L.L., Brocklehurst, J.C., MacLean, R. et al.  
*Diet in Old Age*, Brit. Med. J., 1:739, 1966.



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Hyoscine hydrobromide	0.0065 mg	0.0065 mg

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# Home health care—another way to reduce costs?

DEBORAH L. RUSSELL

Editorial Assistant

Demands by the American people and their Congress for control over the runaway cost of health care has caused physicians, hospitals, and governmental agencies to search for ways to cut costs and increase efficiency of health care facilities.

In July 1975 the Pennsylvania Department of Health's Advisory Council for Comprehensive Health Planning created a Home Health Care Committee to develop standards and guidelines for comprehensive home care services in the state. The committee, including representatives of the Pennsylvania Assembly of Home Health Agencies and receiving consultation from consumers, the Pennsylvania Medical Society, Community Services of Pennsylvania, the Department of Public Welfare's Office of Aging, and the Department of Health's medicare certification and professional consultation staff, drew up a "Plan for Comprehensive Home Care for Pennsylvania" in order to focus on the state's needs.

A Home Care Information Consortium, sponsored by Community Services of Pennsylvania and made up of representatives of state- and countywide agencies and associations, then organized to extend the work of the Home Health Care Committee and to gather more information on home care. The consortium has designed informative materials, largely based on the Home Care Committee's report, in order to clarify the state's status and needs and to increase public awareness of home care services.

According to a paper written by the Home Health Care Committee as part of a Comprehensive Health Plan, about 7,000 people are on waiting lists for placement in county homes. "There is a projected need for 35,000 new nursing home beds by 1980. The projected cost for compliance with the Life Safety Code Standards and construc-

tion of new nursing home facilities is over one billion dollars. Thirteen percent of Pennsylvania's population over 65 are functionally disabled. By 1980, a 24 percent increase in the state's population over 65 is expected with the elderly constituting 13 percent of the state's population."

Home Care—an alternative to hospital or nursing home care—is one way to meet the public's demands because it is delivered in the home rather than in more expensive health care facilities; it makes use of community organizations and health professionals who can lighten the load of physicians; and it stresses preventive medical techniques which may help to avoid hospital admissions or readmissions. Home health care can be more effective and less expensive in providing services to those who do not need, or no longer need, 24-hour professional supervision.

Home care is a general term referring to a combination of health care and social services to individual people and families in their own homes or other community home-like settings. Convalescents, disabled, chronically ill, elderly, and primarily home bound people are eligible for home care. Services are provided to them so that they may attain and maintain their own optimum levels of functioning—and that they may do so with dignity.

## Suitability of a home

A major problem of home care as a component of a comprehensive health plan is that third party payment for most services may be obtained only through physician referral and many doctors do not know how or where to refer patients—or even when home care is suitable for a patient.

In a booklet entitled "Home Care: An Interpretation with Instructional Adaptor," written by the Pennsylvania Home Care Information Consor-

tium, lists some basic attributes of a home atmosphere suitable for home care:

"Is it a quiet home? A sick person can be extremely sensitive to excessive noise.

"Are there stairs leading to the home or inside? For some individuals stairs can pose a serious problem. But they can be replaced by a ramp, bannister lift, or other device.

"Will the person have a private room? One near a bathroom and dining facility is ideal.

"Will the doors and hallways accommodate a wheelchair or walker? Plenty of room is needed for maneuvering.

"Are there small children in the home? Youngsters cannot be expected to remain quiet all the time.

"Is there an adult nearby during the day? At night? Not all persons receiving home care need constant attendance, but a relatively helpless person will be safer and happier with someone there.

"Does the individual have easy access to a telephone? This is essential for morale and a sense of self-sufficiency.

"Is a television or radio available for the person's room? These help pass the time and keep the person in touch with the outside world."

Because home health care is often a difficult task and may require special procedures and transportation to medical facilities, the willingness and capability of all concerned to deal adequately with any household inconvenience is essential.

## Determining eligibility

Although the individual person and his family should make the final decision whether or not to use home care, the physician may be best able to determine who would most benefit from



it. If the person's home atmosphere is conducive to and effective in maintaining or improving his health and he does not need the complex services of an institution, home care may be the best plan for him. Most likely to benefit are:

- individuals and families who need help in facing terminal illness;
- a middle-aged person with a cardiac disorder who requires a prolonged convalescence;
- an elderly person handicapped with arthritis in need of rehabilitation therapy;
- a person who needs assistance in managing the home from a homemaker, nutritionist, or family social service agency;
- a baby with diabetes, or a young mother with high blood pressure;
- a child who needs assistance when the parent is hospitalized; or
- persons under distress or disorganization who have no family available to help.

In some cases, public or voluntary health and social service agencies, community or religious groups, or public officials may refer people for some home care services.

The well-being of the individual should be the main goal of all agencies and services working to provide home care, whether they are professional or voluntary and whether they provide medical, social, recreational, nutritional, or other services.

After medical needs have been established, generally by the physician, professional care received in the home can include skilled nursing, physician care, dietary advice, selected therapies, and laboratory services. Staff providing the services may include doctors, community health nurses, physical therapists, social workers, nutritionists, or homemaker-home health aides.

Additional available services such as home-delivered meals or friendly visiting and recreation may be provided as needed. A plan of care is developed after evaluating the total health and social needs of the individual person.

Essential components of home care are: teaching self-care; securing necessary equipment and supplies; instructing the family in the physical case of the individual, and helping the

family members to cope with the problems resulting from the illness or disablement.

### Financing home care

Payment for home care is similar to that for other types of care—they may be covered by medicare or medicaid, third parties such as Blue Cross, commercial insurance plans, the Veterans Administration, United Way agencies, or local government agencies such as Area Agencies on Aging. Many home care agencies give care beyond the limits of insurance coverage if the need persists.

**Medical assistance**—Pennsylvania's medical assistance program covers nursing care in the home and includes benefits for many elements, in-

cluding medical equipment and supplies. Medical assistance pays up to 180 days after hospitalization for a hospital home care program. There is no limit on the number of days of skilled nursing facility and/or intermediate care facility care as long as the person needs that level of care.

**Medicare**—Medicare provides home health care insurance for older persons. It pays home care benefits under both hospital insurance (Part A) and medical insurance (Part B), but it has specific requirements governing those services for which it will not pay.

Under hospital insurance, the following conditions must be met:

- the patient must have been in a qualified hospital for at least three days in a row;

## Do You Know Your Health & Social Service Needs...

may be taken care of in your own home?



- ☐ Medical Help
- ☐ Personal Care
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- ☐ Nursing Services
- ☐ Religious Services

- and More!

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Home Care is a system of services to individuals and families in their own homes or other community or home-like settings.

This system combines health services and other community-support, social services which may be necessary such as home delivered meals, medical help, transportation, homemakers and chore services, nursing services, personal care, and religious services. And more!

Many of these services are already available

through the efforts of local professional organizations, community volunteers and public and voluntary agencies.

In addition, these organizations and people are working hard to build more services into a coordinated home care program which will allow even more people the opportunity to be served at home rather than in a hospital or institution.

These services are available to all who live in this particular home care area, regardless of age, religion, ethnic background or economic status.

To find out whether your needs can be served by home care, contact:

**PHYSICIANS MAY** inform their patients about home care by distributing the above leaflet to patients or by mounting a larger version on a waiting room wall. Materials suitable for reproduction may be obtained through Community Services of Pennsylvania, 201 Locust St., Harrisburg, PA 17101; (717) 238-7365.

- home health care is for further treatment of the condition for which someone was hospitalized or in a skilled nursing facility;

- the care must include part time skilled nursing care, physical or speech therapy;

- the patient must be confined to the home;

- a doctor must determine that home health care is needed and set up

a plan for care within 14 days of discharge from a hospital or nursing home; and

- the home health agency providing the care must be a participant in medicare.

If the person has met all six of the above conditions hospital insurance will pay the full cost of up to 100 visits during a benefit period. Medicare will continue to pay for visits for one year

after the last discharge from the hospital or nursing home.

Medicare medical insurance will pay for 100 home health visits in a year without a hospital admission if the following conditions are met:

- the patient needs part time skilled nursing care, physical or speech therapy;

- a doctor decides someone needs the services and sets up a home care plan;

- the patient is confined to home; and

- the home health agency is a participant in medicare.

After the \$60 deductible has been met, medicare pays the full cost of home visits.

**Social Security**—Title XX of the Social Security Act provides for social services to eligible people "... to help persons achieve or maintain self-sufficiency, including reduction or prevention of dependency." Home delivered meals, chore services, homemaker, counseling, transportation, and legal services are included.

**Blue Cross**—The Blue Cross Association in Chicago has encouraged Blue Cross Plans to offer home care benefits and to participate in their planning, development, and implementation. All Blue Cross Plans in the state offer subscribers coverage for some home care benefits, although in varying degrees.

Capital Blue Cross, appreciating cost-saving possibilities of home care, has expanded its coverage to provide benefits for up to 30 visits for home care during any 90 day period. According to a pamphlet, "Outpatient Care: Providing Alternatives to Hospitalization," the Plan has determined that the average cost of home care is only about 15 percent as much as that per day of in-hospital care.

Other Capital Blue Cross programs of alternative health care delivery to keep inpatient hospital stays to a minimum are: pre-admission testing; short procedure surgical unit (same day surgery); outpatient alcoholism rehabilitation; and day psychiatric care.\*

The private health insurance industry has supported community health

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que ahora se puede ocupar  
de su salud y de sus  
necesidades personales*



*en su propio hogar?*

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\*For details write Capital Blue Cross, 100 Pine St., Harrisburg, PA 17101.



planning in developing new forms of benefits including home health care.

Even when the cost of home care is covered by commercial insurers or Blue Cross, its use has been limited, possibly due to physicians' lack of awareness or understanding of the services. Some physicians may feel that they would lose control of cases and services would be fragmented if patients were to enroll in a home care program. Patients may feel that treatment is inferior to in-hospital treatment and may hesitate to suggest it to their doctors.

Whether or not home care is really less expensive than institutional care is an issue which has not been fully resolved. The Home Care Consortium suggests, "Any discussion that compares the cost of home care with the cost of other types of care must be very carefully approached. Home care could be the preferred care, but it also could be more expensive care depending on the extent and number of services needed."

### Status in Pennsylvania

The State's Home Care Committee in developing its plan for comprehensive home care noted that various elements of home care and supportive services are available in some limited fashion in most counties in Pennsylvania, although not in a coordinated way.

Scope and availability of home care services depend on the county and community but may be provided by a number of sources including public agencies, visiting nurse associations, homemaker-home health aides, home care units of hospitals, or voluntary social agencies.

During its study of available services, the Home Care Committee found that volunteer groups provide homemaker, chore, and transportation services in a few counties; some communities provide home nursing care to persons with cerebral palsy through the Elk's Clubs United Cerebral Palsy Service Programs; some associations of the American Red Cross have transportation services, equipment loans, and home nursing training.

Some voluntary agencies, such as Easter Seal Societies, March of Dimes, Multiple Sclerosis Society, United Cerebral Palsy, and the Pennsylvania

Association for the Blind, directly or indirectly provide physical therapy, occupational therapy, speech therapy, special equipment, and other services.

All county Mental Health/Mental Retardation Service Units have funds for the purchase of home care services to the mentally retarded. These home care services are not limited to nursing but include homemaker-home health aide service, sitter-companion service, transportation, family education training, and in-home therapy.

At least 87 homemaker-home health aide service providers exist in Pennsylvania. Home Health Agencies provide homemaker service in some areas. Some Child Welfare agencies give homemaker service directly; others contract for them in order to meet their agency mandate to provide supportive services to maintain children in their homes.

In a few areas, specialized home training programs for the blind are conducted through the Office of the Visually Handicapped or branches of the Pennsylvania Association for the Blind.

Many counties have home economist and nutrition education services, available through the Pennsylvania State University Cooperative Extension Service, which provide some nutrition counseling and education services in the home.

Pennsylvania has 47 Area Agencies on Aging. The agencies are responsible for implementing an integrated and coordinated system of social services for the aging. Each area agency is responsible for development and provision of case management, information and referral, outreach, and transportation/escort services. In addition, area agencies are required to provide or contract for homemaker services and home delivered meals.

Appended to this article is a list of home care service agencies in the state.

In addition to the community home care services, Pennsylvania has at least 31 hospital home care departments, according to the Home Care Consortium report. A significant number of individuals are served by the hospital facilities. Hospital based programs are essentially extensions of the hospitals and are administered as part of the overall care of the hospi-

tals. A large number of patients are referred directly to the home care unit without prior hospital admission while a smaller number come from other hospitals and nursing homes. Home care recipients released directly from the hospital provide the major portion of the community hospital home care cases.

The Home Health Care Committee and the Community Services of Pennsylvania have pointed out the need for coordination and standardization of comprehensive home care programs in the state. Among the recommendations of the Home Health Care Committee are that:

- a statewide home care unit be designated to coordinate various home care programs, to develop home care programs, and to provide consultation, collect and disseminate data related to home care;

- all services included within the care plan for the client be reimbursable;

- health insurance carriers be required to include coverage of home care benefits within all policies;

- all third party payors including medicaid reimburse for services at cost and the state medicaid plan be reviewed and expanded; and

- some program be developed providing either subsidies or a tax deduction system to those assuming primary care responsibilities for a disabled family member.

Home health care is gaining support as more public agencies and other organizations become aware of the possible benefits. In spite of the limited coordinating activities among providers, home care can be an efficient component of the health care delivery system and has proved to be the most suitable alternative for many people. □



## HOSPITAL HOME CARE PROGRAMS

### SOUTHERN DISTRICT

#### Cumberland County

Visiting Nurse Service of Carlisle Hospital  
Carlisle, PA 17013

717 249-3711

Home Care Department, Graduate Hospital University of Pennsylvania  
Philadelphia, PA 19146

215 KI6-4500

### EASTERN DISTRICT

#### Carbon County

Gnaden Huetten Memorial Hospital Department of Home Care  
Lehighton, PA 18235

215 377-1300

#### Lehigh County

Home Care Program of the Allentown Hospital Assn.  
Allentown, PA 18102

215 821-2385

#### Susquehanna County

Barnes-Kasson County Hospital Home Health  
Services of Susquehanna County  
Susquehanna, PA 18847

717 853-4931

### SOUTHEAST DISTRICT

#### Bucks County

Lower Bucks Hospital Coordinated Home Care Program  
Bristol, PA 19007

215 785-1211

Visiting Nurse-home Care Service of Doylestown Hospital  
Doylestown, PA 18901

215 345-2202

#### Chester County

Paoli Memorial Hospital, Home Care Section  
Paoli, PA 19301

215 647-2200

#### Delaware County

Crozer-Chester Medical Center, Home Care Department  
Chester, PA 19013

215 874-9611

Mercy Catholic Medical Center  
Darby, PA 19023

215 586-5020

#### Montgomery County

Home Care Program of Bryn Mawr Hospital  
Bryn Mawr, PA 19010

215 527-0600

The Lankenau Hospital Home Care Department  
Lower Merion, PA 19151

Ext. 391 & 395  
215 649-1400

#### Philadelphia County

Albert Einstein Medical Center-Northern Div.  
Hospital Home Service Department  
Philadelphia, PA 19141

215 329-0700

### SOUTHWEST DISTRICT

#### Allegheny County

Home Care Department of Montefiore Hospital  
Association of Western Pennsylvania  
Pittsburgh, PA 15213

412 683-1100

Home Health Agency of Sewickley Valley Hospital  
Sewickley, PA 15143

412 741-6600

Home Health Services Department of St. Francis General Hospital  
Pittsburgh, PA 15201

412 622-4343

Northwest Allegheny Home Care Program Allegheny General Hospital  
Pittsburgh, PA 15212

412 237-3076

South Hills Health System, Home Health Agency  
Homestead, PA 15120

412 462-2000

Western Pennsylvania Hospital Home Health Agency  
Pittsburgh, PA 15224

412 682-4200

#### Beaver County

Aliquippa Hospital Association Home Health Service Program  
Aliquippa, PA 15001

412 867-1291

Medical Center of Beaver County, Inc. Home Health Agency  
Beaver Falls, PA 15010

412 843-6000

#### Westmoreland County

Latrobe Area Hospital Home Health Services  
Latrobe, PA 15650

412 539-9711

### NORTHWEST DISTRICT

#### Clearfield County

Clearfield Hospital Home Health Service Dept.  
Clearfield, PA 16830

814 765-6581

#### Jefferson County

Home Health Care Service, Adrian Hospital  
Punxsutawney, PA 15767

814 938-4500

#### Mercer County

Greenville Hospital Home Care Division  
Greenville, PA 16125

412 588-2100

Sharon General Hospital Home Health Agency  
Sharon, PA 16146

412 981-1700

#### Warren County

Warren General Hospital Home Health Care Dept.  
Warren, PA 16365

412 981-1700

The above list includes only hospital based home care programs. Most counties and many communities have various public services which are certified for medicare/medicaid, including Visiting Nurse Associations, Visiting Nurse Services, and Home Care Programs. In addition, State Health Centers of the Pennsylvania Department of Health provide home care services. For information about services available in your county or community, contact Community Services of Pennsylvania, 201 Locust Street, Harrisburg, PA 17101; (717) 238-7365. For information on homemaker services or private employment services, call the Area Agency on Aging.





## Hospital quality assurance—PSRO after five years

On October 30, 1972, P.L. 92-603 was passed creating this country's first nationwide attempt at quality and cost control of medical care. PSRO was received by the medical profession with serious reservations. By September 1977, almost five years after enactment, PSRO seems to have accomplished some of its initial objectives. Whether or not the program continues to function in its present form, the review process that it has fostered is here to stay.

Prior to PSRO, attempts had been made at public accountability and quality control but these were usually fragmentary, unstructured and hind-sighted. Retrospective review often resulted in retroactive denial of payment for services, causing consternation among physicians and hospital administrators alike. The present system of concurrent review eliminates this problem. The establishment of utilization norms and criteria under PSRO mandate has provided structural equality which was previously lacking.

Although PSRO was initially alleged to be merely a cost control agency, it was intended to link efficiency with quality assurance in medical care. This was to be accomplished through two components, utilization review and medical care appraisal activities.

Utilization review (UR) monitors the process of delivery of medical care from admission to discharge of a patient and provides a cost control mechanism at a time when public concern is being voiced about

rising costs of medical care. Control of necessity of admission, control of length of stay through delineation of acute and custodial care and assurance that medically necessary care is rendered at the proper health facility can have a significant dollar influence. Although UR may be more expensive than originally thought, it is still cost saving. UR is a deterrent to extended hospital stays.

But efficient use of health facilities does not account for quality control in patient care. Quality control is the province of the medical care appraisal study and is judged by retrospective assessment and evaluation. Criteria or standards are pre-determined and comparison with actual practice data is made, thereby identifying patterns of care. Deviations from the norm are targeted for further evaluation. If the deviation is significant, an education program is indicated. Quality assurance depends upon the effective and judicious use of medical education programs and follow-up for evidence of behavioral or practice modification. Audit activities are both important to the system and beneficial to physicians.

The medical profession is doing a good job. Utilization review and medical audit are proof of that. Quality assurance is our self-insurance against excessive government intervention and must be pursued with vigor.

David A. Smith, M.D.  
Medical Editor

### Guest editorial

## Dealing with 'demon' pain

*Reprinted from the Allegheny Medical Society Bulletin.*

We have become caught up in our fast paced, bionic, disposable world, with desires to replace old with new, and remove all tension and suffering from our existence, regardless of cost.

Unfortunately, many patients feel that medicine is an exact science and has advanced concurrently with other technologies. This misconception has given patients the impetus to continually seek means of relief for their suffering. This tragedy is seen clearly with patients in chronic pain and their desire for a panacea.

We see many patients in an "end of the road" effort

to provide some means of relief for their pain. Many have had numerous aggressive or invasive procedures to "make them brand new" only to find themselves in a worse condition.

Indications exist for performing invasive procedures, but patients must be carefully selected. It is neither glamorous nor rewarding to deal with such patients once they have become angry, frustrated, distrustful, and depressed because previous measures have failed.

It is time to share information—to re-educate ourselves and our patients. We need to re-explore many



of the noninvasive methods of treating pain. There is nothing wrong with some of our predecessors' methods. These may seem archaic in style, but are perhaps innovative in theory. Such methods in modern nomenclature are called biofeedback, transcendental meditation, acupuncture, hypnosis, positive suggestion, electrical stimulation, etc.

In view of the above, we initially thought acupuncture would be quite promising following its discovery by the media in the early 1970s. There were many reports of "miracle cures" and, despite peer criticism, we felt an obligation to explore the claims. This method was first experienced personally and later offered to a few desperate volunteer patients. Initially, we had some success, but when acupuncture's popularity ceased, we also experienced diminishing returns from our efforts. In addition, our concurrent laboratory studies paralleled our fading success with both human and animal experimentation. For these reasons we and many other groups eventually abandoned this modality. We have, however, continued to search for the least traumatic, non-invasive method to control chronic pain.

Biofeedback is helpful for a select group of patients, mainly those experiencing tension headaches and migraine headaches. We feel this method has promise, in spite of some limitations. To use biofeedback with any success, the patient must be motivated, intelligent, able to think abstractly and have no secondary gains from his problem.

The 1965 publication of the "Gate Control Theory of Pain," by Melzack and Wall, reawakened interest in the use of electrical devices for the control of chronic and acute pain. This interest resulted in the development of external and internal stimulators, but their reported success varies. Twenty to thirty percent of patients given these modalities of treatment respond to some degree, although we have no comprehensive neurophysiological explanation for this phenomenon. Our practical goal in treating patients with chronic pain is to relieve pain in the least harmful way possible.

In trying to discover new methods of pain control and study results in a "scientific" manner, a number of basic, but essential, factors are frequently overlooked. First, we must educate our patients to accept the fact that part of the responsibility for getting well depends on them, for example: losing weight, exercising, not engaging in activities beyond their physical capacity and realizing that to search for an absolute pain-free existence can harm them in the long run.

*Dr. Tenicela is director of the Pain Clinic at the University Health Center of Pittsburgh, and a world respected expert in pain control and research in this field of pain.*

Second, it is our duty to continue searching for the least invasive means of providing relief, even if this means telling a patient he is better off with no treatment if this is indicated (a hard fact for most patients to accept). And last, we should not overlook the most important, rapidly vanishing elements of our care—the doctor-patient relationship, understanding, a warm gentle approach, and development of the patient's trust.

We may be able to replace joints, heal fractures or manage hypertension, but pain will always be with us and exorcising this "demon" will always be a challenge and a puzzle for the physician.

Ruben Tenicela, M.D.  
Pittsburgh



## correspondence

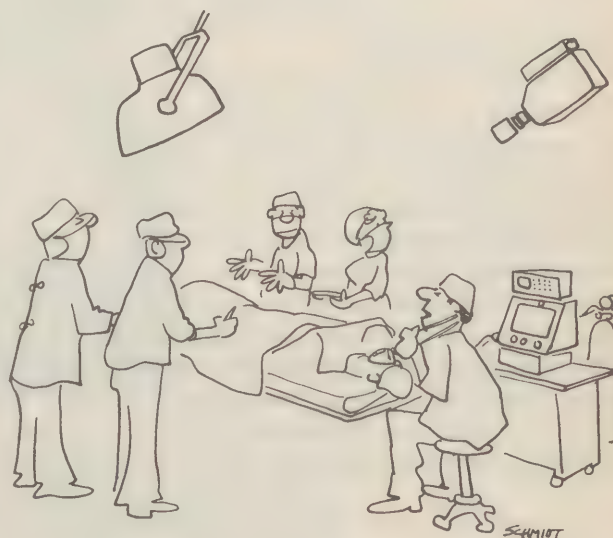
### Co-Tylenol reformulated

To the editor:

This is in answer to the letter to you from Claude A. Frazier, M.D., which appeared in the July issue of PENNSYLVANIA MEDICINE.

While it is true that CO-TYLENOL® Cold Formula Tablets contain tartrazine (FD&C Yellow #5) dye, the product has been reformulated to remove that coloring agent and production of the new formula will start in the near future.

William L. Madison, Ph.D.  
Consumer Products Division  
McNeil Laboratories  
Fort Washington, PA



Take a 'TV' time out!





## Data needed on fatal stings

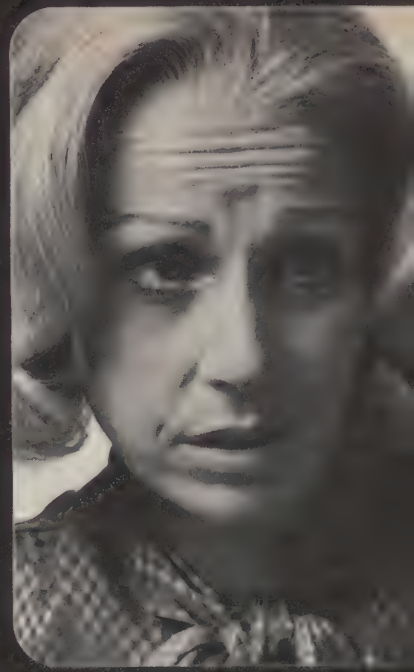
To the editor:

For a number of years I have routinely prescribed an insect sting kit for my insect allergy patients thinking somewhat smugly that I was protecting those patients from future possible hazard. A few years ago I was shocked to learn that it is illegal in most, if not all states, for anyone other than a physician to administer the vital premeasured epinephrine contained in the kit, even if the victim of a sting is obviously in great difficulty and the nearest physician or hospital many miles and minutes away. I discovered that even a school nurse, though she is given permission by the parents, and even if the child has an insect sting kit in his possession, cannot legally administer the subcutaneous epinephrine injection to stave off fulminating symptoms of anaphylaxis long enough to get the child to a physician or hospital. The best she or the school authorities can do under the law is to call the parents to come take the child to the physician or rush the child there themselves. Since time is of the essence in a severe systemic reaction this could be tantamount to signing the child's death warrant.

Worse still, when I queried a patient of mine who was a member of a rescue squad, whether he had ever been called upon to assist someone suffering a severe systemic reaction to an insect sting, he replied, "Yes, but he died enroute to the hospital." Even with his 84 hours of training in meeting emergencies, he had received no training in the administration of epinephrine and even if he had, would not have been allowed to administer it.

Spurred by such revelations, I have been attempting to find a legal solution to this situation in my own state of North Carolina and elsewhere. In support of such an attempt, I am collecting data on insect sting fatalities. I am especially interested in time lapse between sting and death although information concerning the following would be helpful: (1) time sequence of symptoms; (2) previous reactions to insect stings; (3) medication on hand at time of sting; (4) type of medication; (5) type of insect; (6) number of stings; and (7) estimation as to whether or not a physician or hospital emergency room could have been reached in time to avoid a fatal outcome.

Claude A. Frazier, M.D.  
4-C Doctors Park  
Asheville, NC 28801



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**INDICATIONS:** For the prophylaxis and long-term treatment of patients with frequent or recurrent anginal pain and reduced exercise tolerance associated with angina pectoris, rather than for the treatment of the acute attack of angina pectoris, since its onset is somewhat slower than that of nitroglycerin.

**PRECAUTIONS:** As with other effective nitrites, some fall in blood pressure may occur with large doses.

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"Our sex life is nil..." A problem of the first magnitude to many post infarct patients and their mates...patients are often reluctant to broach the subject; physicians may frequently overlook its implications. This new 16mm film combines candid patient interviews with discussions by Drs. Herman Hellerstein, Thomas Hackett, Albert Kattus, Richard Stein, Carroll Witten and Lenore Zohman. Film and related monograph comprise 2 AAFP credit hours. To arrange viewing, write Burroughs Wellcome Co., Educational Services Department, Research Triangle Park, N.C. 27709 or contact your B.W. Co.<sup>®</sup> representative.

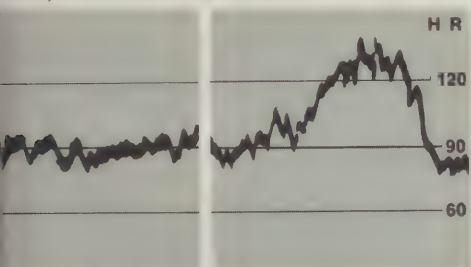
# Sex and the heart patient:

A film every doctor should see.

## The energy cost of sex to the heart is relatively modest.

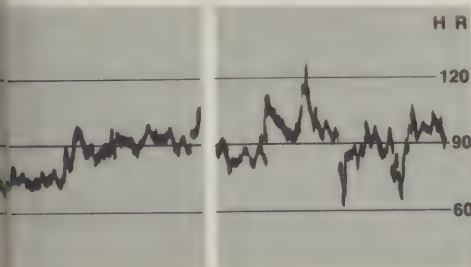
Over 80% of post-coronary patients can ultimately resume sexual activity without serious risk. Hellerstein and Freedman demonstrate that mean maximal heart rate during orgasm with spouse (as opposed to extra-marital sex) in 14 post-infarct patients is lower than that during usual occupational activity.

## Representations below of actual EKG readings of an attorney, post MI, illustrate the point:



A. Working in office (about 90 beats/min)

B. Confrontation in judge's chamber (about 125 beats/min)



C. Pre-orgasm sex activity (about 90 beats/min)

D. Peaks at orgasm (120 beats/min)



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## Dividing the group income pie

LEIF C. BECK, LL.B.

VASILIOS J. KALOGREDIS, J.D.

Bala Cynwyd

**No longer is group practice a futuristic concept—it is a present day and proliferating reality. The authors' counsel can help groups avoid a common problem.**

The most enduring problem of group practices is how much income should be distributed among the group members. We are convinced that inability to cut up the "money pie" satisfactorily causes more dissension and dissolution in medical groups than all other factors combined. The effect often develops slowly, but if a segment of the group feels that it is underpaid the dissatisfaction tends to grow until it threatens the group's continuation.

There are many critics of our present health care system who believe most doctors are particularly money-oriented. We disagree. Physicians tend to be highly intelligent and professional people with an inordinate amount of pride and self-reliance. The natural result is an unusually well developed ego.

In light of this, compensation often rises above its importance as mere money. Instead it becomes a measure of relative personal worth and importance to the group. It is unfortunate that relative incomes can so easily be compared and take on importance far in excess of what the earners really are contributing; however, the situation is common. Hence, dividing group income involves matters of personal ego as well as economics. This makes it an extremely touchy problem in group practice.

### Basic alternatives

There are two basic income division alternatives: (1) straight percentage division and (2) productivity division. Both have advantages and disadvantages which should be recognized. The method a group chooses could be either pure system or any combination of them. If a special formula is developed it should be fairly simple to understand and easy to administer. A highly complex formula tends to

cause artificiality and confusion, defeating the formula's presumed incentives.

### Straight percentage division

The simplest of all methods is for the participants to divide equally the income from their efforts. Other groups divide income in fixed percentages which are not equal, perhaps in recognition of seniority, time involvement, or special training. In either case, distribution of income is in a predetermined, fixed ratio—a straight percentage division.

A percentage method has the advantage of offering the doctor-members a group incentive. Each member prospers so long as the venture produces sufficient income, regardless of which individual doctor actually performed the work. Hence, the doctor-members should feel free to have patients treated by various doctors in the group for advantages in scheduling, special experience, and the like. OB-GYN men, for instance, can see their patients alternately or as they consider most useful and can assign deliveries according to their working schedules without concern of any adverse income effects. Other specialty surgeons in joint practice can set their operating schedules for most efficient use of their members' time and talents. Similarly, one man's contributions to administering the office or performing other "non-chargeable" functions will not penalize him.

Percentage division tends to encourage a cooperative effort for the good of the group. It minimizes competition among the members since there is no direct financial reward for seeing more of the group's patients, producing more of its billings, etc.

Arbitrary percentage distributions generally work satisfactorily in groups having strong common denominators of age, work motivation, and professional qualifications. They particularly work well when the potential income is high enough to defeat most desires to compete for more of

*The authors are the principle consultants of Management Consulting for Professionals, Inc., Bala Cynwyd.*



the available income. Particularly likely to use simple divisions satisfactorily are those practices which involve the most patient interchange, as in obstetrics. The method has the advantages of being simple in concept and easy to administer. For these reasons it is by far the easiest way to resolve the income division problem.

Unfortunately, the various members of a group rarely make equal contributions to the group's financial success.

---

*'Actual formulas which are in existence and which have worked well are legion, but the most important point to remember is what has been successful to one group may be absolutely wrong for another . . . Income division disputes are likely to grow in intensity as time passes. Prompt attention might save an effective group practice from unnecessary dissolution.'*

---

So long as the differences are small, the members may overlook them; however, as these differences become larger and continue to exist, they will tend to become divisive factors. For instance, one doctor may be taking more vacations or devoting himself to more non-cash producing professional activities (teaching, society work, etc.), while the other doctor is seeing more and more of the patients. One doctor may be increasing his efficiency, while the other doctor tends to spend more time with each patient. Regardless of which doctor is "right" in his approaches to his work, the differences tend to grow. As the differences continue, the disadvantage of a straight percentage division method becomes more evident.

### Productivity division

Another approach is to compensate each doctor in direct proportion to the amount he has contributed to the group's income. The common measure of such contribution is the amount of fee charges recorded on the group's books. Hence, if a two-man partnership has net income of \$100,000 and the books show that Dr. A's charges during the year totalled 58 percent of the total, then he would be entitled to \$58,000 of compensation. If in the succeeding year Dr. A were to reduce his activity and produce a lesser share of the total charges, his share of that year's income would be proportionately less.

Besides rewarding a member for his financial contribution, a productivity division has the additional advantage of being self-adjusting. A partner's share of his group's income will thus vary from year to year just as his efforts may vary. This is often most helpful in the situation in which a senior physician wishes to cut down his practice involvement (more vacations, fewer days per week, less coverage time, fewer hours per day, etc.). This often is a difficult subject for either party to bring up for discussion.

The senior may be afraid to ask for the time off; the junior may hesitate to complain if the senior takes more time.

Even if it is discussed, such lessened responsibilities are difficult to measure in dollar terms. Often, both sides feel cheated by the selection of a relatively arbitrary "make up" figure. Also, as the senior continues to cut back, a new "negotiation" as to the proper figure results.

The "production" method would help to reflect such cut-backs. A method that permits adjustment without the confrontation can thus be invaluable.

The majority of medical management consultants, ourselves included, prefer income division methods based at least in part on productivity. However, it should be recognized that such methods also have disadvantages. The prime problem is that it can create a competition among partners for the available work. It thus tends to reward one for creating dollars while ignoring one's other, less measurable contributions to the group. For example, the senior physician whose hospital and professional activity creates referrals to his junior partners would not be recognized for his contribution. Nor would the managing partner of a medium-sized group who spends a large percentage of his time assuring that the joint practice runs smoothly and efficiently.

Productivity division also requires careful bookkeeping of patient charges. This is not really a disadvantage; any practice should have this information, whether or not it is required for income division purposes. The group's total charges for a period are an indication of how busy it was. They are also a means of predicting how much cash will be received in a succeeding period (when the charges have been billed and payments are received). Furthermore, a group should record its members' relative production even if they share income otherwise, for only by having the information can the members recognize changes or inequities before too much dissension develops. Sometimes a group may be surprised by the figures.

### Combined methods

A combination of the two described methods is often the most equitable result. The group practice might thus obtain the strongest advantages of each method and offer more realistic incentives to its partners.

The simplest example of a group's combining the percentage and productivity methods follows: Half of the net income of the practice is equally divided among its partners (or distributed in some other pre-determined percentages) and the other half is divided in the ratio of the members' actual charges. In this manner, each partner has a strong incentive to make the overall group as successful as possible (regardless of which partner actually sees more patients); he also has a personal incentive to produce. Since both group loyalty and individual ambition should be accepted and desirable attributes, the formula combining incentives for each should be a workable solution.

Variations on the 50-50 combinations are limitless. We have several group practice clients, for instance, who equally divide 60 percent of their income and then allocate the other 40 percent according to productivity. This is simply based on their recognition that the entity's success



deserves somewhat more emphasis than does the personal advantage. Other practices have gone the opposite way after analyzing the characteristics of their specialties, the "market" for their services and, of course, their members' personalities.

A small practice (two or three partners) is likely to find a simple combination method to work very well. As the group becomes larger the formulas tend to become more sophisticated.

### Point value systems

Larger and often multiple specialty oriented groups sometimes extend the combination approach still further by adopting a "point value system." Such a system is intended to measure precisely the total contributions all members make to the group's success, going beyond the comparatively simple concept of production. A point system might give credit for such items as educational and professional society activity, contribution of capital to the partnership, hospital staff leadership, age or years of practice, office management responsibility, certification, work production, or "drawing power."

The elements of a point system are simple to describe. The various criteria adopted by the group are simply assigned "points," and then each member's points are totalled for the year. The income of each member is figured according to the ratio of his points to the total points for the entire group.

Under an illustrative method, one point might be awarded for each \$100 of charges produced, ten points for each year of specialty practice, and fifty points for each specified medical society or hospital staff responsibility. A doctor who has been in a specialty for 12 years, who is chief of his hospital's department, and whose work has produced \$60,000 of charges in a year would thus be allocated 770 points to decide his final share of the practice's net income for the year in question.

While the point value system attempts to evaluate each member's contribution to the group's overall success, it has one very serious flaw. The group's attempt to quantify relative values for such matters as seniority, production, and professional status itself involves a negotiation among the partners. All too often, these different matters are assigned points on a negotiated basis, and the partners might just as well have determined mere percentage divisions in the first place.

What is more, even if the point values are satisfactorily determined, such systems have other built-in disadvantages. First, as they become more and more sophisticated, they tend to become understood less by the doctors involved. This difficulty may well defeat any incentive effect such systems might have been intended to produce. Second, point systems tend to require special and often extensive accounting work, not to speak of the amount of members' time devoted to tabulating their relative point situations. All in all, while point value systems seem excellent in theory, they have been far less successful in practice.

### Conclusion

This article has described basic approaches to the ex-

tremely touchy problem of dividing income. Actual formulas which are in existence and which have worked well are legion, but the most important point to remember is what has been successful to one group may be absolutely wrong for another. The problem simply requires honest and candid attention by all the group members. It should also require some continued periodic attention by the group. Partners should act promptly to recognize and resolve any dissatisfaction as soon as it develops. Income division disputes are likely to grow in intensity as time passes. Prompt attention might save an effective group practice from unnecessary dissolution. □

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## What you always needed to know about selling your practice and didn't know you had to ask

DONALD L. DeMUTH, M.B.A., C.P.A.

EDWARD H. ACHORN, M.Ad., C.P.A.

Harrisburg

The sale of a practice can result in exceedingly complex tax ramifications. A physician should consult his attorney, accountant, or consultant, or perhaps all of them when he decides to sell his practice. Different results will occur whether he is selling an unincorporated solo practice, his share of a partnership, or his stock in a professional corporation.

### Unincorporated solo practice

When a physician sells his practice, his assets typically are uncollected patient receivables, equipment, and perhaps his office. Unpaid bills and loans for equipment and the office are sometimes obligations of the practice.

As a general rule, gains on the sale of business property (which would include property used in a practice) are subject to long-term capital gains tax provided they have been held more than nine months (one year after 1977). The exception to this rule occurs when the property's ultimate realization would normally generate ordinary income. For instance, virtually all physicians pay tax on the cash basis. No tax is paid until a fee is collected. No deduction is permitted until a bill is paid. If the physician were to

continue to practice and collect his receivables, he would pay ordinary income tax rates on that income. Therefore, when he sells his uncollected receivables, any money received for them will be taxed at ordinary income tax rates.<sup>1</sup> The difference between the amount received for equipment and the office<sup>2</sup> and their depreciated values will be taxed as capital gains.

Sometimes the price of a practice includes an additional amount for goodwill or a covenant not to practice within a certain geographic area. Any money received for goodwill, which is the intangible extras one obtains from an established practice, is taxed as a capital gain; but any amount paid for an agreement not to practice in a specified locale is considered ordinary income and taxed as such. Take a look at the following comprehensive example.

A retiring plastic surgeon is selling his practice to a physician completing his residency program. The "book" value of his assets and liabilities for tax purposes are shown in Table I.

The two agree that the retiring man will keep the \$1,000 cash and the younger doctor will assume the debts of the practice. The younger doctor agrees to pay \$75,000 in cash for the practice, which will be allocated as follows: accounts receivable, \$4,750; equipment, \$8,000; office, \$60,000; goodwill, \$3,250; and covenant not to practice, \$5,000; for a total of \$81,000.

Notice that the value of the items acquired is \$81,000. This is equivalent to the amount of the cash paid plus the liabilities assumed. (\$75,000 cash plus

1. The same would hold true for the amount received for inventory in excess of its purchase price.

2. A portion of the gain on real estate would probably be taxed at ordinary income tax rates if accelerated depreciation were used instead of straight-line depreciation.

TABLE I  
Sale of Unincorporated Solo Practice

Assets	
Cash	\$1,000
Accounts Receivable (\$5,000 owed)	—
Equipment	3,000
Office	25,000
Total Assets	\$29,000
Liabilities	
Bills Payable	\$2,000
Mortgage Loan	4,000
Total Liabilities	\$6,000

\$6,000 in liabilities total \$81,000.)

The assumption of debt is as much a part of the purchase price as the outlay of cash.

While the doctor is owed \$5,000, his patient receivables are, for tax purposes, considered to have a zero value until collected.

The gain on the sale of the equipment and furniture used in the practice will be specially taxed. The portion of the gain equal to the total depreciation taken on previous tax returns will be taxed at ordinary rates, and the portion of the gain in excess of total depreciation previously taken will be taxed as capital gains.

For example, in this case the doctor had taken \$2,000 of depreciation in the past on equipment which cost him \$5,000. The equipment has a book value of \$3,000 (\$5,000 cost minus \$2,000 total depreciation). The portion of the proceeds from the sale of his practice allocated to the equipment is \$8,000. The gain on the equipment is \$5,000 (\$8,000 proceeds allocation minus \$3,000 book value). Of the \$5,000 gain, \$2,000 (the amount of the total depreciation) is taxed as ordinary income and the remaining

*This article, part eight of the series Know your taxes, is the third on the subject of capital gains taxation. Mr. DeMuth is assistant professor of accounting and finance at The Pennsylvania State University, Capitol Campus. Mr. Achorn is assistant professor of accounting and management at Penn State. For reprints write either Mr. DeMuth or Mr. Achorn at The Pennsylvania State University, The Capitol Campus, Middletown, PA 17057.*



**TABLE II**  
**Income on the sale of a practice**

Asset	Amount Received	Book Value for Taxes	Ordinary Income	Capital Gains
Accounts Receivable	\$4,750	—	\$4,750	—
Equipment	8,000	\$3,000	2,000	\$3,000
Office	60,000	25,000	—	35,000
Goodwill	3,250	—	—	3,250
Covenant Not to Practice	5,000	—	5,000	—
<b>Total</b>	<b>\$81,000</b>	<b>\$28,000</b>	<b>\$11,750</b>	<b>\$41,250</b>

\$3,000 is taxed as a capital gain.<sup>3</sup> If the gain is less than or equals the aggregate depreciation, the entire gain is taxed as ordinary income.

Table II shows the income of a surgeon selling his practice.

The new doctor is paying \$4,750 for the receivables to allow for bad debts and to be compensated for collecting them. Note that a payment for goodwill is taxed as a capital gain and compensation to agree not to compete is treated as ordinary income. The reasoning behind the law is that goodwill belongs to the practice. It is the value of having patients familiar with being treated at a specific location, and other intangibles. Payments for agreeing not to practice are considered compensation in lieu of what could be earned by practicing.

**TAX TIP**—If you are selling a practice, try to get as much of the purchase price allocated to your equipment, office, and goodwill as possible. If you are buying a practice, attempt to allocate a large portion of the purchase price to an agreement not to practice. This is advantageous to a buyer from a

*tax point of view. He will most likely be able to write off the cost of a covenant not to compete more rapidly than he can depreciate equipment or an office. Also, the buyer should avoid paying anything for goodwill, because he will never be able to write it off for tax savings. Even after a price is negotiated for an unincorporated solo practice, it is often just as important to negotiate the allocation of the price among the assets acquired.*

#### Partnership interest

When a partnership interest is sold, the gain is taxed as a capital gain with the exception of payments for unrealized receivables and the depreciation taken to date on the equipment. Table III examines how the gain on the sale of the unincorporated solo practice in the previous example would have been treated had it been a sale of a partnership interest.

Note that the portion allocated to accounts receivable equals the amount of receivables which belong to the partner, \$5,000, versus \$4,750, which was previously paid for them. Furthermore, in the partnership's tax

books, sale of a partnership interest does not result in goodwill or a covenant not to practice. In other words, the tax treatment of items affecting the partnership will not be changed as a result of a physician's selling his interest in a partnership to another physician.

In this case, the sale of a partnership interest includes no ordinary income for an agreement not to practice. Other than this fact and the difference in treatment of accounts receivable (which should be only a small amount), the tax consequences of a sale of an unincorporated solo practice and a partnership interest are virtually identical.

#### Sale of stock in a professional corporation

The computation of the gain or loss when selling the shares of a professional corporation is relatively simple when compared to the disposition of a partnership interest or a solo practice. The capital gain is simply the difference between the selling price and the value of property initially contributed—period. There is no allocation of the gain between capital gains and ordinary income. Refer to the example of the unincorporated solo practice which had a selling price of \$82,000.<sup>4</sup>

Consider the following: a physician has transferred the following to a professional corporation: \$1,000 in cash; \$2,000 in accounts receivable; \$5,000 in equipment; and a \$40,000 office; for a total of \$48,000. If he sells his shares for \$82,000, his capital gain is \$34,000: the selling price of \$82,000 minus the initial contribution of \$48,000 equals a capital gain of \$34,000.

The same result would have been achieved had the seller initially bought the shares of the corporation for \$48,000.

At first blush the topic of capital gains appears fairly mundane and simplistic. Further scrutiny indicates this is very often not the case. When faced with a potentially complicated transaction, seek the advice of your financial counsellor. The potential savings will very frequently exceed the cost of the advice. □

4. This includes \$1,000 of cash not transferred in the previous example.

**TABLE III**  
**Selling a Partnership Interest**

Total Received <sup>4</sup>		\$82,000
Book Value of Partnership Interest <sup>4</sup>		29,000
Total Gain		53,000
Accounts Receivable	\$5,000	
Depreciation on Equip- ment (\$5,000 Cost - \$3,000 Book Value)	2,000	
Ordinary Income	\$7,000	7,000
Capital Gain		\$46,000



# CT evaluation of tissue changes in cerebral infarctions

ARTHUR C. F. ZOBEL, M.D.  
Scranton

**C**omputerized tomographic (CT) scanning has changed dramatically the evaluation of intracranial disease, allowing the physician to determine intracranial tissue changes in remarkable detail.

In a routine head scan, the patient's head is studied by four scans (8 slices, each of which is approximately 13 mm in thickness). The computer measures the attenuation of a thin beam of x-ray as it passes through the slice of tissue. The data is then processed as a picture on a 160 x 160 matrix. The normal brain tissue is seen as shades of gray, while cerebrospinal fluid appears black, and bone and calcifications appear white.

## Materials

This study involved a review of computerized tomographic scans of 150 patients, between 26 and 82 years of age, who had discharged diagnoses of cerebral infarction. All scans were made with a standard 160 x 160 EMI Computer Tomographic Unit. Of these, 19 were eliminated as they were not of a good enough quality to reveal the intracranial structures in detail; 47 were eliminated due to lack of good clinical correlation, as the patients were from other hospitals and complete charts were not available for review.

The remaining 106 scans were examined and divided into two

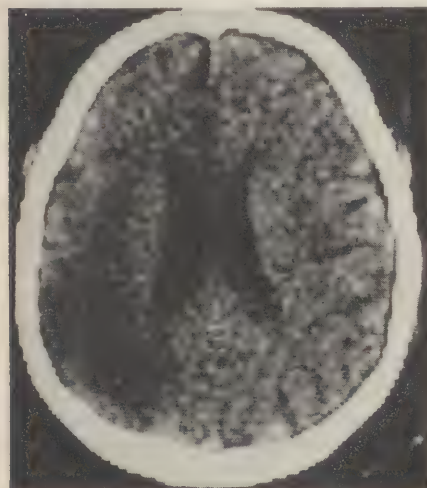


*Dr. Zobel, in the private practice of radiology, is director of radiology at the Community Medical Center, Scranton.*

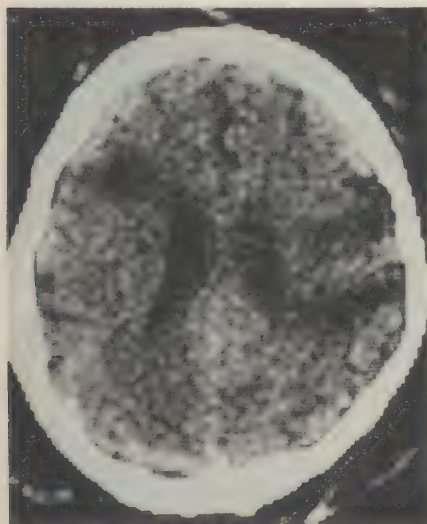
categories: acute infarctions (within 4 weeks) and old infarctions (over 4 weeks). Tissue changes were evaluated and, when available, comparisons were made with radionuclide studies and angiography. Each patient in the series underwent a second complete CT scan after intravenous injection of contrast material.

### Results

Patients with acute cerebral infarction (within 4 weeks) numbered 67; 52 were ischemic infarcts, while 15 were hemorrhagic infarcts. The earliest



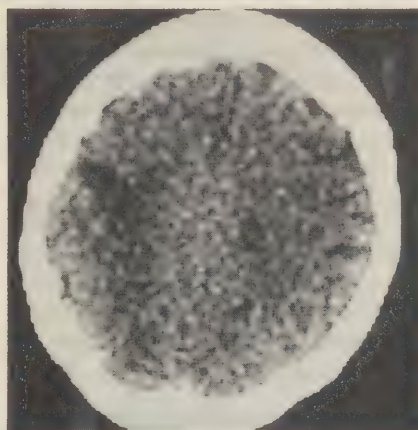
*Figure 1. 64 year old female with sudden onset of right hemiparesis. The study was obtained within 24 hours. Note the poorly marginated infarcted area in the left parietal occipital area.*



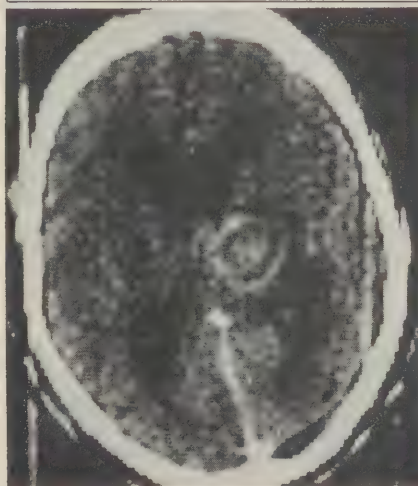
*Figure 2. 56 year old male with cardiac arrhythmias. Note multiple areas of ischemic infarctions. The study was obtained 2 days after onset of stupor and left hemiparesis.*



*Figure 3a. 70 year old male with sudden onset of right hemiparesis. The study, obtained within 24 hours, demonstrates a large hemorrhagic infarction in the left posterior parietal area.*



*Figure 3b. A repeat scan 19 days later shows almost complete resolution of the infarcted area.*



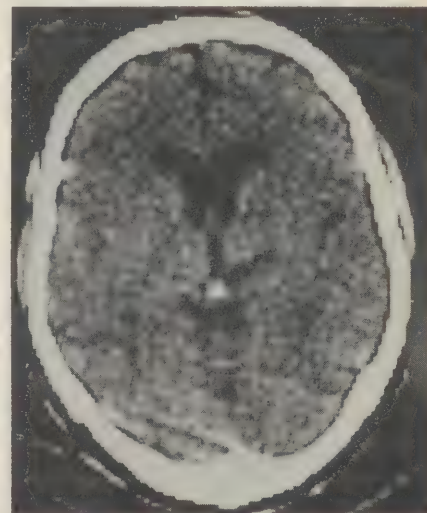
*Figure 4. 47 year old male with acute onset of left hemiparesis. Scan done after contrast enhancement demonstrates "ring sign" within infarcted area deep in the right cerebral hemisphere.*

interval between clinical onset and CT scan was within 24 hours. The tissue changes seen on the CT scans were grouped according to the interval after the clinical onset of symptoms.

Patients scanned within 14 days after the vascular insult demonstrated areas of decreased density. The involved areas were not well defined along the margins of the lesions (Figure 1). The majority of the lesions were noted to extend to the margin of the cortex (Figure 2). If the infarction was large, a "mass-effect" with compression and/or displacement of the ventricular system was demonstrated. The amount of displacement, however, was minimal in relation to the large diminished density area; This point helped to differentiate the low grade gliomas, which show a prominent shift in relation to the area involved by the tumor.

In the hemorrhagic infarcts, the lesions were mostly heterogenous in appearance and cortical in location (Figure 3), although several were located deep in the white matter (Figure 4). The areas of hemorrhagic infarction demonstrated irregular margins, but were more heterogenous in appearance and contained more areas of low density. In contrast, areas of intracerebral hemorrhage tended to be more dense and better demarcated.

Sequential scanning, obtained after approximately 14 days, revealed that the infarcted areas had become more



*Figure 5: The same patient as in Figure 4. Scan obtained three and a half months later reveals small cyst-like structure in area of previous infarction.*



homogeneous, better defined along their margins, and smaller (Figure 5). The characteristics were attributed to less edema, as well as to liquefaction necrosis of the infarcted areas.

In comparison with radionuclide studies, the CT scans were positive during the first week to 10 days, while the radionuclide scans usually did not become positive until the second week. CT scans also yielded better definition of the sizes and locations of the infarcts. Abnormalities on the radionuclide scans cleared within 4 to 6 weeks,

while areas of infarction that had undergone liquefaction necrosis remained positive on the CT scans beyond that time.

Initially we correlated CT changes with angiography until we developed confidence in differentiating the infarcted areas from possible tumors (including metastasis) and frank intracerebral hemorrhages. The CT scans correlated well with the angiographic findings early in the acute infarcts (2 weeks). We did not repeat the angiograms beyond the 4 weeks, so correlation could not be obtained.

Several patients in the series had cerebral infarctions that demonstrated contrast enhancement after intravenous injection of contrast material (Figure 6). Several showed findings similar to the "ring sign" (Figure 4). The amount of enhancement was not as great as that seen in association with vascular neoplastic lesions. Enhancement was most likely the result of focal hyperemia or diffusion of the contrast material into the surrounding tissues.

The older cerebral infarcts (after 4 weeks) appeared as areas of decreased density, more homogeneous than the acute infarctions (Figure 7); the margins were better defined. In all 39 cases no significant "mass-effect" was

demonstrated. In 2 scans we noted ipsilateral enlargement of the ventricles due to accompanying cerebral atrophy. The resulting "cystic areas" remained stable after several months (Figure 8) and were readily identified on subsequent scans.

## Conclusion

Noninvasive CT scanning allows for a detailed evaluation of intracranial tissue changes in patients with cerebral infarctions. The changes can be detected early, and in most instances, when the scan is correlated with clinical evaluation, the correct diagnosis can be made. Our own experience has shown that diagnoses using CT scans require invasive angiography less often. Only occasionally, when a question of neoplasia or a vascular lesion remains, is angiography performed. □

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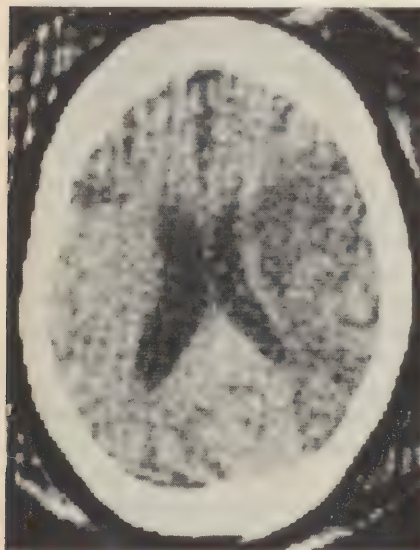


Figure 6a. 68 year old female with left hemiparesis. Scan outlines a large infarction resulting in some compression of right ventricle.

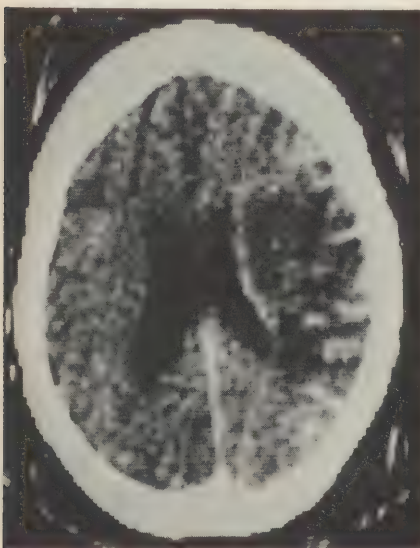


Figure 6b. A followup contrast scan demonstrates enhancement in the infarcted area.

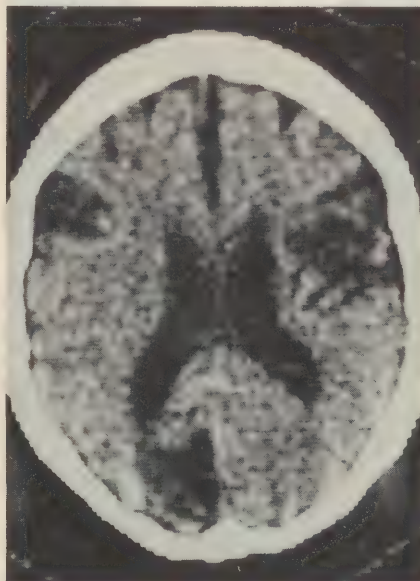


Figure 7. 65 year old female with previous history of multiple infarctions dating back several years. Scan demonstrates multiple, well defined, homogeneous areas of decrease density compatible with old infarcts.

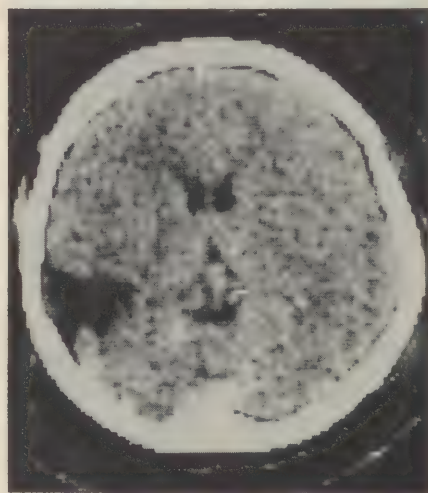


Figure 8. Old infarct in 32 year old female with onset of symptoms 7 weeks earlier. Note well defined area of decreased density in the left posterior parietal area.

## Acute abdominal pain in children

DOMINGO T. ALVEAR, M.D.

Harrisburg

**The author explores the value of immediate surgery as opposed to intensive in-hospital observation, based on his own experience.**

When a child presents with acute abdominal pain and the diagnosis cannot be clearly established, the accepted procedure has been to perform early exploratory laparotomy to avoid a ruptured appendix. For that reason, removal of a normal appendix in as high as 15-20 percent of the cases has been proposed as an acceptable and appropriate management.<sup>1</sup>

In an effort to discover whether immediate surgery is always required in doubtful cases to avoid ruptured appendices, the author reviewed the records of all the children under 14 years of age who had been admitted to Polyclinic Medical Center with acute abdominal pain.

### Clinical material

All children under 14 years of age who were admitted to the surgical service of Polyclinic Medical Center for either observation or operation from

January 1, 1974, to December 31, 1975, are included in this study—a total of 169 patients (Table I).

Of the total, 65 patients were observed for a period of two to five days, three days on the average. They were discharged without undergoing surgery when their conditions im-

proved. These patients developed no subsequent symptoms or signs that would have necessitated surgical intervention.

Of the remaining patients, 85 had symptoms and signs that were compatible with acute appendicitis, which was confirmed at surgery; 15 of these

**TABLE I**  
**Incidence and Treatment of Acute Abdomen in Children**  
**January 1, 1974, to December 31, 1975.**

A. "Surgical abdomen" that required laparotomy	
1. Acute appendicitis	
Ruptured	15 — (9%)
Non-ruptured	70 — (41.5%)
2. Other inflammatory conditions	
a. Mesenteric adenitis	
Suppurative	3 — (7%)
Nonsuppurative	9 — (9.5%)
b. Pinworm	1 — (0.5%)
c. Ruptured corpus luteum cyst	1 — (0.5%)
d. Twisted dermoid cyst	1 — (0.5%)
e. Ileocolic intussusception	1 — (0.5%)
f. Acute salpingitis	1 — (0.5%)
3. "Negative laparotomy"	2 — (1%)
B. "Surgical abdomen" that required observation	65 — (39%)
<b>TOTAL:</b>	<b>169 — (100%)</b>

*Dr. Alvear is attending pediatric surgeon at Polyclinic Medical Center, Harrisburg. For reprints write Dr. Alvear at the Uptown Professional Building, 2645 N. Third St., Harrisburg 17105.*



patients had ruptured appendices. There was no doubt about the diagnoses in most of these patients except for three who had undergone surgery within 24 hours' observation. In all the patients with ruptured appendices, the ruptures probably occurred prior to hospital admission.

Laparotomies performed on 17 patients yielded a variety of findings other than acute appendicitis, including mesenteric adenitis, pinworm in the appendix, ruptured corpus luteum cyst, dermoid cyst, ileocolic intussusception, and salpingitis (Table I).

Two patients were considered to have had "truly negative" laparotomies since the surgeon could not find a definite cause for the abdominal pain. These two patients had been in the hospital for observation for a few days prior to laparotomy. They had had pre-operative workups which included barium enemas and intravenous pyelograms, but these were not conclusive; hence the decision for laparotomy.

### Discussion

Accurate early diagnosis is probably the most important single aspect in the care of a patient suspected to have acute appendicitis.<sup>2</sup> On the other hand, intensive in-hospital observation proved to be of value in preventing unnecessary laparotomies and in improving the accuracy of the diagnosis.

In the presence of a doubtful diagnosis, one should not make a decision for laparotomy until the patient has been transferred to a more comfortable hospital bed and into a "friendlier environment." It behooves a surgeon who is called upon to evaluate a child with abdominal pain not to spend time in trying to gain the confidence and trust of the child so that his findings will become more objective. For the physician who may be less adept in handling children, the problem may be compounded by a lack of familiarity with the techniques of examining patients in this age group. In order to gain the confidence of the child, a short conversation pertaining to his daily activities, likes and dislikes, etc., before asking about the abdominal complaints, can be helpful.

Kindness and gentleness are essen-



Figure 1. Plain roentgen examination of the abdomen showing distended small and large bowel confined to the right side (localized ileus).

tial during examination of a child. In the presence of peritoneal irritation, light percussion and "cough" tenderness are generally useful. The latter is elicited by making the patient cough, and if peritoneal irritation is present, it will manifest itself as generalized or localized abdominal discomfort.

In some patients, no amount of persuasion helps to allay the anxiety; therefore, interpretation is difficult. In those patients, mild sedation using a short acting barbiturate without masking signs of peritoneal irritation might be helpful.<sup>4</sup>

Once a decision for observation has



Figure 2. Plain roentgen examination of the abdomen taken in a lateral decubitus posture showing distended loops of small bowel with air fluid levels (bowel obstruction).



*Figure 3. Plain roentgenogram of the abdomen showing a calcified fecalith in the area of the appendix.*

been made, the patient should be checked periodically by the attending physician or a surgical resident following admission to the hospital. The patients should be kept N.P.O. and are given appropriate intravenous fluids. Those who improve after 24 hours' observation may be started on oral fluids. They may be discharged from the hospital once there has been no recurrence of abdominal pain and they are tolerating oral fluids.

In truly doubtful cases where the physical examination remains equivocal, radiographic examination can be helpful.<sup>5, 6, 7</sup> Plain roentgen examination of the chest and abdomen is obtained first. The presence of localized ileus (Figure 1), the presence of roentgen signs suggestive of small bowel obstruction (Figure 2), and the presence of calcified appendiceal fecalith (Figure 3), strongly suggest the presence of acute appendicitis.

Other supporting signs may include: scoliosis of the lumbar spine to the right, or obliteration of the preperitoneal fat line or obliteration of psoas shadow on the right. If the plain roentgen examinations are inconclusive, one may safely resort to barium enema study. The presence of an extrinsic filling defect of the cecum or terminal ileum suggests the presence of acute appendicitis (Figure 4).

The barium study becomes even more important in the presence of ectopic position of the cecum and the ap-

pendix, in which case the patient will present with atypical clinical findings. Approximately 10 to 20 percent of normal appendices will not visualize during a barium enema study so that nonfilling of the appendiceal

lumen with barium in the absence of associated medical findings is not diagnostic of acute appendicitis.<sup>6</sup> In the presence of a partially obstructed appendix, partial filling of the appendix might occur during the barium study. In the latter instance, careful clinical correlation is imperative before making any type of decision. The presence of enlarged mesenteric lymph node at the ileocolic mesentery might produce extrinsic pressure on the cecum, not unlike that of acute appendicitis (Figure V). This becomes even more pronounced if suppuration of the lymph node ensues.<sup>8</sup>

The white blood cell count and its differential can also be helpful in followup of patients with acute abdominal pain. Most of the patients who did not develop acute appendicitis during the period of observation did not show any shift to the left in the differential count although leukocytosis might have been present initially. In general, the white blood cell count becomes normal after 24 hours' observation. The patients who have acute appendicitis may or may not have



*Figure 4. Contrast study of the colon showing an extrinsic filling defect of the cecum in a patient with acute appendicitis.*



leukocytosis, but typically there is a shift to the left in the differential count. One should not make a decision for laparotomy, however, on the basis of white blood cell counts but rather correlate this with the clinical findings.

All the patients in our study who had a diagnosis of acute appendicitis confirmed at laparotomy had abdominal pain which was initially nonspecific, peri-umbilical or generalized, and eventually became localized to the lower quadrants of the abdomen, mainly on the right side.

Localized abdominal tenderness, mainly in the right lower quadrant, has been the most constant and significant finding in patients with acute nonperforated appendicitis. Rectal examination, if performed in a gentle fashion with full cooperation of the patient, can be most objective and helpful. If tenderness is elicited during rectal examination, this suggests the presence of peritoneal irritation.

The patient with a ruptured appendix has more diffuse signs and symptoms and in general there is no doubt in the diagnosis upon admission. In this study, most of the patients

TABLE II	
Protocol for Management of Children with Acute Abdominal Pain with a Doubtful Diagnosis	
1. Do not make a "spot" diagnosis in the emergency room.	
2. Admit the patient to the hospital to allow him to become accustomed to the hospital environment before re-evaluation.	
3. Mild sedation may be helpful in children who are considered to be hypersensitive.	
4. Keep the patient N.P.O. and administer intravenous fluid.	
5. Periodic examination and periodic white blood cell count determinations.	
6. If the pain and abdominal tenderness improve on the first re-evaluation, the physician may wait twelve or more hours for the next evaluation.	
7. If the pain becomes worse, but there is no localization, and the diagnosis is still doubtful, radiographic aid should be sought. A chest x-ray and obstructive series should be obtained. In extremely difficult cases, a barium enema study can be safely done.	
8. One may consider paracentesis in some cases to rule out primary peritonitis or pancreatitis in the presence of free peritoneal fluid.	
9. If the pain and tenderness worsen and peritoneal signs persist in the presence of reasonable doubt, laparotomy is indicated.	

with ruptured appendices had symptoms lasting from 24 to 96 hours, with an average of 72 hours. There were no deaths in this group of patients, and the average hospital stay was 8 to 15 days. There were three patients in our study in whom the diagnosis was at first doubtful. These patients were checked periodically; when the signs and symptoms pointed toward localization and persistence of

peritoneal irritation, laparotomy was performed within 24 hours of observation. The diagnosis was "acute appendicitis without rupture." In the presence of reasonable doubt during a period of observation, exploratory laparotomy is definitely indicated.

### Conclusion

Diagnosis of acute appendicitis in doubtful cases improves with in-hospital observation. Our two year retrospective study shows that intensive in-hospital observation has prevented unnecessary laparotomies. Using the above approach, "negative" laparotomy in 5 to 10 percent or less of the cases probably would be considered ideal. In the presence of reasonable doubt during observation, however, exploratory laparotomy is still the safest course to take. □

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Figure 5. Contrast study of the colon showing non-filling of the appendix and the presence of extrinsic filling defect of the appendix in a patient with suppurative mesenteric adenitis.

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## MDs in the news

**William P. Gibbons, M.D.**, was elected president of the Robert H. Ivy Society during the organization's recent annual meeting. Dr. Gibbons practices plastic surgery in Altoona.

**Laurel S. Lipshutz, M.D.**, was named recently as director of the inpatient unit of Pennsylvania Hospital's Hall-Mercer Community Mental Health and Mental Retardation Center. Dr. Lipshutz is assistant clinical professor in psychiatry at the University of Pennsylvania School of Medicine.

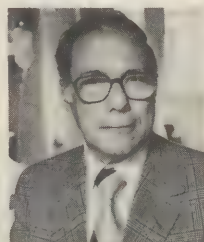
**John F. Delaney, Jr., M.D.**, was appointed recently as assistant dean for Veterans Administration Affairs at the University Health Center of Pittsburgh. Dr. Delaney is assistant professor of neurology and psychiatry and chief of staff at the Veterans Administration Hospital, Pittsburgh.

**John A. Kastor, M.D.**, was appointed recently as chief of the cardiovascular section of the Hospital of the University of Pennsylvania. A professor of medicine at the University of Pennsylvania School of Medicine, Dr. Kastor is a former associate chief of the cardiovascular section and former director of the medical intensive care unit at the hospital.

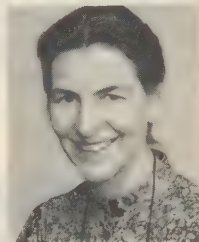
**Norman Kendall, M.D.**, was recently elected to the Legion of Honor of the Chapel of Four Chaplains. Dr. Kendall is professor of pediatrics at Temple University School of Medicine and director of newborn services at Temple University Hospital.

**Howard H. Weaner, M.D.**, was recently chosen president elect of the Pennsylvania Academy of Family Physicians. Dr. Weaner practices family medicine in Montgomery.

**William Likoff, M.D.**, was named recently as acting president of Hahnemann Medical College and Hospital. Dr. Likoff is professor of medicine and director of the William Likoff Cardiovascular Institute. He has spent his entire medical career since World War II at Hahnemann, where he has launched many research programs and was instrumental in organizing the cardiovascular institute which was named for him in 1975. He is a distinguished fellow of the American College of Cardiology and a fellow of the American College of Physicians and American College of Chest Physicians. Dr. Likoff currently serves on the executive committee of the American College of Cardiology and as chairman of the college's National Committee on Continuing Education Programs.



DR. LIKOFF



DR. MAUSNER

**Judith S. Mausner, M.D.**, Melrose Park, was promoted recently to professor of epidemiology in the department of immunity and preventive medicine at the Medical College of Pennsylvania. Formerly associate professor of epidemiology at the medical college, Dr. Mausner is a lecturer in the department of Community Medicine at Hahnemann Medical College and an adjunct associate professor in the department of research medicine at the University of Pennsylvania School of Medicine.

**Frederick R. DeRubertis, M.D.**, has been promoted to associate professor of medicine at the University Health Center of Pittsburgh. Dr. DeRubertis, a member of the faculty of the University of Pittsburgh School of Medicine, is chief of endocrinology at the Veterans Administration Hospital in Pittsburgh.



**ROBERT LAMBERT, M.D.**, left, who has accepted the position of medical director of the Pennsylvania Hospital Insurance Company (PHICO), was cited recently by the staff of the Hospital of the Medical College of Pennsylvania for 18 years as medical director. **Lester Karafin, M.D.**, professor of urology, head of the section, and staff president, presented the citation to Dr. Lambert at the medical and dental staff's annual dinner meeting. PHICO, organized by the Hospital Association of Pennsylvania, writes professional liability insurance only for the association.



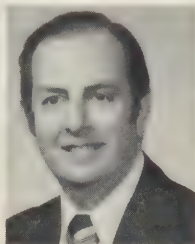


## MDs in the news

**Frank I. Marlowe, M.D.**, Wynnewood, was recently elected to a two year term as president of the Philadelphia Society of Facial Plastic Surgeons. Dr. Marlowe is associate professor of otolaryngology and a member of the department of surgery of the Medical College of Pennsylvania.



DR. MARLOWE



DR. GINSBERG

**David K. Ginsberg, M.D.**, was appointed recently as chairman of the department of medicine at Methodist Hospital, Philadelphia. A member of the hospital's medical staff since 1960, Dr. Ginsberg is former associate di-

rector of medical service and chief of the department of gastroenterology.

**David C. Bush, M.D.**, was appointed recently as an associate in the department of orthopaedic surgery at the Geisinger Medical Center, Danville. Prior to his appointment at Geisinger, Dr. Bush was an orthopedic and hand surgeon at the Second General Hospital, U.S. Army, Landstuhl, Germany. He is the son of the late **Leonard F. Bush, M.D.**, who had organized and directed Geisinger's department of orthopedic surgery and later became executive director, retiring in 1974.

The Washington County Medical Society recently honored **J. W. G. Hannon, M.D.**, Washington, and **Frank D. Hazlett, M.D.**, formerly of Washington, for fifty years in the practice of medicine. Dr. Hannon practices preventive medicine and is

medical director of the Jessop Steel Company and subsidiaries. Dr. Hazlett, retired from active practice, is a past president of the Washington County Medical Society.

*Seniors at Jefferson Medical College, Thomas Jefferson University, have the opportunity to get first hand experience in primary care in a rural area. The college's department of family medicine has offered the federally funded rural preceptorship program since 1972 to help alleviate the nation's shortage of doctors in rural communities. According to Howard Rabinowitz, M.D., program coordinator, "The overall goal . . . has been to give the student real life experience working with skillful primary care practitioners in a rural area" in order to reinforce the student's commitment to rural primary care. The fact that more than half of Jefferson's 212 graduates this year have entered primary care residencies indicates that the university's efforts have been worthwhile.*

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Niacinamide . . . . . 100 mg  
Calcium pantothenate . . . . . 20 mg  
Cyanocobalamin (Vitamin B<sub>12</sub>) . . . . . 5 mcg  
Folic acid . . . . . 0.5 mg  
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**Indications:** Nutritional supplementation in conditions in which water-soluble vitamins are required prophylactically or therapeutically.

**Warning:** Not intended for treatment of pernicious anemia or other primary or secondary anemias. Neurologic involvement may develop or progress, despite temporary remission of anemia, in patients with pernicious anemia who receive more than 0.1 mg of folic acid per day and who are inadequately treated with vitamin B<sub>12</sub>.

**Dosage:** 1 or 2 tablets daily, as indicated by clinical need.

**Available:** In bottles of 100 and 500.



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Torrance State Hospital's new building was dedicated recently to Saul Greizman, M.D., clinical director, during a ceremony attended by about 700 citizens, government officials, and educational leaders from western Pennsylvania. Anna Belle Calloway, deputy secretary of welfare for the western region, reviewed Dr. Greizman's 39 year career at Torrance, which he began as a staff physician in 1937, later serving as clinical director 1946 to 1969 and acting superintendent 1969 to 1975. Ms. Calloway, speaking for Governor Milton J. Shapp and Welfare Secretary Frank S. Beal, explained the naming of the Greizman Building: "Dr. Greizman, as a reminder of your complete dedication of yourself to humanity, the mentally disabled of the many counties surrounding Westmoreland, we honor you. . . ."



HENRY L. BOCKUS, M.D., center, was the recipient of the 1977 Roth Associates Award at a recent benefit dinner for the Institute of Gastroenterology of the Presbyterian-University of Pennsylvania Medical Center. Dr. Bockus has practiced medicine for over 55 years and is one the nation's top gastroenterologists. Among his contributions are: the editing of a four-volume text which is a standard reference work on gastroenterology; and helping to found the American Board of Internal Medicine and its subspecialty board of gastroenterology. Since 1931 Dr. Bockus has been associated with the University of Pennsylvania's Graduate School of Medicine, serving as chairman of the department of medicine from 1949 to 1960. With Dr. Bockus at the presentation were James L. A. Roth, M.D., right, director of the Institute of Gastroenterology, and Vincent Kling, honorary chairman of the event.

Three physicians at Sacred Heart Hospital, Norristown, recently assumed positions as department chiefs. They are: **Joseph Bender, M.D.**, chief of medicine; **James O'Brien, M.D.**, chief of cardiology; and **Lee L. Konecke, M.D.**, chief of diagnostic cardiology.





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**November 11-12, 1977**

**Registration fee: \$100**

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Possibly Effective:

1. For the relief of symptoms associated with cerebral vascular insufficiency.
2. In peripheral vascular disease of arteriosclerosis obliterans, thromboangiitis obliterans (Buerger's Disease) and Raynaud's disease.

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**Composition:** Vasodilan tablets, isoxsuprine HCl, 10 mg. and 20 mg.  
Vasodilan injection, isoxsuprine HCl, 5 mg., per ml.

**Dosage and Administration:** Oral: 10 to 20 mg., three or four times daily.

Intramuscular: 5 to 10 mg. (1 or 2 ml.) two or three times daily. Intramuscular administration may be used initially in severe or acute conditions.

**Contraindications and Cautions:** There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding.

Parenteral administration is not recommended in the presence of hypotension or tachycardia.

Intravenous administration should not be given because of increased likelihood of side effects.

**Adverse Reactions:** On rare occasions oral administration of the drug has been associated in time with the occurrence of hypotension, tachycardia, nausea, vomiting, dizziness, abdominal distress, and severe rash. If rash appears the drug should be discontinued.

Although available evidence suggests a temporal association of these reactions with isoxsuprine, a causal relationship can be neither confirmed nor refuted.

Administration of single dose of 10 mg. intramuscularly may result in hypotension and tachycardia. These symptoms are more pronounced in higher doses. For these reasons single intramuscular doses exceeding 10 mg. are not recommended. Repeated administration of 5 to 10 mg. intramuscularly at suitable intervals may be employed.

**Supplied:** Tablets, 10 mg., bottles of 100, 1000, 5000 and Unit Dose; Tablets, 20 mg., bottles of 100, 500, 1000, 5000 and Unit Dose; Injection, 10 mg. per 2 ml. ampul, box of six 2 ml. ampuls.

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But Both Factions Are

WASHINGTON, Aug. 24, 1920—  
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President Hails 'Great  
Instrument of Peace,'  
Insists It Be Used

### HISTORIC LANDMARK

Meeting Gives Standing  
Ovation as Executive  
Pictures Peace Gain

## Social Security Bill Is Signed; Gives Pensions to Aged, Jobless

Roosevelt Approves Message Intended to Benefit 30,000,000  
Persons When States Adopt Cooperating Laws—He Calls  
the Measure 'Cornerstone' of His Economic Program.

## SENATE APPROVES 18-YEAR OLD VOTE IN ALL ELECTIONS

Amendment to Constitution  
is Sent to House, Where  
Passage is Expected

WASHINGTON, March 10,  
1971—The Senate approved

WASHINGTON, Aug. 14, 1935—  
The Social Security Bill, providing  
a broad program of unemployment  
insurance and old age pensions  
and counted upon to benefit  
20,000,000 persons, became law  
today when it was signed by Presi-  
dent Roosevelt in the presence of  
those chiefly responsible for bring-  
ing it through Congress.

Mr. Roosevelt called the measure  
"the cornerstone in a structure  
which is being built to provide  
means for a complete and sound  
living to all our people."

# SIGNED the Draft Ends Now

"If we fail to use it," he declared  
to the solemn final meeting of the  
delegates, "we shall betray all of  
those who have died in order that  
we might meet here in freedom and  
safety to create it."

"If we seek to use it selfishly—for  
the advantage of any one nation or  
any small group of nations—we  
shall be equally guilty of that be-  
trayal."

#### Fervent Interpolation

The President, speaking in the  
auditorium of the War Memorial  
Opera House, built in memory of  
sons of the Golden Gate city who  
gave their lives in the first World  
War, in which he himself served,  
seemed to give unconscious expres-  
sion to the solemn feeling of the  
occasion when, at the outset of his  
speech, he interpolated the words,  
half a hope, half a prayer:

"Oh, what a great day this can  
be in history!"

Just before the plenary session

WASHINGTON, Jan. 27,  
1973—"With the signing of  
the peace agreement in  
Paris today, and after re-  
ceiving a report from the  
Secretary of the Army that





# PATIENT PACKAGE INSERTS: A CONCEPT WHOSE TIME HAS COME?

*The consumer's right to know is an irreversible and desirable trend of the Seventies. It extends, and properly, to a patient's right to know more about his or her prescription medications. One way, gaining favor, is through patient package inserts. Wisely-prepared and properly distributed when medically indicated, they could markedly improve patient knowledge and drug therapy—laudable goals by anyone's standards.*

*The PMA endorses these goals and will work with government, the health professions and consumers to achieve them.*

## **The Advantages**

The concept holds promise of benefits: better patient understanding of the product prescribed, better adherence to the treatment plan, and more awareness of possible side reactions.

Every doctor has had patients who fail to finish antibiotic regimens because they feel better. Some patients assume that if one tranquilizer or analgesic is good, two may be twice as good. Still others fail to report dizziness while on antihypertensive therapy—and so on.

Problems like these might arise less often if the patient received written information in addition to verbal instructions. Some studies suggest that patients are more receptive to such materials, and they more often understand the verbal instructions and follow them, when inserts are used.

## **The Disadvantages**

There are also some potential problems. Obviously, the inserts must be clearly phrased, without extraneous or complex detail. How much information

is enough? How can it be kept current? Should all patients receive the same information? Should inserts be included with all drugs? Should only potential problems be listed or are patients better off with a "fair balance" presentation that describes usefulness as well as drawbacks?

These and similar questions require answers, since model inserts have yet to be properly developed and tested. Despite the need for these studies, the FDA is proceeding prematurely with inserts on selected products. We think the Congress is the only place where the matter can be given the proper legal status and direction, particularly since it represents a conceptual change in the legal, medical and social framework of the nation's prescription drug information system.

## **The Solution**

The PMA believes that carefully-devised pilot studies of various kinds of inserts are needed. They should be developed and implemented with full participation by doctors, pharmacists, consumers, communications experts and the drug industry. Such studies will provide reliable pathways to follow, so that inserts will be useful aids to medical practice.

And particularly we think that you should be closely involved in this debate and in these studies and decisions. Otherwise, people with less experience and qualifications may control the purposes, content and use of a tool with considerable promise for improved patient care. It could make a difference in your practice tomorrow, and more importantly, in the health of your patients.



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Riboflavin (B-2) ..... 2 mg.  
Pyridoxine HCL (B-6) .. 10 mg.  
**DOSE:** 1 to 5 tablets daily.  
**AVAILABLE:** Bottles of 100, 500, 1000.

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Each yellow tablet contains:  
Nicotinic Acid ..... 250 mg.  
Niacinamide ..... 75 mg.  
Ascorbic Acid ..... 150 mg.  
Thiamine HCL (B-1) .. 25 mg.  
Riboflavin (B-2) ..... 2 mg.  
Pyridoxine HCL (B-6) .. 10 mg.  
**DOSE:** 1 to 3 tablets daily.  
**AVAILABLE:** Bottles of 100, 500, 1000.

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**Indications:** For use as a vasodilator in the symptoms of cold feet, leg cramps, dizziness, memory loss or tinnitus when associated with impaired peripheral circulation. Also provides concomitant administration of the listed vitamins. The warm tingling flush which may follow each dose of LIPO-NICIN 100 mg. or 250 mg. is one of the therapeutic effects that often produce psychological benefits to the patient. **Side Effects:** Transient flushing and feeling of warmth seldom require discontinuation of the drug. Transient headache, itching and tingling, skin rash, allergies and gastric disturbance may occur. **Contraindications:** Patients with known idiosyncrasy to nicotinic acid or other components of the drug. Use with caution in pregnant patients and patients with glaucoma, severe diabetes, impaired liver function, peptic ulcers, and arterial bleeding.

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F. Lawrence Rowley, M.D., Psychiatry, 2200 Northampton St., Easton 18042  
Arnold F. Traupman, M.D., Ophthalmology, 1254 E. 4th St., Bethlehem 18015  
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Frank P. Brooks, M.D., Internal Medicine, Univ. Hosp., Spruce St., Philadelphia 19104  
Edward R. Bucka, M.D., Internal Medicine, 1015 Walnut St., Philadelphia 19107  
Larry A. Caputo, M.D., Radiology, 4617 Pine St., Apt. D51, Philadelphia 19143  
Eliseo R. Calata, M.D., Physical Medicine-Rehabilitation, The Cambridge, Apt. 1205, Philadelphia 19144  
Peter T. Cassalia, D.D.S., 7955 Castor Ave., Philadelphia 19115

*Continued on page 56.*



# Fifth Annual Friends Hospital Clinical Conference ADULT LIFE DEVELOPMENT Predictable Crises and Clinical Management October 27 and 28, 1977 Friends Hospital, Philadelphia,

Presented by Friends Hospital in cooperation  
with the Department of Mental Health  
Sciences of Hahnemann Medical College and  
Hospital

## Thursday, October 27

### Morning

"Stress, Adaptation and Growth in the Adult Years: An Exploration of Normative Development" - Rachel D. Cox, Ph.D.

"Evolution of Adult Consciousness" - Roger Gould, M.D.

Discussant: Carola Mann, Ph.D. - "Mid-Life Issues: Psychodynamics of Mid-Life Changes"

### Afternoon

"Normative and Eruptive Crises of the Adult Life Span: Coping and Helpseeking Responses" - Morton A. Lieberman, Ph.D.

Panel Discussion: Morton A. Lieberman, Ph.D. - Moderator (Rachel D. Cox, Ph.D., Roger Gould, M.D.)

### Evening

Dinner Address - "The Crucial Transition: Adolescent to Adult" - Theodore Lidz, M.D.

## Friday, October 28

### Morning

"Depression and Adult Life Development" - Silvano Arieti, M.D.

"Psychosis and Adult Life Development" - Malcolm Bowers, M.D.

"Adult Developmental Stages and Marital Interaction" - Ellen Berman, M.D.

Discussant: Theodore Lidz, M.D.

### Afternoon

"Adult Psychosexual Development and Problems" - Harold I. Lief, M.D.

Panel Discussion: Richard E. Hicks, M.D., Moderator (Silvano Arieti, M.D., Ellen Berman, M.D., Theodore Lidz, M.D.)

Advance registration fee of \$85.00 (payable to Friends Hospital) includes lunches at Friends Hospital both days and dinner Thursday evening at the Marriott Motor Hotel. Category I credit.

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*Continued from page 55.*

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Michael B. Dratch, M.D., Internal Medicine, 1521 Locust St., Philadelphia 19102  
Sheldon J. Falkenstein, M.D., Anesthesiology, 636 Spruce St., Philadelphia 19106  
Thomas A. Gennarelli, M.D., Neurological Surgery, 3400 Spruce St., Philadelphia 19104  
Thomas H. Ginley, M.D., Urology, Pres. Apts., Ste. D 130, Philadelphia 19131  
Jorge A. Godinez-Cejudo, M.D., Ophthalmology, 1951 Cheltenham Ave., B, Elkins Park 19117  
David R. Goldmann, M.D., Internal Medicine, 922 Courtland St., Philadelphia 19140  
Edward Gotthell, M.D., Psychiatry, Thomas Jefferson Univ., Philadelphia 19107  
Giriwarlal Gupta, M.D., Neurology, 3401 N. Broad St., Philadelphia 19140  
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George J. Vukmer, M.D., Radiology, 226 E. Main St., Titusville 16354

### WASHINGTON COUNTY:

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## classifieds

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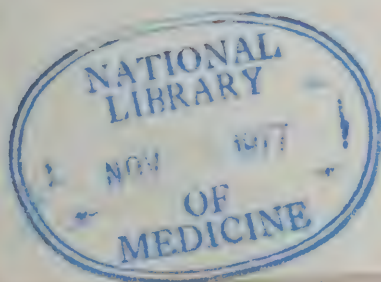
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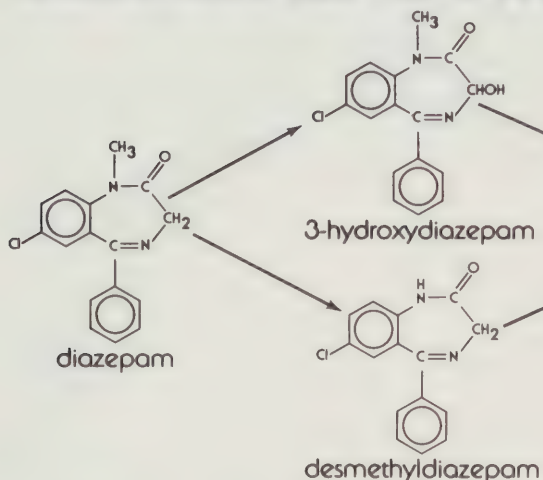
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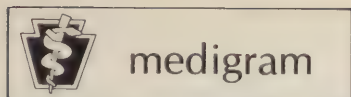
**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**Precautions:** If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

**Side Effects:** Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.



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#### SOCIETY'S COMPANY TO REPLACE ARGONAUT

The Pennsylvania Medical Society Liability Insurance Company (PMSLIC) is scheduled to replace Argonaut Insurance Co. in the existing master contract and will begin writing policies for physicians now insured by Argonaut January 1, 1978. Clearance for the activation of PMSLIC came at a meeting of the Society's Board of Trustees September 13 when an agreement was made with Argonaut to settle all outstanding litigation. Financing for PMSLIC will come from a one-time mandatory assessment of all Society members and a one-time selective assessment, graduated according to risk classification, on all policyholders. Bills were mailed the first week in October. Active members will pay \$250; senior active members, \$125; and residents, \$25. In addition, policyholders will pay from \$385 for Class I insureds to \$2,625 for Class V insureds. The \$8 million produced by the assessments must be invested in PMSLIC by December 1, 1977 for the settlement agreement to become effective, so all members have been urged to pay the assessment immediately. Details were explained in a September 28 letter to all members from Society President William J. Kelly, M.D.

#### SPECIALTY SOCIETIES IN FIELD CONTACT SERVICE

The Board of Trustees has expanded the Society's field contact service, originally established to provide liaison for component county societies, to include specialty societies within the state. Field contact staff personnel have been assigned as follows:

##### Specialty Society

##### Staff Person Assigned

Pennsylvania Section, American College of OB/GYN	L. Riegel Haas
Pennsylvania Orthopedic Society	Charles Appleby
Pennsylvania Association of Clinical Pathologists	Patti Adami
Pennsylvania Chapter of the American Academy of Pediatrics	Barbara Starr
Pennsylvania Academy of Ophthalmology and Otolaryngology	Donna Wenger
Pennsylvania Academy of Surgery	Donna Wenger
Pennsylvania Society of Internal Medicine	James Paxton
Pennsylvania Allergy Association	Brad Langdon
Pennsylvania Society of Colon and Rectal Surgery	Patti Adami
Pennsylvania Academy of Dermatology	Dale Yates
Pennsylvania Academy of Family Physicians	James Paxton
Pennsylvania Academy of Physical Medicine and Rehabilitation	Dale Yates
Pennsylvania Radiological Society	Brad Langdon
Pennsylvania Association for Thoracic Surgery	Donald McCoy

#### STATE SOCIETY TO HAVE LAWYER IN RESIDENCE

The Board of Trustees has authorized Executive Vice President John F. Rineman to take steps to employ a lawyer as a full time member of the staff.

#### DELEGATES TO CONSIDER SOCIETY STRUCTURE

Up for consideration by the House of Delegates at the Annual Meeting October 25-27 will be recommendations from the Board of Trustees that three committees be abolished. They are the Committees on Discipline; Medicine, Religion, and Bioethics; and Relations between Medicine and Osteopathy. The Board is recommending a re-evaluation of the Society's disciplinary procedures. A new commission of the Council on Education and Science is being recommended to fill the function of the Committee on Medicine, Religion, and Bioethics.



DELEGATES TO MAKE MAJOR DECISIONS      Society finances and a dues increase (see page 6), launching of PMSLIC, Society structure, legislative priorities, the relationship between PMS and Blue Shield, and mandatory AMA membership are issues for discussion and decision when the Society's House of Delegates meets in Lancaster October 25-27. Reference committee hearings will be held the afternoon of October 25. All members of the Society are welcome to attend and speak at the hearings. The following resolutions were introduced early enough for printing in the Official Reports Book.

77-1 Establishment of a legal division within the Pennsylvania Medical Society (Berks County)

77-2 Reinstatement of Associate Member as a full member (Lehigh County)

77-3 Standards of informed consent established by the specialty societies (Mercer County)

77-4 Establishment by Blue Shield of updated and equitable physician payment schedules (Philadelphia County)

77-5 AMA assistance to PSROs in locating suitable corporate liability insurance (Westmoreland County)

77-6 Consultation by Blue Shield with specialty societies' advisory committees before declaring procedures obsolete

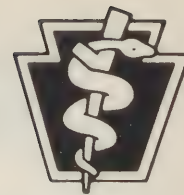
77-7 Consultation by Blue Shield with specialty societies to obtain a list of individuals from which to choose Blue Shield medical advisors

77-8 Urging Blue Shield and other carriers to find a new mechanism for concurrent and ongoing fee updates

MERGING OF STATE BOARDS 'A POSSIBILITY'      The possibility of a merger of the State Board of Medical Education and Licensure and the State Board of Osteopathic Examiners was discussed at the September 9-10 meeting of the medical board in Erie. The two boards have scheduled future meeting dates to coincide, "allowing for continuing dialogue," said Richard C. Lyons, M.D., medical board chairman.

DOLLARS INJECTED TO MEASLES IMMUNIZATION PLANS      Federal monies have been made available for measles immunization programs nationwide as statistics show the incidence of measles is up 60 percent this year over 1976. Pennsylvania expects at least \$600,000 to continue the immunization program begun last spring in school districts throughout the Commonwealth. Secretary of Health Leonard Bachman, M.D., said the number of cases in 1977 is 600 more than last year at the same time. The Department of Health is targeting those school districts which have not participated in the special program. Measles immunization is recommended for: (1) all persons immunized before 12 months of age; (2) healthy children beyond the age of 15 months who have not had measles or measles vaccine; (3) persons who have not had measles but were immunized prior to 1965; and (4) persons who have not had measles but were immunized with a killed rather than live vaccine.

# Pennsylvania Medicine



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OCTOBER 1977

Volume 80, Number 10

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## PENNSYLVANIA MEDICINE

20 Erford Road  
Lemoyne, Pennsylvania 17043  
Telephone (717) 238-1635

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This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

**\* Indications:** When the combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium sparing action of triamterene is warranted. (See Box Warning.) Routine use of diuretics in healthy pregnant women is inappropriate; they are indicated in pregnancy only when edema is due to pathological causes.

**Contraindications:** Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

**Warnings:** Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum  $K^+$  levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict  $K^+$  intake. Associated widened QRS complex or arrhythmia requires prompt additional therapy. Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available.

Precautions: For periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids).

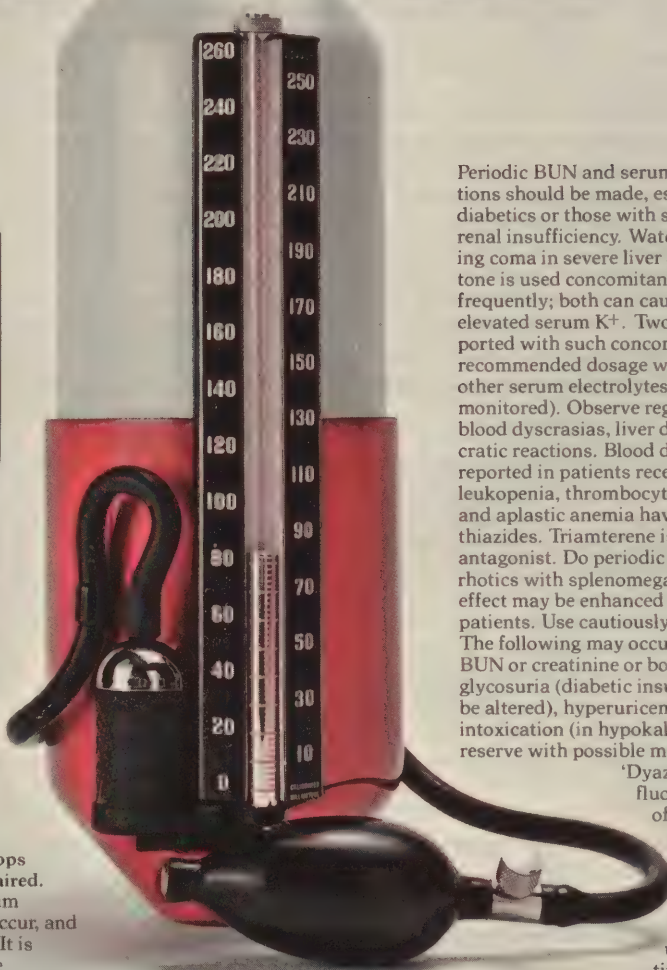
Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum  $K^+$  frequently; both can cause  $K^+$  retention and elevated serum  $K^+$ . Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis.

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## John V. Blady, M.D., to take oath as Society president

John V. Blady, M.D., Philadelphia surgeon, becomes the 128th president of the Pennsylvania Medical Society at ceremonies on Wednesday, October 26, at the Host Farm Resort Motel.

Dr. Blady brings to the office experience at all levels of organized medicine and a career of achievement as a teacher of physicians and a leader in efforts to combat cancer. He was elected vice president of the State Society in 1975 and proceeded to the presidency elect in 1976. He has been a member of the Society's House of Delegates since 1944 and served on various councils and commissions prior to being elected to move into the Society's highest office.

Dr. Blady was president of the Philadelphia County Medical Society in 1967, after having served the organization in a number of capacities, including membership on the Board of Directors. Among the many duties he fulfilled at the county level were as chairman of the Cancer Control Committee (1947-1958), the New Building Committee (1963-66), and the Investment Advisory Committee (1969-present).

The incoming Society president is a member of a number of medical specialty organizations, including the American College of Surgeons, Society of Head and Neck Surgeons, the College of Physicians of Philadelphia, and the Society of Surgical Oncology. He served as president of the Society of Surgical Oncology in 1947-48 and of the American Radium Society in 1971-72.

Born in Milwaukee, Wisconsin, John Blady completed his undergraduate studies at the University of Wisconsin and received his medical degree from Duke Uni-



*DR. BLADY confers with John B. Lovette, M.D., of Johnstown, who becomes president elect at the time of Dr. Blady's installation.*

versity in 1932. After a year's surgical internship at Duke University Hospital, he first came to Temple University Hospital to take a residency in radiology in July 1933. In January 1936 he was named a Rockefeller fellow at Memorial Hospital, New York. The fellowship provided for three and a half years of intensive study at the institution specializing in the treatment of cancer.

Thus began Dr. Blady's lifelong commitment to the battle to control cancer. After completing his fellowship, which included rotation through all departments of the famed cancer hospital, he returned to Temple University Hospital in July 1939 as director of the Tumor Clinic and associate professor of surgery. His first assignment in addition to those indicated by his title was to organize a radiation therapy department as a separate entity within the department of radiology. His efforts in developing the new department, as director of the Tumor Clinic, and in surgery led to the emergence of Temple as one of the first comprehensive cancer treatment centers in the nation.

In the ensuing years Dr. Blady became a leader in educating the public about cancer and helped to establish the Philadelphia and Pennsylvania Divisions of the American Cancer Society. He is the author of more than 40 publications, most of which concern cancer. He was active in the work

of the Wainwright Tumor Clinic, of which he was president in 1958, and was directly involved in establishing Pennsylvania's Cancer Coordinating Committee. In 1950 Dr. Blady was named clinical professor of surgery, specializing in the diagnosis and treatment of tumors of the head and neck.

In 1950 also Dr. Blady was awarded the Gold Medal Division Award of the American Cancer Society in recognition of his contributions to the control of cancer.

He is emeritus clinical professor of surgery and emeritus director of the Tumor Clinic at Temple. Since his retirement from the staff there he has engaged in the private practice of surgery and is attending surgeon, specializing in the head and neck, at Paoli Memorial Hospital.

Dr. Blady approaches the Society presidency with deep concerns about the Society's finances, the malpractice insurance crisis, and government encroachment into the practice of medicine. His intention is to rely on his years of experience in various problem solving roles in providing the leadership the State Society currently needs.

Dr. and Mrs. Blady have a son, two daughters, and eight grandchildren. They reside in Wynnewood where, when he has time, Dr. Blady enjoys three of his hobbies—gardening, golf, and coin collecting.



# Society's dues on House of Delegates agenda

Thirty-six months ago in Pittsburgh the House of Delegates called for more vigorous, aggressive Society action in legislation, legal matters, and communications. At the same time, the House increased dues from \$100 to \$150 to finance these initiatives.

This fall, the effects of these legal and governmental battles are reflected in Society finances as expenses are exceeding income. Preliminary figures indicate that the Society's 1977 total expenses will reach \$2,023,000. With maximum income at \$1,767,000, the deficit comes to approximately \$256,000. Major factors in the 1977 deficit have been legal and actuarial costs. Legal costs alone shot up more than 500 percent in the last two years. Total legal costs in 1976 came to more than \$240,000. That compares with legal expense of \$44,186 in the pre-malpractice crisis year of 1974. So far in 1977 the Society has spent more than \$182,000 in legal costs and another \$84,000 in actuarial fees. Before the year is out, total legal and actuarial fees may reach \$312,000.

Although the Society filed its first lawsuit as recently as 1975,

others followed rapidly. By 1977 the Society was underwriting more than a dozen suits, part of the stepped up program to protect members' interests.

Although the 1978 budget will not be set until the Board meets October 24, preliminary figures reviewed by the Finance Committee continue the trend of increased costs. Total expenses for 1978 are projected at \$2,103,000. The anticipated deficit for 1978 is \$295,000, but that figure does not include any extraordinary legal or actuarial fees.

Legal counsel anticipates an additional \$157,000 in costs to support litigation already in progress. If a settlement agreement with Argonaut fails, and the Society's captive insurance company is not launched, attorneys estimate an additional \$231,000 in legal fees in 1978. If the Society is forced to confront Argonaut for another year of rate increase hearings, actuarial fees could reach \$100,000. The least favorable conditions in 1978 could produce a \$700,000 deficit.

Current Society dues were set three years ago. At that time, the Finance Committee recommended

a \$25 increase. Delegates, anxious to step up Society activity, took the dues from \$100 up to \$150. Virtually all of the Society's income (93 percent) comes from members' dues.

Faced with a 1978 deficit as high as \$700,000, a dues increase seems inevitable. The question before the House of Delegates on October 27 will be, "How much?" The Finance Committee and the Board of Trustees will review the budget again before the Annual Session to decide what recommendation for 1978 dues will be placed before the House of Delegates.

**The 1977-78 Membership Roster Edition of PENNSYLVANIA MEDICINE is now available. The roster contains component county medical society officers, component county society members with addresses and specialty codes, and an alphabetical listing of all members of the State Society and their county affiliations. Members may receive a complimentary copy by contacting the Membership Department, Pennsylvania Medical Society, 20 Erford Rd., Lemoyne, PA 17043. Additional copies are available for \$30 each.**

## 1977 Summary of Major Legal Activities

**Argonaut v. PMS** \$90,000  
(25 million suit against PMS by Argonaut)

**Argonaut Rate Increase** \$62,500  
(PMS intervened in Insurance Department hearing on Argonaut proposed 70 percent rate increase)

**JUA Rate Increase** \$ 4,000  
(PMS intervened in Insurance Department hearing on 75.2 percent rate increase request of Joint Underwriting Association)

**ISO Rate Increase** \$ 500  
(PMS intervened in Insurance Department hearing on 20.1 percent rate increase request of Insurance Services Office)

**State Board Decision Appeal** \$ 8,000  
(Constitutional test of Act 111 mandatory insurance requirement)

**Act 111 Arbitration** \$10,000  
(PMS amicus curiae in test of constitutionality of mandatory arbitration)

**Countersuits** \$25,000  
(PMS support to physicians who are countersuing attorneys for abuse of legal system)

**Chiropractor Antitrust Suit** \$50,000  
(Pennsylvania Chiropractic Society has sued PMS for violation of antitrust laws)

**Clinical Lab Suit** \$ 1,800  
(Constitutional test of Health Department rules for physicians' office labs)

**HSA Suit** \$10,000  
PMS support of Philadelphia, Bucks, Montgomery, Delaware, and Chester County Medical Societies over HSA boundaries)

**Academy of O & O** \$ 2,000  
(PMS support to Academy of Ophthalmology and Otolaryngology on prepaid eye care)

**Quackery Committee Suits** \$10,000  
(Suits on fluoridation and chiropractic advertising supported by Quackery Defense Fund)

**Professional Corporation Tax** \$ 500  
(Suit against Department of Revenue over unfair taxation of physician professional corporations)



# Society president elect selects committee

The State Society Board of Trustees on August 24 approved members and alternate members of the Interspecialty Committee, as selected by John V. Blady, M.D., president elect of the Society. The following committee members will serve during Dr. Blady's term as president.

**Allergy**—Martin A. Murcek, M.D., member (Westmoreland); Gilbert A. Friday, M.D., alternate (Allegheny).

**Anesthesiology**—David J. Torpey, Jr., M.D., member (Allegheny); Anthony Barone, M.D., alternate (Lehigh).

**Clinical Pathology**—Rosario Maniglia, M.D., member (Dauphin); James M. Smith, M.D., alternate (Cumberland).

**Colon and Rectal Surgery**—Howard D. Trimpi, M.D., member (Lehigh); Indru T. Khubchandani, M.D., alternate (Lehigh).

**Dermatology**—Joseph H. Gerdes, Jr., M.D., member (Dauphin); Monte H. Courter, M.D., alternate (Lancaster).

**Family Physicians**—John J. Hanlon, M.D., member (Cumberland); Leroy A. Rodgers, M.D., alternate (Cambria).

**Internal Medicine**—Robert S. Pressman, M.D., member (Philadelphia); Alexander M. Minno, M.D., alternate (Allegheny).

**Neurosurgery**—Henry L. Hood, M.D., member (Montour); James P. Argires, M.D., alternate (Lancaster).

**Nuclear Medicine**—Gilbert H. Isaacs, M.D., member (Allegheny); David R. Brill, M.D., alternate (Montour).

**Obstetrics/Gynecology**—Leopold O. Loewenberg, M.D., member (Philadelphia); James S. Bates, M.D., alternate (Montour).

**Ophthalmology and Otolaryngology**—Paul A. Cox,

M.D., member (Cumberland); Turgut N. Hamdi, M.D., alternate (Philadelphia).

**Orthopedics**—Willard H. Love, M.D., member (Dauphin); Thomas K. Howard, M.D., alternate (York).

**Pediatrics**—James E. Jones, M.D., member (Dauphin); Ray G. Sarver, M.D., alternate (Westmoreland).

**Physical Medicine and Rehabilitation**—John S. Tennant, M.D., member (Dauphin); Robert Steinman, M.D., alternate (Lancaster).

**Plastic Surgery**—Thomas J. Nauss, M.D., member (Luzerne); Herbert A. Ecker, M.D., alternate (Lycoming).

**Psychiatry**—Rex A. Pittenger, M.D., member (Allegheny); Edward C. Leonard, M.D., alternate (Philadelphia).

**Radiology**—Howard E. Fink, Jr., M.D., member (Dauphin); Richard J. Pawelski, M.D., alternate (Dauphin).

**Thoracic Surgery**—Joseph C. Donnelly, Jr., M.D., member (Philadelphia).

**Urology**—Richard J. Currie, M.D., member (Philadelphia); Robert H. Clymer, M.D., alternate (Berks).

The Board has also confirmed the appointment of David S. Cristol, M.D. (Philadelphia) as a member of the Council on Professional Relations and Services.

## Radiologists choose officers

New officers of the Pennsylvania Radiological Society were recently installed for the 1977-78 term. John H. Harris, Jr., M.D., of Carlisle, is the organization's new president, succeeding Ross H. Smith, Jr., M.D., Pittsburgh.

Other officers are: Bernard J.

Ostrum, M.D., Philadelphia, president elect; Donald G. Ferguson, M.D., Pittsburgh, first vice president; Robert W. Allen, M.D., Sharon, second vice president; Joseph A. Marasco, Jr., M.D., Pittsburgh, secretary; and Gene J. Triano, M.D., Harrisburg, treasurer.

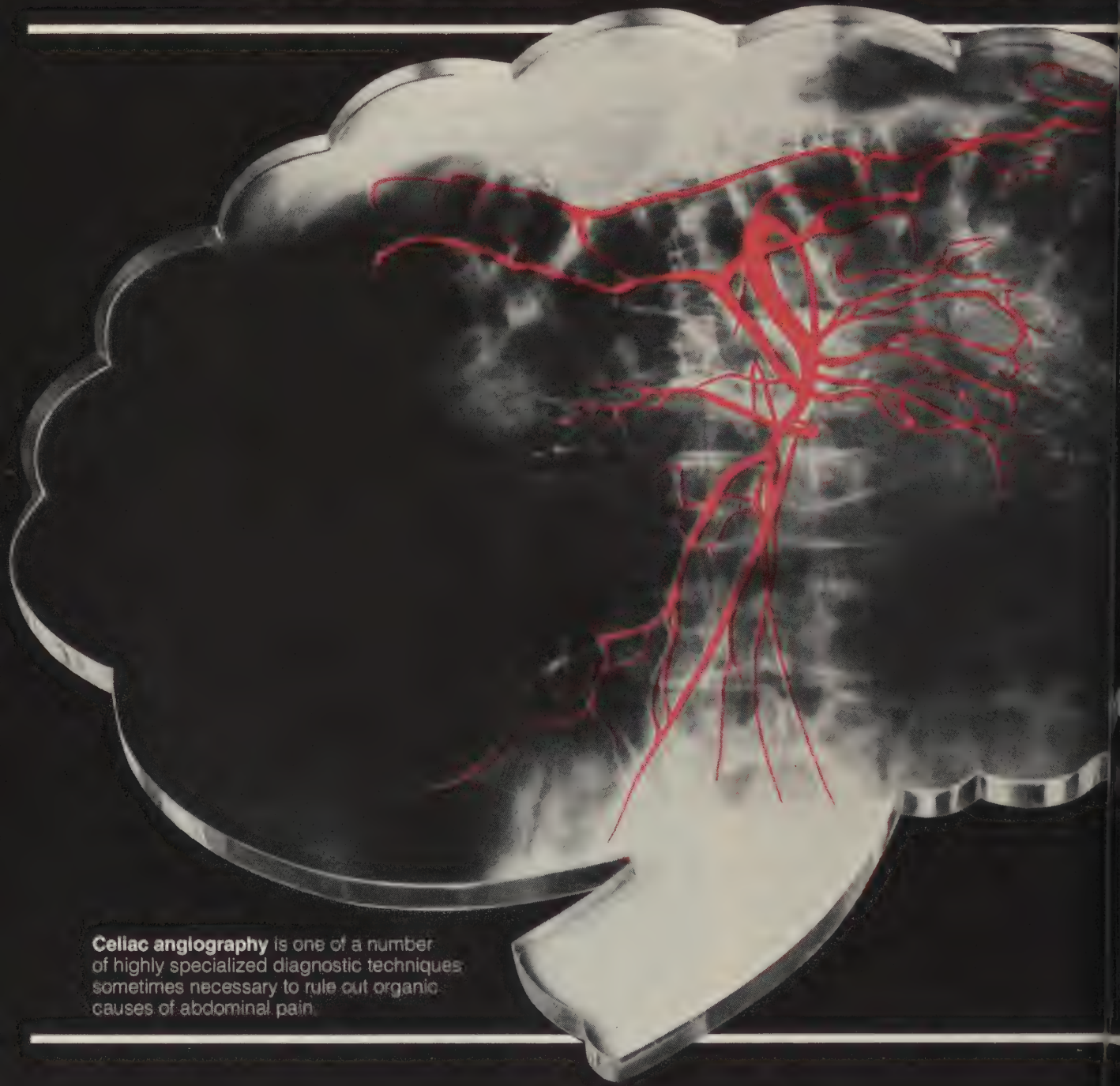


ARRIVING for the August 24 meeting of the Society's Board of Trustees are President Elect John V. Blady, M.D., and President William J. Kelly, M.D. Dr. Blady will be installed as the Society's 128th president on October 26. Names of his appointees, who received Board approval August 24, to the Interspecialty Committee appear above.



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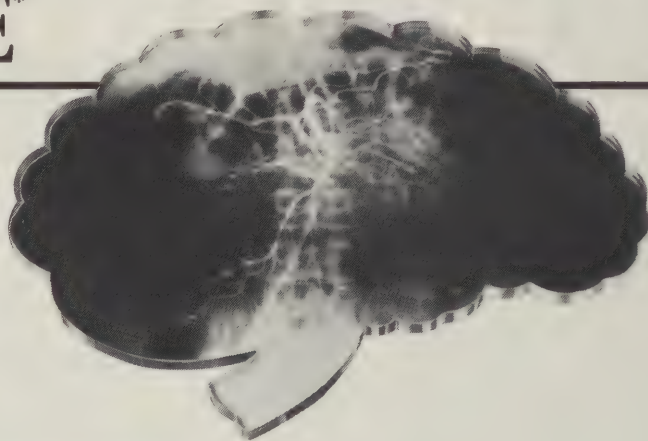
\*This drug has been evaluated as possibly effective for this indication.  
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\* **Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.

Final classification of the less-than-effective indications requires further investigation.

**Contraindications:** Patients with glaucoma; prostatic hypertrophy and benign bladder neck obstruction; known hypersensitivity to chlordiazepoxide hydrochloride and/or clidinium bromide.

**Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering Librium® (chlordiazepoxide hydrochloride) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

**Precautions:** In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacologic effects of agents, particularly potentiating drugs such as MAO inhibitors and

phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

**Adverse Reactions:** No side effects or manifestations not seen with either compound alone have been reported with Librax. When chlordiazepoxide hydrochloride is used alone, drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are avoidable in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally with chlordiazepoxide hydrochloride, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax are typical of anticholinergic agents, i.e., dryness of the mouth, blurring of vision, urinary hesitancy and constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

**Dosage:** Individualize for maximum beneficial effects. Usual maintenance dose is 1 or 2 capsules, 3 or 4 times a day, before meals and at bedtime. Geriatric patients—see Precautions.

**How Supplied:** Librax is available in green capsules, each containing 5 mg chlordiazepoxide hydrochloride (Librium®) and 2.5 mg clidinium bromide (Quarzan®)—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 50, available singly and in trays of 10.

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# Statewide hypertension effort has PMS endorsement

A massive hunt is on to find Pennsylvanians who have hypertension but are unaware of it. The State Society's Board of Trustees endorsed the effort at its August 24 meeting.

Secretary of Health Leonard Bachman and Lawrence N. Adler, M.D., president of the American Heart Association, Pennsylvania Affiliate, announced in September that their agencies had received a federal grant to launch a cooperative program aimed at screening 200,000 Pennsylvanians for hypertension between October 1 of 1977 and 1978.

Blood pressure screenings have been conducted separately by the state health department and the heart association. By pooling resources and dividing tasks, the agencies expect to make possible even more screenings at less cost.

The project, "The Pennsylvania High Blood Pressure Control Program," has been endorsed by the Pennsylvania Medical Society, Pennsylvania Academy of Family Physicians, Pennsylvania Osteopathic Medical Association, and the Pennsylvania Pharmaceutical Association. Representatives of these agencies and others have been included in an inter-agency council, formed to develop total community in-

volvement for this statewide program.

The project has five major objectives: detection, followup, treatment, training, and education.

The number of available screening sites and the frequency of screenings will be increased in order that 200,000 Pennsylvanians can be evaluated within one year. If usual indicators hold, it is expected as many as one fourth of those screened will be found to have elevated blood pressure.

Persons with elevated blood pressure will be notified and referred to their family physicians or community health centers for

diagnosis and treatment. There also will be followup of patients within six months.

Through the project, screening technicians will be instructed in the latest procedures for measuring blood pressure. A non-profit agency, Vital Signs Institute of Philadelphia, will conduct this training phase.

Professional education and activities aimed at public awareness also will be part of the project. The first educational programs, a series of five nurses' seminars on hypertension, are being held throughout Pennsylvania during October.

## Emergency physicians seek Society support

Representatives of the Pennsylvania Chapter of the American College of Emergency Physicians, an organization representing over 600 physicians, appeared before the Pennsylvania Medical Society's Council on Medical Service September 7. They requested Society support in their attempt to remain private independent physicians.

Recent tightening in DPW Medicaid policy denies payment to the emergency physician for professional services when a physician enters into an agreement with a

hospital to provide coverage of the emergency room. The welfare department contends that these physicians are hospital based and employees and, therefore, are not entitled to bill on a fee for service basis, even though in many cases there is no other means of remuneration under such agreements. As a result of the meeting, further negotiations with the deputy secretary for family assistance are scheduled.

## Saint Joseph Hospital to train residents

The Liaison Committee on Graduate Medical Education of the American Medical Association has approved Saint Joseph Hospital, Reading, for conducting a residency training program in family practice.

Scheduled to begin training the first group of residents in January 1978, the three year program will be under the direction of Patrick A. Mazza, M.D., director of the hospital's department of family practice. Robert L. O'Connell, M.D., will serve as associate director of the program which will eventually have a faculty of 12 physicians.



*EMERGENCY room physicians were represented at the September 7 meeting of the Council on Medical Service. Left to right above are: William W. Resinger, M.D., president of the Pennsylvania Chapter, American College of Emergency Physicians; David K. Wagner, M.D., director of the Section of Emergency Medical Service, Medical College of Pennsylvania; and Roland T. Keddle, M.D., J.D., chairman of the chapter's ad hoc committee on problems related to the Department of Public Welfare Medical Assistance Program.*



# AAFP program confronts professional liability crisis

An informational program designed to help family doctors acquaint their patients and themselves with the dangers of escalating professional liability insurance rates is being undertaken by the American Academy of Family Physicians.

The program, called the Professional Liability Information Program (PLIP), is aimed at informing physician-members about what can be done to help alleviate the malpractice problem by enhancing the physician-patient relationship; informing patients, through their family physicians, about the effect of the malpractice situation on medical costs and services; and creating a climate among practicing members and family practice residents that will encourage participation in the gathering of performance data essential to the attainment of better insurance premium rates and other elements of an acceptable solution to the professional liability problem.

The key to the PLIP is a publication entitled *Eleven Ways to Minimize the Risk of Professional*

*Liability Suits*, written by Holger Rasmussen, M.D., head of the AAFP Task Force on Professional Liability. Because many malpractice suits are initiated by patients who are improperly informed about procedures and risks involved, *Eleven Ways* focuses on the ways in which family physicians may confront this and other malpractice situations while emphasizing a strong doctor-patient relationship.

Other elements of the PLIP program include brochures to mem-

bers informing them of the program and its objectives, leaflets explaining the liability crisis to patients for distribution by their family physician, a speech with visual materials for state chapter meetings, and a packet of materials to family practice residencies to acquaint residents with the program.

While PLIP is not intended to be the answer to all malpractice problems, it is expected to be an important first step in confronting risk factors in practice situations.

## Practical review for psychiatrists offered

A unique course in practical medicine designed for the practicing clinical psychiatrist will be offered by the Western Psychiatric Institute and Clinic of the University of Pittsburgh School of Medicine on November 6 and 7.

The course will focus on several internal medicine subspecialties—neurology, cardiology, gastroenterology, and endocrinology—which practicing psychiatrists have indicated to be of special use in confronting their

patients' complaints and/or ongoing treatment.

The University of Pittsburgh certifies that the program is approved for 12 credit hours in Category 1 toward the Physician's Recognition Award of the AMA.

For further information and registration contact Marie Killea, Coordinator of Continuing Education, Western Psychiatric Institute and Clinic, 3811 O'Hara St., Room 980, Pittsburgh, PA 15261; (412) 624-3354.



THE SOCIETY'S position on S.B. 679 was presented to the Senate Insurance Committee August 25, by J. Joseph Danyo, M.D., of York. The Society supports the concept of including professional corporations under Act 111, the state's medical malpractice insurance law. Dr. Danyo, a member of the Society's ad hoc committee on medical malpractice insurance, is shown on the left discussing the bill with Senator Ralph W. Hess, also of York, a member of the Insurance Committee.





in my opinion

## Copayment—a way to halt runaway health care costs

Many of us in studying the escalating cost of medical care have turned from one direction to another to find the cause. Certainly recent technological advances weigh heavily in this regard. Spiraling general inflation affects all areas of society. The ever increasing minimum wage has had a special impact on hospitals. The malpractice problem, with skyrocketing premiums and the immeasurable cost of practicing defensive medicine, must be included in the list of culprits, along with many other factors.

A factor which has seldom been addressed, however, is the present voluntary health insurance structure. The Blue plans themselves, the major method by which individuals finance their medical care, may well be one of the primary factors in runaway costs. Blue Cross plans, with their full pay coverage, give the illusion of no apparent cost to the patient, place tremendous patient and family pressures on the doctor, and encourage questionable admissions and prolonged stays despite anything the physician may do. Total payment of the hospital bill by Blue Cross provides an incentive for the patient to spend that extra day over the weekend because it's not convenient for son or daughter "to come and get me today."

In the case of physicians' fees, I believe the present first dollar coverage of the Blue Shield service contract discourages any incentive to economize. I realize that I am speaking against "sacred cows," but I believe that the Blue Shield service benefit, with its participating physician, along with the total pay of Blue Cross are two major factors in driving up the cost of care. The patient has an almost pathological desire to use the insurance for which he has paid so dearly.

We in the medical profession must share the blame with the Blue plans. Many of us remember that when Medicare came along, we *insisted* that the government put in deductibles for the hospital stay and for the physician's fee. We argued that if these deductibles were not available, there would be overutilization on the part of patients. We then immediately turned around and encouraged Blue Cross and

*Dr. Masland is immediate past president of the Pennsylvania Medical Society and chairman of the ad hoc committee on medical malpractice insurance. His medical specialty is internal medicine.*

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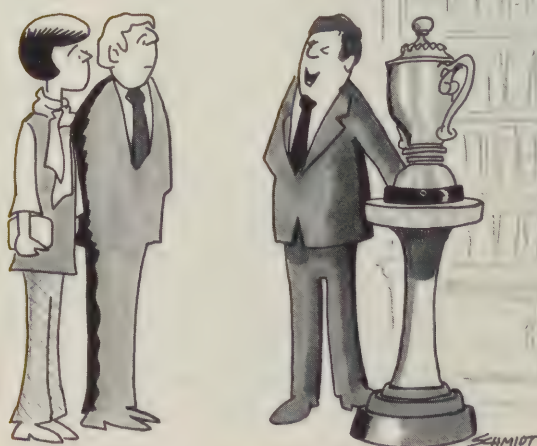
Blue Shield to sell the 65-Special which covers these deductibles.

I realize that labor unions have fought hard for first dollar coverage because they do not want their union members to pay one cent out of pocket for their medical care. We in the medical profession have also fostered this by participation in the Blue Shield service contract.

In England, the government has answered in part the problem of cost by limiting supply. Our government, with its proposed cap on hospital revenue, is also beginning to move in this direction. I believe this is the road we will surely walk if we continue to allow demand to go unfettered.

Is there an answer? Yes. Let some of the economic deterrents common to most other economic dealings return to the medical marketplace. Let us support a reasonable combination of deductibles and copayments and oppose programs which provide first dollar coverage. As physicians, this means withdrawal from Blue Shield. We should not support Blue Cross programs that provide full pay benefits. In my view, sanity will return to health care financing only when each of the participants to the transaction—patient, doctor, and hospital—is forced to cope with some of the cost of utilizing the system. This may sound revolutionary, but the times call for drastic and preferably voluntary solutions.

David S. Masland, M.D.  
Carlisle



It's an award I got for coming in first among physicians who didn't get any awards.

## **Supreme Court to rule in psychiatric records case**

**FRED SPEAKER**

**Harrisburg**

The Pennsylvania Supreme Court will be the next scene in a continuing struggle concerning a psychiatrist-witness held in contempt for refusing to turn over records of a patient.

The saga started at a hearing involving a 15-year-old boy facing deprived and delinquent charges. A court psychiatrist determined that the boy's problems were related partially to an alcoholic mother. The mother had received psychiatric treatment and the court psychiatrist recommended obtaining her hospital records. She refused to consent, and the Western Psychiatric Institute and Clinic refused to release the records.

The lower court issued a subpoena directing that the records be

produced. Dr. Loren Roth appealed and claimed that the psychiatric records were privileged under Pennsylvania statutory provisions<sup>1</sup> and the Principles of Medical Ethics. The lower court held that there was no privilege and ordered the records to be turned over. Dr. Roth refused, and he was held in contempt and fined \$100.

The issue before the Superior Court<sup>2</sup> dealt with whether the contempt was civil or criminal. The Superior Court held that it

was criminal and therefore should be considered by the Pennsylvania Supreme Court. The basic issue thus is continued—is a psychiatrist's refusal under these circumstances to surrender psychiatric records punishable by contempt? We will have to wait until the Supreme Court decides before that question may be answered.

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1. 28 P.S. § 328.

2. *In re B. Appeal of Roth*, 372 A. 2d 884 (Pa. Super. 1977).

### **How important are medical records?**

The Commonwealth Court has recently<sup>1</sup> decided that adequate records are important to physicians who want to get paid for the work they have done.

The Department of Public Welfare barred a physician from further participation in the medical assistance program and denied payment of his claims for services

already rendered for failure to maintain supporting medical records. The physician admitted that the only medical record he kept was the invoices which were submitted to the Commonwealth and which contained a one or two word technical diagnosis. The Commonwealth Court sustained the decision of the Department of Public Welfare, stating that the physician:

*... contends that the notation on the invoice, together with his recall, are a sufficient and adequate record. ... Aside from the obvious need for a record so that another physician would be able to determine the proper course of treatment in emergencies, DPW requires supporting records to determine whether the physician is genuinely entitled to reimbursement and to guard the Program against fraudulent claims. In that regard, we hold that [the physician's] records are patently inadequate.*

---

1. *Stoffan v. Commonwealth of Pennsylvania*, Department of Public Welfare, No. 1288 C.D. 1976 (July 21, 1977).

*Mr. Speaker is an attorney with Pepper, Hamilton & Scheetz, legal counsel for the State Society.*

### **Psychiatric symposium scheduled**

The Medical College of Pennsylvania's department of psychiatry will sponsor the eleventh annual symposium beginning at 9:00 a.m., Sunday, November 13, in the Kaiser Auditorium at the college.

Entitled "Psychodynamic Implications of the Studies on the Split Brain," the program will feature experts in medical, psychological, and social sciences, including: David Galin, M.D., assistant professor of psychiatry at the Langley Porter Institute, University of California-San Francisco; Mitchell Glickstein, Ph.D., professor of psychology at Brown University; M. S. Gazzaniga, Ph.D., professor of psychology and social sciences at the State University of

New York-Stony Brook; Jerre Levy, Ph.D., associate professor of psychology at the University of Pennsylvania; and Ronald E. Myers, M.D., Ph.D., chief of the section of developmental brain pathology, National Institute of Neurological and Communicative Disorders and Stroke.

The Medical College of Pennsylvania certifies that the program is acceptable on an hour for hour basis in Category 1 for the Physician's Recognition Award of the American Medical Association.

For details write to the Department of Psychiatry, Medical College of Pennsylvania, 3300 Henry Ave., Philadelphia, PA 19129; or call (215) 842-6923.



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**WARNINGS: Drug dependence.** Codeine can produce drug dependence of the morphine type and may be abused. Dependence and tolerance may develop upon repeated administration; prescribe and administer with same caution appropriate to oral narcotics. Subject to the Federal Controlled Substances Act.

**Usage in ambulatory patients.** Caution patients that these products may impair mental and/or physical abilities required for performance of potentially hazardous tasks such as driving a car or operating machinery.

**Interaction with other CNS depressants.** Patients receiving other narcotic analgesics, general anesthetics, phenothiazines, tranquilizers, sedative-hypnotics, or other CNS depressants (including alcohol) may exhibit additive CNS depression; when used together reduce dose of one or both.

**Usage in Pregnancy.** Safe use is not established. Should not be used in pregnant patients unless potential benefits outweigh possible hazards.

**PRECAUTIONS: Head injury and increased intracranial pressure.** Respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a pre-existing increase in intracranial pressure. Narcotics produce adverse reactions which may obscure the clinical course of patients with head injuries.

**Acute abdominal condition.** These products or other narcotics may obscure the diagnosis or clinical course of acute abdominal conditions.

**Special risk patients.** Administer with caution to certain patients such as elderly or debilitated patients and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, or prostatic hypertrophy or urethral stricture.

**ADVERSE REACTIONS:** Most frequently include lightheadedness, dizziness, sedation, nausea, and vomiting; more prominent in ambulatory than in nonambulatory patients; some may be alleviated if patient lies down; others include: euphoria, dysphoria, constipation and pruritus.

**DRUG INTERACTIONS:** CNS depressant effect may be additive with that of other CNS depressants. See Warnings.

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**WARNING:** Because of the potential hazard of nephrotoxicity and ototoxicity due to neomycin, care should be exercised when using this product in treating extensive burns, trophic ulceration and other extensive conditions where absorption of neomycin is possible. In burns where more than 20 percent of the body surface is

affected, especially if the patient has impaired renal function or is receiving other aminoglycoside antibiotics concurrently, not more than one application a day is recommended.

When using neomycin-containing products to control secondary infection in the chronic dermatoses, it should be borne in mind that the skin is more liable to become sensitized to many substances, including neomycin. The manifestation of sensitization to neomycin is usually a low grade reddening with swelling, dry scaling and itching; it may be manifest simply as failure to heal. During long-term use of neomycin-containing products, periodic examination for such signs is advisable and the patient should be told to discontinue the product if they are observed. These symptoms regress quickly on withdrawing the medication. Neomycin-containing applications should be avoided for that patient thereafter.

**PRECAUTIONS:** As with other antibacterial preparations, prolonged use may result in overgrowth of nonsusceptible organisms, including fungi. Appropriate measures should be taken if this occurs.

**ADVERSE REACTIONS:** Neomycin is a not uncommon cutaneous sensitizer. Articles in the current literature indicate an increase in the prevalence of persons allergic to neomycin. Ototoxicity and nephrotoxicity have been reported (see Warning section).

Complete literature available on request from Professional Services Dept. PML.



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Possibly Effective:

1. For the relief of symptoms associated with cerebral vascular insufficiency.
2. In peripheral vascular disease of arteriosclerosis obliterans, thromboangiitis obliterans (Buerger's Disease) and Raynaud's disease.

Final classification of the less-than-effective indications requires further investigation.

**Composition:** Vasodilan tablets, isoxsuprine HCl, 10 mg. and 20 mg.  
Vasodilan injection, isoxsuprine HCl, 5 mg., per ml.

**Dosage and Administration:** Oral: 10 to 20 mg., three or four times daily.  
Intramuscular: 5 to 10 mg. (1 or 2 ml.) two or three times daily. Intramuscular administration may be used initially in severe or acute conditions.

**Contraindications and Cautions:** There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding.

Parenteral administration is not recommended in the presence of hypotension or tachycardia.

Intravenous administration should not be given because of increased likelihood of side effects.

**Adverse Reactions:** On rare occasions oral administration of the drug has been associated in time with the occurrence of hypotension, tachycardia, nausea, vomiting, dizziness, abdominal distress, and severe rash. If rash appears the drug should be discontinued.

Although available evidence suggests a temporal association of these reactions with isoxsuprine, a causal relationship can be neither confirmed nor refuted.

Administration of single dose of 10 mg. intramuscularly may result in hypotension and tachycardia. These symptoms are more pronounced in higher doses. For these reasons single intramuscular doses exceeding 10 mg. are not recommended. Repeated administration of 5 to 10 mg. intramuscularly at suitable intervals may be employed.

**Supplied:** Tablets, 10 mg., bottles of 100, 1000, 5000 and Unit Dose; Tablets, 20 mg., bottles of 100, 500, 1000, 5000 and Unit Dose; Injection, 10 mg. per 2 ml. ampul, box of six 2 ml. ampuls.

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## MDs in the news

**Webb S. Hersperger, M.D.**, of Carlisle, was recently elected first vice president of the Pennsylvania Academy of Ophthalmology and Otolaryngology. Dr. Hersperger is a past president of the Cumberland County Medical Society and a member of the State Society's Council on Medical Service.

The following new officers were recently elected by the Alumni Association of Hahnemann Medical College and Hospital: **Mary P. Sterling, M.D.**, Philadelphia, president; **Phillip Davis, M.D.**, Beverly Hills, California, first vice president; **Warren E. Smith, M.D.**, Philadelphia, second vice president; **James C. Gehris, M.D.**, Shamokin, president elect; **Horst A. Agerty, M.D.**, Wynnewood, secretary; and **Arnold T. Berman, M.D.**, Philadelphia, treasurer.

**Gary L. Lattimer, M.D.**, was the recipient recently of the state American Legion's Distinguished Service Award. Dr. Lattimer, of Allentown, was honored for outstanding service in his research of the disease that killed 29 Pennsylvania legionnaires in August, 1976.

**Sol Sherry, M.D.**, recently received the Robert P. Grant Medal of the International Society on Thrombosis and Haemostasis during the group's annual congress held recently in Philadelphia. Dr. Sherry, who is the society's current president, is chairman of medicine at Temple University Medical Center and director of Temple's Specialized Center for Research on Thrombosis.

**Herschel E. Griffin, M.D.**, was appointed recently to the National Commission on Digestive Diseases. Dr. Griffin is professor of epidemiology and dean of the University of Pittsburgh Graduate School of Public Health. He is president of the Armed Forces Epidemiological Board and an alternate delegate in preventive medicine to the AMA House of Delegates. The national commission plans to deal with problems such as incidence and

duration of digestive diseases, mortality rates resulting from such illnesses, and social and economic impact of the disorders.

**Ronald Ambler, M.D.**, was recently honored by Suburban General Hospital of Norristown, which he helped to found thirty-three years ago. Special presentations were made to Dr. Ambler, now director of the hospital's quality assurance department, by **Leonard Becker, M.D.**, and **William Bath, M.D.** Dr. Becker and Dr. Bath are staff physicians at Suburban General and are two of the hospital's earliest interns.



*Mrs. Ralph S. Blasiolo recently received the Benjamin Rush Award from the Washington County Medical Society for her outstanding volunteer service in cancer prevention. Mrs. Blasiolo, president of the Washington unit of the American Cancer Society from 1974 to 1976, has participated in the ACS Volunteer Service Information program since its inception in 1960. She has served for the past several years as chairman of the Washington County Public Education Committee, whose projects have been recognized as outstanding by the Pennsylvania division of the ACS, and as a board member of the county unit of ACS. She was the recipient in 1964 of the Jeweled Sword, the highest award for volunteer service to the ACS.*

Physicians on the faculty of the Hahnemann Medical College and Hospital, Philadelphia, have received the following academic promotions: **Allan B. Schwartz, M.D.**, professor of medicine; **Marvin Derezen, M.D.**, professor of medicine; **Sheldon Bender, M.D.**, professor of medicine; **Leslie I. Rose, M.D.**, professor of medicine; **David Prager, M.D.**, professor of medicine; **Lee S. Serfas, M.D.**, professor of surgery; **David Koffler, M.D.**, professor and vice chairman of pathology and laboratory medicine; **Ivan Damjanov, M.D.**, associate professor of pathology and laboratory medicine; and **Frieda G. Gray, M.D.**, professor of medicine and associate vice president for health affairs.

**Christopher Matcovic, M.D.**, was named recently as the first fellow of the Monsour Medical Foundation. Dr. Matcovic's fellowship in infectious diseases will be conducted at the University Health Center of Pittsburgh.

**Leo H. Criepp, M.D.**, has been named Distinguished Emeritus Professor at the University of Pittsburgh School of Medicine, where he has been a member of the faculty since 1922. Dr. Criepp, who organized and served as director of the allergy clinic at Montefiore Hospital and at the Veteran's Administration Hospital in Pittsburgh, also recently received the Philip Hench Distinguished Alumnus Award from the Medical Alumni Association for outstanding teaching and clinical work.

The medical staff of Lancaster General Hospital recently honored nine physicians who completed the hospital's three year residency program in family medicine. They are Drs.: **Peter J. Altmare**, Millersville; **Richard W. Bacon**, New Holland; **William W. Bakken**, Battle Creek, Michigan; **Hugh W. Brallier**, Ligonier; **J. Peter Gregoire**, Arcade, New York; **Richard Levandowski**, Princeton, New Jersey; **Peter A. Mason**, Richmond, Maine; **Michael S. Rudman**, Middletown, Maryland; and **John H. Surry**, Lititz.

*Continued*



**John P. Hubbard, M.D.**, president of the College of Physicians of Philadelphia and former president of the National Board of Medical Examiners, and **Walter B. Shelley, M.D.**, chairman of the department of dermatology at the Hospital of the University of Pennsylvania, were recently honored at an international convocation in Uppsala, Sweden. Dr. Hubbard received an honorary doctorate of medicine for distinguished service in medical education. Dr. Shelley was presented with an honorary doctorate of medicine for his outstanding contribution in the field of dermatology.

**Carl T. Brighton, M.D.**, was recently named chairman of the department of orthopaedic surgery and the Paul B. Magnuson professor of bone and joint surgery at the University of Pennsylvania School of Medicine. A professor of orthopaedic surgery and director of orthopaedic surgery research at the school of medicine, Dr. Brighton is chief of the department at the Hospital of the University of Pennsylvania.

**David J. Ritchie, M.D.**, of Wynnewood, was recently named chairman of diagnostic radiology at Mercy Catholic Medical Center in Darby. Dr. Ritchie is a member of the faculties in radiology at the University of Pennsylvania School of Medicine and the Graduate School of Medicine. He has served on the staff of Pennsylvania Hospital for 14 years.



DR.  
RITCHIE



DR.  
FREDERICKSON

**Howard D. Frederickson, M.D.**, a York psychoanalyst, has been awarded the Certification of Psychoanalysis in the first group of psychoanalysts to be so certified. Dr. Frederickson is a graduate of the School of Medicine of the University of Buffalo and the Baltimore Psychoanalytic Institute.

*Research by Chester R. Wilpizeski, M.D., professor of otolaryngology at Thomas Jefferson University, has led to the development of a modified CO<sub>2</sub> laser that can be used for surgery of the ear.*

*According to Dr. Wilpizeski, "Microsurgery of the human ear is now performed using hard tools—but most, if not all, of the operations involving cutting and drilling may be duplicated with greater control and precision using lasers to vaporize the tissue."*

*Among the operations which Dr. Wilpizeski says can be performed by laser are: welding tissue grafts onto the eardrum; perforating or removing parts of the eardrum membrane to allow equalization of air pressure between the outer and middle ear or to permit drainage of trapped fluid; removing or cutting the ossicles before reconstructive surgery, or when motion of the bones is impaired by otosclerosis; and excising tumors and scar tissue.*

**Harry Jay Lessig, M.D.**, has been appointed director of the department of nuclear medicine at Episcopal Hospital in Philadelphia. Dr. Lessig has taught and conducted research at Lankenau Hospital and the Naval Regional Medical Center and is now assistant professor of nuclear medicine at Hahnemann Medical College Hospital.

Attempting to combat the recent efforts to legalize laetrile, **Stephen Barrett, M.D.**, joined a group of medical and scientific witnesses in Kansas City, Missouri, to testify to the ineffectiveness and possible dangers of laetrile use. Dr. Barrett stated in part, "The real issue is whether our government should protect consumers from all types of ineffective and dangerous remedies." Dr. Barrett, co-editor of *The Health Robbers—How to Protect Your Money and Your Life*, is chairman of the Lehigh Valley Committee Against Health Fraud, Inc., and serves on the Lehigh County and State Society Committees on Quackery.

**William J. Martucci, M.D.**, was certified recently by the American Board of Family Practice. Dr. Martucci is in group practice in Brodheadsville.

**Elsie Broussard, M.D.**, a psychoanalyst and professor of psychiatry and head of the Community Mental Health program in the department of health services administration in the University of Pittsburgh's Graduate School of Public Health, has been appointed by the President's Commission on Mental Health to serve on its newly established eleven-member Task Panel on Prevention. In 1973, Dr. Broussard was awarded the American Psychiatric Association's Lester N. Hofheimer Award for Outstanding Research in Mental Hygiene and for her longitudinal studies of first-born children.

Two physicians on the faculty of Hahnemann Medical College and Hospital received awards during the school's 130th commencement ceremony. **Morrison E. Kricun, M.D.**, Philadelphia, associate professor of diagnostic radiology, received the Medical College Class Award for excellence in clinical teaching. **Gerald A. Melchiodi, M.D.**, Glen Mills, associate professor of mental health sciences, received a Lindbach Foundation Award for distinguished teaching.

The 1977-78 officers of the Pittsburgh Obstetrics and Gynecology Society are: **Daniel E. Natali, M.D.**, president; **Frank A. Reda, M.D.**, vice president; **John E. Walker, M.D.**, secretary; and **Robert E. Warner, M.D.**, treasurer.

Two physicians serving their residencies in Pennsylvania recently received Mead Johnson Awards for graduate training in family practice. They are **Michael Kita, M.D.**, a third year resident at Lancaster General Hospital, and **Alan W. Johnson, M.D.**, a third year resident at Sacred Heart Hospital, Allentown.

The Blair County Medical Society recently elected **Thomas T. Skrentny, M.D.**, to be president for 1977-78. Other new officers are **John G. Sheedy, M.D.**, president elect; **Alberto Manetta, M.D.**, vice president; **Betty L. Cottle, M.D.**, secretary; and **Ronald A. Dietrick, M.D.**, treasurer. Appointed to the group's executive committee were **Charles A. Sutton, M.D.**, **Joseph S. Silverman, M.D.**, and **Armando E. Fraire, M.D.**





**Eastern Pennsylvania Chapter of the American College of Surgeons  
Twenty-Sixth Annual Meeting\***  
**Wednesday, November 9, 1977      Holiday Inn East-Bethlehem, Pa.**  
**Schedule of Events**

Registration—8:15-9 a.m.

**Morning Session  
General Surgery Program  
Marfil Room**

**Presiding Officer**  
**Harry G. Light, M.D., F.A.C.S.**  
**St. Luke's Hospital, Bethlehem, PA**

9:00 a.m.: Harry Goldsmith, M.D., Samuel Gross Professor of Surgery, Thomas Jefferson University Medical School, Philadelphia, PA., SUBJECT: LIVER SURGERY.

9:45 a.m.: Robert Freeark, M.D., Professor and Chairman, Department of Surgery, Stritch School of Medicine of Loyola University of Chicago, Maywood, IL., SUBJECT: DIVERTICULAR DISEASE OF THE COLON.

10:30 a.m.: Francis D. Moore, M.D., Elliott Carr Cutler Professor of Surgery, Harvard Medical School, Boston, MA., SUBJECT: THE TREATMENT OF BREAST CANCER IN VARIOUS STAGES OF DEVELOPMENT.

11:15 a.m.: Harry H. LeVeen, M.D., Chief of Surgical Service, Professor of Surgery, State University of New York, Veterans Administration Hospital, Brooklyn, NY., SUBJECT: TREATMENT OF TUMORS WITH RADIOFREQUENCY - THERMOGRAPHY

12:00 p.m.: Cocktails MARFIL ROOM.

12:30 p.m.: Luncheon BALLROOM.

Presiding Officer: Harry G. Light, M.D., F.A.C.S., President, Eastern Pennsylvania Chapter of the American College of Surgeons. SPEAKER: Francis D. Moore, M.D., SUBJECT: "HOW FAST DO WE WANT SURGICAL MANPOWER TO GROW?"

**Afternoon Session  
Presiding Officer**  
**Stuart H. Irons, M.D., F.A.C.S.**  
**Wilkes-Barre, PA**

2:00 p.m.: Resident's Paper.

2:30 p.m.: PANEL DISCUSSION MODERATOR: Charles K. Zug, III, M.D., F.A.C.S., Bethlehem, PA.

PANELISTS: Robert Freeark, M.D., Harry Goldsmith, M.D., Harry H. LeVeen, M.D., Francis D. Moore, M.D., SUBJECT: SURGICAL COMPLICATIONS—THEIR AVOIDANCE OR TREATMENT.

4:00 p.m.: CHAPTER MEETING.

**Morning Session  
Gynecologic and Urologic Program  
Sala De Oro Room**

**Presiding Officer**  
**Frank S. Flor, M.D., F.A.C.S.**  
**St. Luke's Hospital, Bethlehem, PA**

9:00 a.m.: Earl F. Greenwald, M.D., Associate Professor of Obstetrics/Gynecology; Director of Section of Gynecological Oncology, Temple University School of Medicine, Philadelphia, PA., SUBJECT: CARCINOMA OF THE CERVIX.

10:00 a.m.: Equinn W. Munnell, M.D., Professor of Clinical Gynecology & Obstetrics, College of Physicians and Surgeons, Columbia University, New York, Attending Obstetrician & Gynecologist, Presbyterian Hospital, New York, NY., SUBJECT: CARCINOMA OF THE ENDOMETRIUM.

11:00 a.m.: Joseph N. Corriere, Jr., M.D., Professor & Director, Division of Urology, University of Texas, Houston, TX., SUBJECT: UROLOGICAL COMPLICATIONS FOLLOWING GYNECOLOGICAL SURGERY.

12:00 p.m.: Cocktails MARFIL ROOM.

12:30 p.m.: Luncheon BALLROOM.

**Afternoon Session**

2:00 p.m.: Panel Discussion and Question-and-Answer Session with Questions Submitted by Audience.

**\* in association with the Lehigh Valley Obstetrical Society and the American Trauma Society, Pennsylvania Division.**

As an organization accredited for continuing medical education, the Pennsylvania Medical Society certifies that this continuing medical education offering meets the criteria for hour for hour credit in Category I of the Physician's Recognition Award of the American Medical Association, provided it is used and completed as designed.

**Morning Session  
Trauma Program  
Darsena Room**

**Presiding Officer**  
**Charles F. Snyder, Jr., M.D., F.A.C.S.**  
**St. Luke's Hospital, Bethlehem, PA**

9:00 a.m.: William P. Graham, M.D., Chief, Plastic Surgery, Hershey Medical School, Hershey, PA., SUBJECT: SOFT TISSUE INJURIES.

9:45 a.m.: Carl T. Brighton, M.D., P.H.D., Professor & Chairman, Department of Orthopedics, University of Pennsylvania. SUBJECT: "THE TREATMENT FRACTURE NON-UNION WITH ELECTRICITY".

10:30 a.m.: Peter Janetta, M.D., Professor & Chairman, Department of Neurosurgery, University of Pittsburgh School of Medicine, Pittsburgh, PA., SUBJECT: THE CEREBELLOPONTINE ANGLE AS PANDORA'S BOX: THE CRANIAL NERVE DYSFUNCTION SYNDROMES.

11:15 a.m.: Felicien Steichen, M.D., President PA, Division, American Trauma Society, University of Pittsburgh School of Medicine, Pittsburgh, PA., SUBJECT: PRESENT AND FUTURE TRENDS IN THE MANAGEMENT OF TRAUMA.

12:00 p.m.: Cocktails MARFIL ROOM.

12:30 p.m.: Luncheon BALLROOM.

**Afternoon Session**

2:00 p.m.: Felicien Steichen, M.D., PRESENTATION OF A CASE OF MULTI-SYSTEM TRAUMA.

PANEL DISCUSSION OF MANAGEMENT: Carl T. Brighton, M.D., William P. Graham, M.D., Peter Janetta, M.D., John Ryan, M.D.

4:00 p.m.: CHAPTER MEETING.

**Eastern Pennsylvania Chapter of the American College of Surgeons  
20 Erford Rd, Lemoyne PA 17043**

**Annual Meeting Registration (Pre-Registration Requested)**

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## Dues increase—really a money saver

One of the most pressing problems facing the State Society's House of Delegates in 1977 is a financial one. Operating costs are steadily increasing and a deficit for 1977 of more than \$250,000 can be predicted. Efforts to keep expenses down were applied wherever possible, but several factors raised 1977 costs and indicate a deficit for 1978. A dues increase seems to be a necessity *if the Society is to continue its present activities.*

Most physicians realize that the overhead for their offices has been steadily rising. Malpractice insurance, salaries, and supply expenses are higher each year. Without the State Society, however, the situation for Pennsylvania physicians could be desperate. In 1975, the threatened breach of contract by the Argonaut Insurance Company caused the Pennsylvania Medical Society to take court action to force continuing coverage until 1979. It is true that premiums have increased but this is surely preferable to other alternatives presently available. PMS has been the medical profession's voice at four Pennsylvania Insurance Department rate increase hearings and has, thus far, successfully pared away large percentages from requested rate hikes. Legal and actuarial costs for these actions have not been insignificant.

The formation of the Pennsylvania Medical Cooperative has given physicians an opportunity to cut the cost of office supplies. This will continue to be an invaluable service in the future.

The Pennsylvania Medical Society has been active

in the area of legislation. The Society has proposed and supported reform amendments to Act 111. An attempt was made through court action to halt regulation of physician's office laboratories under the Clinical Laboratory Act and a proposed amendment to the Act would specifically exclude these labs. Questions concerning the Motor Vehicle Code, specifically section 1518, were discussed with PennDOT officials. The Society convinced them that the section violated the principle of physician-patient confidentiality and Section 1518 has not been enforced. These actions in behalf of physicians represent only a small portion of much legislative activity. A number of new issues will surface in the next year and will require the Society's attention.

Education has been a major objective of the State Society. With the goal of better quality medical care through educational excellence, PMS has become an accrediting agency of the AMA. This entails the survey of institutions to insure their ability to produce effective, high quality education programs.

All of these activities require the concerted effort of physicians organized in the Pennsylvania Medical Society. Individual physicians cannot accomplish alone what they can together. PMS is our voice to the legislature, the courts, and the people. Our support and active participation are vital.

David A. Smith, M.D.  
Medical Editor

## Health Department wins praise

It seems to me, in these days especially, that we tend to be hypercritical of those things and those people who attempt to effect change in our daily medical lives and responsibilities.

Our recent experience during the "77 Johnstown Flood" with the Pennsylvania Department of Health

(from the secretary, commissioners, deputies, and the forty plus people who were uprooted from all parts of the state to spend two plus weeks here) was a joy to behold and a very satisfying experience for those of us who were involved.

I believe the physicians of this state should think long and hard before they take pot shots at the department without good and valid reason.

John B. Lovette, M.D.  
Contributing Editor  
Johnstown

*Dr. Lovette, a general surgeon, is vice president of the State Society and will become president elect during the 1977 Annual Session of the House of Delegates later this month.*



# The physician's role in blood alcohol testing

JAMES M. REDMOND  
Harrisburg

Physicians, and particularly those taking care of patients in the hospital emergency department, are often called upon by law enforcement personnel to withdraw blood from persons suspected of operating a motor vehicle while under the influence of alcohol. The situation is one of potential risk for the physician and the hospital. Both should be familiar with Pennsylvania law on this matter.

The Pennsylvania law which deals with the withdrawal of blood from a person for the purpose of determining alcohol content in motor vehicle cases is found in the Vehicle Code (75 P.S. §1547 Chemical Tests to Determine Amount of Alcohol). This law was recently revised and many of its new provisions became effective July 1, 1977. According to this law (§1547 (a)):

*Any person who operates a motor vehicle in this Commonwealth shall be deemed to have given consent to a chemical test of breath or blood for the purpose of determining alcohol content of blood if a police officer shall have reasonable grounds to believe the person to have been driving a motor vehicle while under the influence of alcohol. The tests shall be administered by qualified personnel with equipment approved by the Department. Qualified personnel means a physician or a technician acting under the physician's direction or a police officer who has fulfilled the training requirements to use such equipment in a training program approved by the Department.*

This may seem to be quite straightforward; however, further examination reveals that the law recognizes the right to refuse to submit to the test. In section 1547(b), the law states:

*If any person placed under arrest for driving under the influence of alcohol is requested to submit to a chemical test and refuses to do so, the test shall not be given but upon notice by the police officer, the Department shall suspend the operating privilege of the person for a period of six months or revoke the operating privilege of the person for a period of one year for a second or sub-*

*sequent refusal within a period of three years.*

It is imperative that physicians and hospital staff understand this option of refusal provision. When it is exercised, the refusal should be honored.

When blood is withdrawn for the purpose of determining its alcohol content in motor vehicle cases, the law requires that a physician or a nurse or technician acting under a physician's direction withdraw the blood. The chemical analysis of blood taken under these circumstances is admissible in evidence just as are the results of a breath chemical test. It is important to note that pursuant to the statute a person must be physically unable to supply enough breath to complete a breath test before a blood test can be ordered.

When chemical analysis of breath or blood shows that the amount of alcohol by weight is 0.05 percent or less, the person tested is not under the influence of alcohol. If the amount of alcohol by weight is in excess of 0.05 percent, the person is not necessarily under the influence of alcohol, but this evidence may be submitted along with other proof to determine whether a person was under the influence of alcohol. If the amount of alcohol by weight is 0.10 percent or more, it is presumed that the person is under the influence of alcohol.

Anyone who is requested by the police to submit to such a test may ask a physician of his choice to administer an additional breath or blood chemical test. These results are admissible in evidence. The law further states, however, that the chemical test given at the direction of a police officer shall not be delayed by a person's attempt to obtain an additional test.

## Physician's liability

A recent revision of P.S. 1547 includes a new section which recognizes

the special involvement of a physician, nurse, or hospital in assisting the police in these cases. Subparagraph (j) Immunity From Civil Liability On Reports states that:

*No physician, nurse, or technician or hospital employing such physician, nurse, or technician, and no other employer of such physician, nurse, or technician shall be civilly liable for withdrawing of blood and reporting of the test results to the police at the request of a police officer pursuant to this section.*

The physician, nurse, and hospital are protected when withdrawing blood and reporting results in these particular cases. It is important to note, however, that this immunity may not apply if the person first refuses to submit to such a test but, upon insistence of the police or law enforcement officer, the physician or nurse proceeds to administer the test. The law is clear in recognizing the right to refuse to submit to the test.

## Guidelines for testing

Because of the various legal ramifications and problems associated with the withdrawal of blood when alcohol intoxication is suspected, the Hospital Association of Pennsylvania has developed, in consultation with its legal counsel, the following set of guidelines for physicians and hospital personnel.

### Reasons for request:

1. Medical—In the course of administering proper medical care, a physician may order the withdrawal of blood for the purpose of determining alcohol content.

2. Legal—In cases of suspected alcohol intoxication, the withdrawal of blood for the purpose of determining alcohol content may be requested by a police officer if the person is physically unable to supply enough breath for a chemical test of his breath.

**Procedure for request:** A police officer must request the test when it is not required for medical reasons. The request does not have to be in

*Mr. Redmond is vice president for shared services of the Hospital Association of Pennsylvania.*



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**If a patient is unconscious and thus cannot consent, and blood withdrawal is requested by the police for legal purposes, the physician may comply or refuse. Immunity under such circumstances is probable, but not certain.**

**Fred Speaker  
Legal Counsel  
Pennsylvania Medical Society**

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writing, but the hospital has this option.

**Consent:**

1. The person must agree to the withdrawal of blood for the purpose of determining alcohol content.

2. A special consent form is recommended.

3. If the person refuses to submit to the test, none shall be given.

4. In the event that the person is unable to give consent because he is unconscious, dead, or incapacitated, the withdrawal of blood for the deter-

mination of alcohol content may be performed at the request of a police officer, or if the physician in his best judgment feels that the test is required to save life or reduce harm to the person's health.

**Other considerations:**

1. A person under arrest and a person not under arrest have the same rights and may refuse to submit to the test.

2. Only a physician or a nurse or technician acting under his orders may withdraw blood.

3. In legal situations, it is important that a chain of evidence be maintained. A method should be established to insure that all persons who are responsible for keeping or handling the blood sample can be traced easily.

Thus, a physician always has the privilege to order a blood alcohol test for medical purposes with the patient's consent. In cases in which the purpose is clearly to provide evidence for determining alcohol intoxication while driving a motor vehicle, a police officer may request a blood alcohol test if the person is physically unable to provide enough breath for a breath test. If the person refuses to submit to such a test, no test should be given. If the person is unconscious or otherwise incapable of giving consent, the police officer's request for performance of a blood alcohol test, if honored, would seemingly afford immunity from civil liability to the physician and his assistants if the police officer attests that he has reasonable grounds to believe that the person had been driving while under the influence of alcohol. □



**book review**

## **Pittsburgh pediatricians' book fills education gap**

**DAVID A. SMITH, M.D.**  
Medical Editor

*The Style and Management of a Pediatric Practice*, by Lee W. Bass, M.D., and Jerome H. Wolfson, M.D., Pittsburgh, University of Pittsburgh Press, 1977. \$3.95 paper, \$7.95 cloth.

This little book is a real find. Unfortunately, most residencies devote negligible time to the young doctor's education on how to organize a practice. Drs. Bass and Wolfson have attempted to describe the style and management of their practice with special reference to "how to" problems and solutions which will face the young pediatrician. They have made many valuable suggestions but indicate that there are other

possible techniques. This is a description of their "very personal style of pediatrics."

In the preface, the authors state that they consider this book a supplement to medical education. Seven chapters, beginning with "The Doctor-Patient Contract" and ending with "A Doctor's Fears," succinctly review the components of a pediatric practice. The chapter on "Office Design, Staff, and Procedures" offers helpful and time saving hints covering a wide range of topics. Procedures for appointments, telephone, office laboratories, and collection and billing are detailed. Suggestions for interior design of waiting rooms as well as placement of equipment in examining rooms are well thought out and very

practical. "Providing Care," chapter 4, reviews the common everyday problems of a pediatric practice. It emphasizes the need for patient (parent) education to your methods.

A recurring theme throughout the book is the need to establish precedents early. Telephone, hours, fees, and personnel are likely areas for problems to occur if you do not do so. Once established, precedents are extremely difficult to change.

The book is well illustrated, charts and pictures depicting what has been described in the text. Addresses have been included for furniture, equipment and supply companies when specific products have been found useful. References are adequate.

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## Successful group must agree on basic philosophy

LEIF C. BECK, LL.B.

VASILIOS J. KALOGREDIS, J.D.

Bala Cynwyd

We have previously described various methods of dividing income in a group practice. The consideration of how the doctors in a group will share in income earned by their joint endeavors is obviously essential.

Our experience has shown that an inability to satisfactorily divide income causes more dissolution problems in medical groups than all other factors combined. This does not necessarily mean that physicians are overly money-oriented. Unfortunately, a primary cause is the fact that compensation is a common measure of relative personal worth or value. Therefore, the double-barreled aspects of economics and ego often cause income division policies to be a very touchy item in group practices.

Physicians practicing together, whether as partners or corporate shareholder-employees, find that group practice involves a number of considerations absolutely new to former solo physicians. The physicians involved may refer to their advisors for guidance regarding proper relationships, but they should recognize that no standard format will work for every group. Partnership details that are established for one satisfied group of doctors may be inappropriate for another group because of differences in medical specialties, styles of practice, professional philosophies, personal economic needs, ages, and personalities.

We recognize the individuality of each prospective group and prefer to review with the doctors involved the considerations which should be openly discussed and agreed upon among them. The items described below are intended to be useful both for doctors planning a joint practice and for members of existing groups interested in re-analyzing their present relationships.

### Philosophy toward group practice

The most important prerequisite for a successful group practice is for the doctors involved to have a solid understanding and appreciation of how they are going to work together. If they do not agree on their basic attitudes toward medical care, interchanging of patient responsibilities and the like, their relationship is unlikely to be a successful or lengthy one. For this reason, we encourage clients considering joining together to discuss at great length their philosophies toward medicine in general and toward group practice in particular.

In some circumstances, these discussions may require hours of already scarce physician time. These hours are

well spent, however, for they can help to avoid the heavy financial, emotional, and time costs of a later dissolution.

An important item to discuss is the handling of patient responsibilities. There are basically two extremes, and the group may agree to handle things at or between these two poles.

At one extreme is the "true group" practice. In a "true group," all patients are those of the entity; no patient is the particular responsibility of any one physician in the group. Scheduling of patients is based simply upon doctor availability. All patient records are merged into a single system with no separation or coding by "responsible physician."

This "true group" approach has the advantage of allowing all members of the group to develop some experience with each patient. It also permits the doctors to divide the patient load as equitably as possible, thus reducing any overload on one doctor at a time when one or more of his associates might be less busy. The major disadvantage is that each doctor may have less continuous personal contact with a single patient. Some doctors feel this reduces the quality of care they can render.

At the other extreme is a strict and individualized division of patient responsibilities. In such a situation, the group practice offers expanded opportunities for coverage and professional peer consultation, but little else. A patient's regular appointments are scheduled only with his "regular" doctor. Sick visits, emergencies, and night and weekend hospital visits may be handled by any partner scheduled for that time. While the doctor's ongoing personal contact and experience with a patient is the advantage of this system, a disadvantage is his associates' comparative lack of background in case of an emergency.

We cannot tell a group which approach it should choose or what "mix" of the two extremes will best suit it. However, we are amazed at the number of doctors who embark upon group practice without a real understanding of how they want to share patient responsibility. This is an important first step to explore in considering any joint practice relationship.

### Partnership or corporation?

Physicians planning to merge their practices often seem overly concerned about whether their newly formed venture should or should not be a corporation. While it is an important decision, it can and should be deferred until other details have been settled. In many instances, the form in which the merging practices are operating will be determinative.

*The authors are the principle consultants of Management Consulting for Professionals, Inc., Bala Cynwyd.*



Unless the legal, economic, tax, and practical aspects strongly favor corporate form, we often prefer to have the new group start out as a partnership. A major reason is that it is much easier to dissolve a partnership than a corporation. If the doctors' venture into group practice proves to be unwise and a decision is made to dissolve it after a year or two, they will minimize their legal and economic frustration if only a partnership is involved. Therefore, it may be desirable to avoid the corporate form until the members' capacity to work together satisfactorily has endured a reasonable amount of time. A delay of as little as six months represents relatively minor tax differences when compared to the importance of assuring a satisfactory long-term working relationship.

There may be advantages to a partnership from a tax point of view. In many instances, a new office with new equipment, furniture, and other assets is required. By starting out as a partnership, investment tax credits, excess depreciation, and perhaps even some tax losses may flow through to the partners for the first few months of the relationship. These tax savings would not be forthcoming through a regular corporation. Once again, each potential situation must be looked at on a case-by-case basis. We have seen many instances in which the corporate step was deferred for six months or a year so that the partners could take advantage of these tax breaks.

The corporate form may be most successfully used for the new practice when one or more of the incorporating practices has been operating in this way. As a general rule, practices in this situation are better served to retain their corporate form in order to avoid potential legal and tax difficulties.

### Group income

It is apparent that openness and communication among physicians in a practice is most important. This is particularly true in determining the definition of group income. Prior to the start of the relationship, the doctors involved must understand what percentage of income earned by each is to be shared by the group and what is to be personal income.

There are basically two approaches to making this determination.

One extreme is to include all income from medical activity, however earned, as group income. This theory would include as group income whatever a physician earns from his hospital positions, medical teaching, or writing on medical subjects, whether or not such work is performed during "regular practice time." It is based upon the notion that a partner should perform all medical work only on behalf of the group practice. Any outside medical activity may (and unfortunately often does) directly or indirectly affect his efforts for the practice.

The other extreme is to include as group income only those funds generated within the practice and recorded on its books (generally only from patient services). This approach recognizes that the group should give each member his own free time away from the practice and that how he uses his "spare time" is his own business. For this reason, if he decides to use his free days, weekends, or vacations writing a medical article or doing medical work for a chari-

table organization, he should be able to do so and retain whatever income his extra efforts generate.

While we work with groups that use both approaches, most tend toward the former extreme. The thinking has generally been that a physician in a busy medical practice has little or no true "spare time" for such endeavors. In addition, including them in a total or partial productivity income division formula can often help to permit the activities and still give the income advantage to the doctor who chooses to do that work.

Once again, either approach can work well when the members agree. The important thing is to discuss the two extremes, explore the range of middle possibilities, and make the decision honestly and realistically, considering the members' personalities, activities, and professional attitudes.

### Expenses of the group

Just as a formula for "practice income" and personal income must be established, so the physicians in a group practice must understand which expenditures are "practice expenses" and which are to be paid personally. Items such as office rent and staff payroll are almost always treated as group expenses, but a variety of other items require express advance agreement. These include automobile expenses, malpractice insurance premiums, society dues, medical books and journals, travel and entertainment expenses, and education expenses.

Once again, attitudes toward these items vary widely. Some groups run all expenses through the practice after having agreed that they are for the group's benefit. In some cases, advisors have unfortunately suggested that the listed expenses are more easily tax deductible by a partnership or corporation than on a doctor's personal income tax return. This is not true, for the items are equally deductible or non-deductible in both situations. The insistence on this tax approach too often submerges the doctors' real economic feelings until they later arise as disputes.

Other groups exclude a number of these expenses. Their attitudes recognize that the doctors' tastes will and should vary enough that each partner should be free to spend as much or as little on the items as he wishes without concern over his partners' spending levels. One illustrative item is the choice of automobiles. If one physician has more expensive tastes than another, the cash outlay could be substantially different and possibly divisive.

Some practices prefer to pay as much as possible through the practice, while still recognizing the potential for dramatic differences among members of a group. Thus, they take a solid middle position. Their agreements provide a stated dollar maximum for each category above which a physician must pay personally. Still others take a different middle approach and have the practice pay for all such expenses. They keep track of them by doctor on a "side sheet." Any substantial differences among members are made up by means of bonuses or other adjustments.

All of these approaches have worked well for different groups. No one works for all practices. The important thing is to make an informed decision and to follow it honestly, for many problems may arise if the expenses are loosely handled. □



# How to put the gold in 'golden years'

DONALD L. DeMUTH, M.B.A., C.P.A.

EDWARD H. ACHORN, M.Adm., C.P.A.

Harrisburg

It is often asserted that retirement plans—individual retirement accounts, Keogh plans, and professional corporation pension and profit sharing plans—have the drawback of turning capital gains into ordinary income. This charge is leveled because the gain upon selling capital assets, stocks, and bonds owned more than nine months in 1977 (over a year after New Year's Day 1978) is taxed at half the rate of ordinary income up to a maximum of 25% of the gain. By contrast, money received from a retirement plan, which includes capital gains on retirement plan investments, is taxed as ordinary income when distributed.

This article demonstrates that virtually all physicians will end up with more after-tax dollars by contributing to a retirement plan than by making investments which are taxed at favorable capital gains tax rates.

The justification for this statement is simple. If a general practitioner in the 45% income tax bracket attempts to invest \$2,200, he must earn and collect \$8,000 from patients, since overhead typically consumes 50% of his

collected charges. After taking care of overhead, he has \$4,000. However, Uncle Sam has not yet taken his chunk of \$1,800 ( $\$4,000 \times 45\%$ ). This leaves the doctor with \$2,200 available for investment out of the original \$8,000 collected.

*Mr. Achorn is assistant professor of accounting and management and Mr. DeMuth is assistant professor of accounting and finance at The Pennsylvania State University's Capitol Campus, Middletown. For reprints write to Mr. Achorn or Mr. DeMuth at The Pennsylvania State University, The Capitol Campus, Middletown, PA 17057.*

Contributions to a retirement plan, on the other hand, are not taxed at all. Thus, the entire \$4,000 contribution to the retirement plan can be invested. If the doctor makes the personal investment and the retirement plan investment in the same security, which is the only fair comparison, and it appreciates at an 8% compounded annual rate for ten years paying no dividends, the personal investment will

grow to \$4,750 while the retirement fund will swell to \$8,636. If the retirement plan investment is sold and the money is distributed to the physician, he will have to pay 45% of it as income tax (if he is still in the 45% bracket). This leaves him with \$4,750 or the same amount as the personal investment has become, to spend after paying income tax.

However, the comparison is not complete at this point. If the doctor liquidates his personal investment, he must pay a 22.5% (half of 45%) tax on the \$2,550 difference between the \$4,750 selling price and the \$2,200 purchase price, or \$574. This leaves him with \$4,176 after paying capital gains tax on his personal investment. The doctor ends up with \$4,750 when making the investment in his retirement plan and \$4,176 when making a personal investment.

Notice that in this example the doctor has the same tax bracket during retirement as during his practice years. It is more likely that his tax bracket will fall during retirement. Should this occur, the retirement plan investment alternative becomes even

TABLE I  
Return on Personal Investment

Tax bracket	62%	58%	55%	50%	48%	45%	42%	39%	36%	32%
Taxable income	\$100,000-	\$76,000-	\$64,000-	\$44,000-	\$40,000-	\$36,000-	\$32,000-	\$28,000-	\$24,000-	\$20,000-
Amount earned	\$119,999	\$87,999	\$75,999	\$51,999	\$43,999	\$39,999	\$35,999	\$31,999	\$27,999	\$23,999
Income tax <sup>1</sup> on earnings	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000
Amount available for investment	(2,000)	(2,000)	(2,000)	(2,000)	(1,920)	(1,800)	(1,680)	(1,560)	(1,440)	(1,280)
In 10 years investment would grow to: (8% compounded annual growth)	\$2,000	\$2,000	\$2,000	\$2,000	\$2,080	\$2,200	\$2,320	\$2,440	\$2,560	\$2,720
Capital gains tax <sup>2</sup> (at one-half ordinary tax bracket)	\$4,318	\$4,318	\$4,318	\$4,318	\$4,491	\$4,750	\$5,009	\$5,268	\$5,527	\$5,872
Spendable cash	(580)	(580)	(580)	(580)	(579)	(574)	(565)	(551)	(534)	(504)
	\$3,738	\$3,738	\$3,738	\$3,738	\$3,912	\$4,176	\$4,444	\$4,717	\$4,993	\$5,368

<sup>1</sup> The maximum tax on earned income is 50%.

<sup>2</sup> The maximum capital gains tax rate for most physicians is 25%.

**TABLE II**  
**Return on Retirement Plan Investment**

Tax bracket	62%	58%	55%	50%	48%	45%	42%	39%	36%	32%
Taxable income	\$100,000- \$119,999	\$76,000- \$87,999	\$64,000- \$75,999	\$44,000- \$51,999	\$40,000- \$43,999	\$36,000- \$39,999	\$32,000- \$35,999	\$28,000- \$31,999	\$24,000- \$27,999	\$20,000- \$23,999
Amount earned and invested	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000
In 10 years in- vestment would grow to: (8% compounded annual growth)	\$8,636	\$8,636	\$8,636	\$8,636	\$8,636	\$8,636	\$8,636	\$8,636	\$8,636	\$8,636
Income tax <sup>1</sup> on retirement benefit	(4,318)	(4,318)	(4,318)	(4,318)	(4,145)	(3,886)	(3,627)	(3,368)	(3,109)	(2,764)
Spendable cash	\$4,318	\$4,318	\$4,318	\$4,318	\$4,491	\$4,750	\$5,009	\$5,268	\$5,527	\$5,872

<sup>1</sup>The maximum tax on retirement benefits is usually 50%.

more financially advantageous.

While it is possible that the doctor's income tax bracket will rise when he retires, this will probably occur infrequently. If it does significantly rise, it is possible that the personal investment will yield more than the retirement plan. Again, this would be the exception.

If part of the return is received in the form of dividends or if the investments are sold before retirement, the benefit of having the investment in a retirement plan becomes greater yet.

Retirement plan investments become even more favorable because dividends are taxed to individuals when they are received and capital gains tax is paid when an individual sells a capital asset profitably. However, dividends received and capital gains copped in retirement plan investments will not be taxed until distributed to the doctor during his retirement. The fact that dividends and realized capital gains go untaxed in a retirement plan allows the portion that would be lost in income taxes to

continue earning and appreciating.

The accompanying tables compare an investment of \$4,000 in a retirement plan with a personal investment for a ten-year period for all except medicine's highest and lowest earners (see *Medical Economics*, "Doctors' Earnings: Winning the Battle, Losing the War," November 10, 1975).

Remember, you may prefer to make personal investments now, but you may expect to have more money during your golden years if you use a retirement plan. □

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10:30 a.m. "Where in Health Are We Going? — A Declaration of Interdependence"  
Ralph C. Kuhli, M.P.H., Director of Allied Health Evaluation, American Medical Association, Chicago, Illinois.

Noon: Group Luncheon by Reservation Only, \$6.00.

## Afternoon:

1:00 p.m. "Use of Audiovisuals in Community Hospital Education"  
Earl J. Bauer, Bauer Audio Video, Inc., Dallas, Texas, and author of "Pro's Guide to AV," *Successful Meetings* magazine. Pennsylvania Medical Society Conference on Education open to all attendees of morning session and those who are specifically interested in attending this session

4:00 p.m. Adjournment

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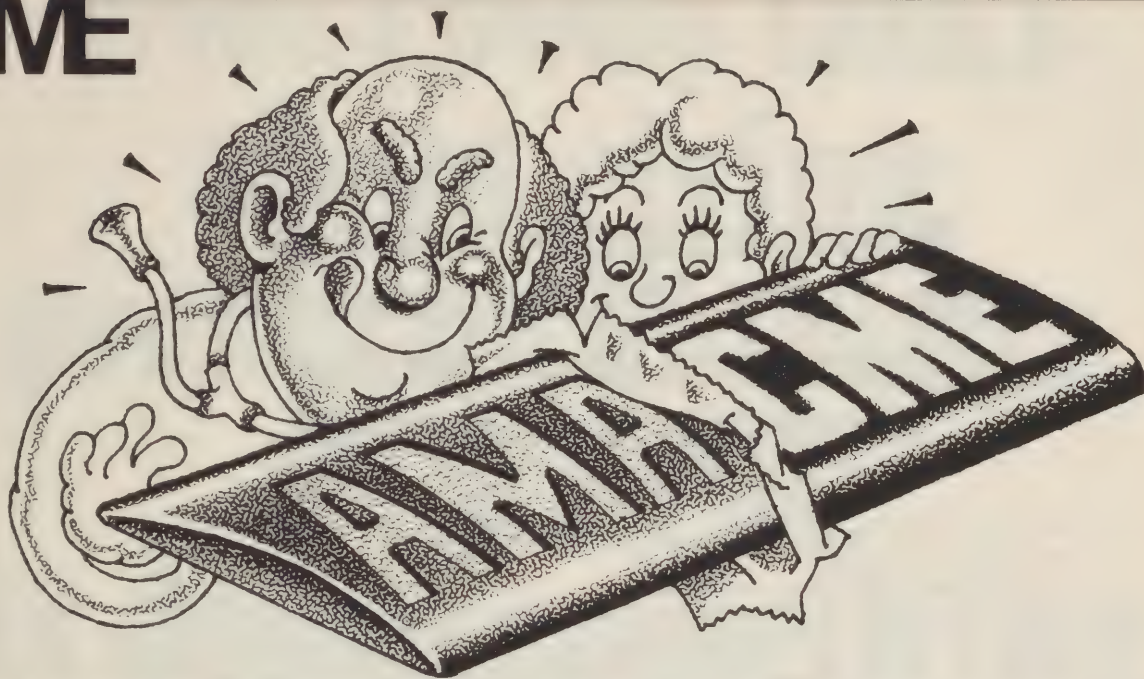
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## How to decide on a computer

EDWARD H. ACHORN, M.Adm., C.P.A.

Harrisburg

DONALD L. DeMUTH, M.B.A., C.P.A.

The answer to the question of using a computer, whether "in-house" or "out-house," frequently lies in the style of management and not in answers to simple questions.

Technology is advancing rapidly—mini computers are making possible many more in-house installations. According to the July 12, 1977, issue of *Business Week*, the micro-computers are retailing under \$1,000. While it is unlikely that they are adaptable to broad commercial application, it is obvious that computer power is now available in one form or another at any level.

How does one decide which way to move—if at all? The first step is usually a cost/benefit analysis, otherwise known as a feasibility study.

Such a study is the topic of many lengthy articles. This article is intended to acquaint the reader with the workings of a feasibility study as well as the reason for it.

The study should provide documented answers to the following questions: How is the work presently performed? What work is to be performed? How is it to be performed? What will it cost on a going basis (continuing cost)? What will it cost to get there (conversion cost)?

Many managers—not just physicians—are tempted to make two fatal mistakes at this point. They are: to assume that the computer is the answer to all their problems; and to avoid being involved in the details. The first assumption is just plain false. The second may be possible if someone on the staff is delegated the responsibility; even so, the physician must maintain a degree of involvement to the point of understanding what is happening. Short of this, disappointment will be the result.

### Current operational analysis

The first step is a detailed step by step analysis of business operations. This study should outline—as a minimum—the following: present

volumes; detailed procedures in all cases; and itemization of the strengths and weaknesses of the present system.

The volumes to be developed should include (but not necessarily be limited to):

1. Number of patient visits.
  - a. By hour.
  - b. By day.
  - c. Reasons for variations.
2. Number of patients, active.
3. Number of patients, total.
4. Number of medicare claims.
5. Number of Blue Cross claims.
6. Number of other carrier claims.
7. Number of cash receipts, together with payment patterns.
8. Number of cash visits.
9. Number of patient statements.
10. Statements to each patient or to responsible party.
11. Number of no show appointments.
12. Number of claim resubmissions, and patterns of reasons.

One of the benefits of such a study should be the discovery of inherent weaknesses in the present system, with appropriate corrective measures—even before using a system.

Another benefit should be that of ferretting out the strengths to insure they remain strong, and that they or their equivalents are included in the new system.

Such a study may be difficult for the physician to perform. It is time consuming, and pains-taking; yet it should be done. If the physician feels he does not have the time, he should invest in the time of a professional to do it for him. Thereafter, he should review the results—and understand them.

*The authors are on the faculty of the Pennsylvania State University's Capitol Campus, Middletown. Mr. DeMuth is an assistant professor of accounting and finance and Mr. Achorn is an assistant professor of accounting and management.*

### Identify the objectives

The next step should be to identify the objectives of a computer system. Such objectives should have associated with them a relative priority. Some may be a "must." Some may be icing on the cake. All will cost money; therefore, it is essential that they be rated, and the relative cost of providing them should be determined. This will insure the maximum cost performance effectiveness. Such objectives might include:

1. Statement billing monthly.
2. Aged accounts receivable.
3. Medicare billing.
4. Blue Cross and other carriers' billing.
5. Billing statistics.
6. Collection letters.
7. Annual statements to patients for tax purposes.
8. Automatic pricing based on procedure codes.
9. Automatic finance charges.
10. Statement messages to patients.
11. Response time requirements. (Of extreme importance in determining machine requirements.) Example: For purposes of inquiry, if the physician is willing to use last week's Trial Balance and add to it any recent visits from the items unprocessed, he can save money and perhaps use a service center in lieu of in-house equipment. This is a difficult process to understand; however, it is essential to understand the consequences as a part of the process of determining what is acceptable.
12. Extent to which patient records are to be used. If merely for billing, a limited record will suffice. If the intent is to carry referral information, some degree of history, etc., storage requirements increase dramatically.
13. To whom should the computer be available? If one inquiry station will suffice, this translates to dollars. If one is required for each physician in the office, this translates to increased dollars. One inquiry station may be



secured for as little as \$3,800, but when the related componentry is included to handle all complexities, its overall cost could run as high as \$12,000. Then, too, distance can complicate matters. A cathode ray tube within 30 feet will probably be no problem, but put it across town and it becomes costly—line charges, and communication gear.

Is there a need to establish objectives and priorities? If cost is no object, it is probably not necessary; however, it is seldom the case.

One unique approach to establishing priorities and objectives is to go for the ultimate—that is what we all want. Once the ultimate is established, then repeatedly ask the question, "What does this cost?" Seldom will one find a computer salesman who will do this; when one does, the choice is made. Let him work for you in answering the questions. When the answers are forthcoming and the decisions made, give him the order and proceed. He deserves it, for he has done most of the work.

Another common approach is to establish the maximum amount which you are willing to spend—labor and computer. Then ask the computer salesman how you can get within that range. Be assured that he will find a way. The important thing to remember is that the physician is giving something up to reach that range. Know what is being given up. Is it worth it? Is it only temporary? Will it have to be added later? Is it acceptable?

### Vendors' proposals

The next step, assuming the approach mentioned in the preceding paragraphs are not used, is to entertain proposals from vendors. One of the purposes of in-depth analysis of the present system is to establish volumes. The purpose of the next step is to establish objectives and priorities; these should be made available to the vendors.

In your request for proposals, ask the machine vendor to provide the following information:

1. Components Required—purchase price; rental prices and terms; monthly maintenance; total or separate maintenance responsibility? (If

split responsibility from multiple vendors, how are questions resolved?)

2. Names of users in your area; refer to at least two. Talk with both machine and top-level non-machine personnel.

3. Support personnel available in your area.

4. Delivery schedule.

5. Software availability. (If package programs, the price? Is it supported? Who owns the programs?) Cost of maintenance programming. (Careful—this is extra. Be meticulous in spelling out the possibilities—rates and responsibilities.)

6. Sample contract. What does it cover? Some vendors will guarantee only that the machine is in operable condition, and no more. Will they make the proposal a part of the contract?

7. Overall procedural flow.

8. Conversion plan and costs and Pert chart to illustrate.

9. If off-line, the effort required to go on-line.

10. Environmental requirements.

11. Suggested programming language. To what extent is it compatible with other hardware? Theirs? Others?

12. Backup facilities. Where can you locate backup in the event of a catastrophe? Determine specifically that machine specifications are compatible.

13. Whose responsibility for testing programs?

14. What are the options if the thing doesn't go as planned?

The service center should be asked to provide answers to the following:

1. Is the firm solvent?

2. Does the firm have knowledgeable talent on its staff—not just computer experts, but people who can talk your language?

3. The names of several present users—again, follow up with key people to insure their quality.

4. Visit their installation. Is it orderly? Are they courteous?

5. Conversion plan costs and Pert chart—can it be amortized?

6. Who owns programs?

7. Who owns data?

8. Whose responsibility for testing programs?

9. Price schedule—normal jobs and special jobs.

10. Schedule and turn around time.

11. What are the potential extra charges?

12. What are the maintenance programming charges?

---

*'Many managers—not just physicians—are tempted to make two fatal mistakes: to assume that the computer is the answer to all their problems; and to avoid being involved in the details.'*

---

13. What are the options if the thing does not go as planned?

### Evaluating proposals

The next step is the evaluation of the proposals—probably the most difficult because seldom is it possible to match apples and apples.

By answering the following questions, certain choices can be narrowed:

Should I go in-house or service center?

Are there any traps which lock me into this vendor? (Data compatibility; program compatibility; expansion and contraction possibilities.)

What are the economics of the choices?

Will I have the support of the organization? (Be specific—will they make it contractual?)

Once the choices are narrowed down to one or two, an examination of the organization behind the proposal is important: Do they understand your needs; are they capable of supplying them? Beware of the salesman who seems to have all the answers. He is an unusual breed if he does.

Once the selection is made, it is common courtesy to notify all interested parties. At this point, since you have been objective, you will now have to be firm. Do not look back once you have made the decision. Notify the vendors and become unavailable; then pick up your conversion plan and Pert chart and proceed. □



## Complications associated with mediastinoscopy

CHONG M. LEE, M.D.  
Youngstown, Ohio

LARRY B. GROSSMAN, M.D.  
Hershey

**S**urgical entry into the superior mediastinum for therapeutic purposes has been practiced for decades. In 1899, Heidendain<sup>1</sup> performed the successful drainage of a mediastinal abscess; and in 1901, von Hacker<sup>2</sup> described a technique of mediastinotomy for surgical treatment of mediastinitis.

Despite the surgical knowledge, the entry into the mediastinum for a diagnostic measure was not developed until the 1950s. In 1948, Daniels<sup>3</sup> first introduced a technique of prescalene node biopsy. Subsequently, in 1954, Harken, *et al.*,<sup>4</sup> described cervicomediastinal exploration for tissue diagnosis of intrathoracic diseases. They considered that their procedure was useful and carried no serious complications.

In 1959, Carlens<sup>5</sup> introduced a mid-line mediastinoscopy for inspection and tissue biopsy of bronchial carcinoma in the superior mediastinum. The diagnostic result with his approach was much higher than in the reported series of scalene node biopsy. Carlens had stated that in over 100 mediastinoscopies there were no complications; since that report, mediastinoscopy has gained widespread use in Europe and North America. The major indications for mediastinoscopy are to obtain a tissue diagnosis without thoracotomy in various intrathoracic lesions,<sup>6</sup> and to assess the operability in bronchial carcinoma.

Mediastinoscopy has proved to be a simple and valuable diagnostic

method with minimal morbidity and mortality.<sup>7-14</sup> A review of the literature, however, reveals a number of serious complications associated with mediastinoscopy.<sup>15-20</sup> In 11,328 cases analyzed by Bacsá, *et al.*, the incidence of complications was 1.34 percent. Ashbaugh<sup>17</sup> found that in his review of 9,543 cases, the overall complication rate was 1.5 percent. Some of the complications have resulted in fatal consequences.

Clagett<sup>21</sup> states that mediastinoscopy should be approached in the same way as entry into the state of matrimony, which in the words of the Anglican Book of Common Prayer: "Should not be taken in hand unadvisedly, lightly or wantonly, but reverently, discretely, advisedly, soberly and in the fear of god." Clagett adds, "... with fear of life-threatening complications." In preparation for this paper, which reviews the common

complications associated with mediastinoscopy, the authors researched the complications mentioned in the literature (Table I).

### Pneumothorax

A pneumothorax interferes with respiratory and cardiovascular function rapidly. Pneumothorax can occur secondary to alveolar rupture, rupture of a subpleural bleb, injury to fascial planes of the neck, and direct injury to the pleura.

Since the mediastinal pleura lies close to the trachea, the pleura can be entered inadvertently during mediastinoscopy. The largest series studied by Bacsá, *et al.*,<sup>15</sup> records that pneumothorax plus hemothorax was the most frequent complication, with a rate of 0.4 percent. In 6,490 patients reviewed by Ashbaugh,<sup>17</sup> the second most common complication was pneumothorax, involving 43 patients (0.7 percent). Furgang, *et al.*,<sup>22</sup> reported a case of bilateral tension pneumothorax which developed during mediastinoscopy, and they discussed the danger of a massive increase in the size of the pneumothorax with use of a high percentage of nitrous oxide as an anesthetic agent. Pearson<sup>6</sup> described three cases of pneumothorax in his own series of 557 mediastinoscopies. In each instance the lung on the right side was mistaken for anthracotic lymph nodes, and the pleura was biopsied with forceps.

The mediastinal pleura on the right

*Dr. Lee was an associate professor of anesthesiology at The Pennsylvania State University College of Medicine, The Milton S. Hershey Medical Center, at the time that he prepared this paper. He is presently associated with the department of anesthesia at St. Elizabeth Hospital, Youngstown, Ohio. Dr. Grossman is a resident in anesthesiology at Hershey Medical Center, Hershey.*



**TABLE I**  
**Complications**  
**Associated with Mediastinoscopy**  
**as Reported in the Literature**

<b>I. Intraoperative Complications</b>
Hemorrhage
Hemothorax
Chylothorax
Pneumothorax
Recurrent Laryngeal Nerve Injury
Phrenic Nerve Injury
Vagus Nerve Injury
Hemiparesis
Esophageal Perforation
Perforation of Bronchus and Trachea
Compression of Innominate Artery
Air Embolism
Cardiac Arrhythmia
Cardiac Arrest
Death
<b>II. Postoperative complications</b>
Mediastinitis
Mediastinal Abscess
Wound Infection
Hydropneumothorax
Mediastinal Emphysema
Subcutaneous Emphysema
Acute Tracheal Collapse
Postoperative Respiratory Distress
Mediastinal Hematoma
Spreading of Tumor Cells
Death

side is in close relationship to the upper part of the superior vena cava, innominate artery and vein, trachea and esophagus. On the left side, the pleura makes contact with the aortic arch, the left common carotid, and subclavian arteries. This anatomical relationship of the pleura in the mediastinum is responsible for the higher rate of pneumothorax in the right side.

If the pleura is torn, the pneumothorax may increase in size with spontaneous respiration during the mediastinoscopy. A cough which is likely to be caused by compression of the trachea during surgical dissection can produce a higher negative pressure in the intrapleural space, and in this way increase the size of the pneumothorax.

Many authors point out that a large pneumothorax could be prevented if a

positive airway pressure were maintained until the end of the procedure. Using this technique, one prevents air from entering the intrapleural space. Others suggest inflation of the lungs forcefully at the near conclusion of the operation. This allows any air in the intrapleural space to escape, thereby preventing a pneumothorax in the event of a pleural tear. In the post-operative period there have been deaths from the result of pneumothorax.<sup>8</sup> A routine chest x-ray is indicated in the immediate post-operative period to detect a possible pneumothorax.

### Hemorrhage

The mediastinal tissue is sparsely vascularized. Therefore, mediastinoscopy is usually accomplished with minimal blood loss. However, the literature reports life-threatening hemorrhage associated with this diagnostic procedure.<sup>15,17,23,24</sup> Hemorrhage was the third most common complication in the series studied by Bacsá, *et al.*<sup>15</sup> Hemorrhage occurred with 31 patients, and 17 patients required further surgery to control the bleeding. Ashbaugh<sup>17</sup> found that hemorrhage was the most frequent complication in his review of 36 collected series. Among 48 patients who had bled profusely, 11 required thoracotomy for hemostasis. In 14 series, involving 3,742 patients studied by Foster, *et al.*,<sup>16</sup> excessive bleeding occurred in 22 patients and thoracotomy was necessitated in 4 instances.

The incidence of hemorrhage in the three large series discussed earlier was approximately 0.5 percent. Among these with serious hemorrhage, 30 percent of the patients required thoracotomy for hemostasis. The hemorrhage was not always controllable, and occasionally led to fatal consequences.<sup>23,24</sup>

Major hemorrhage occurs when large vessels are torn or biopsied inadvertently. In fact, every artery and vein in the mediastinum and the heart<sup>25</sup> is vulnerable (Table II). The predisposing factors are: the anatomic variations of vessels; pathology of vessels such as aneurysm of an artery, infiltration of tumor into the vessels, extended surgical intervention beyond its merit; and most of all the inexperience of the mediastinoscopist.

Mast, *et al.*,<sup>25</sup> found from their fresh cadaver study that in 25 percent of the dissections the innominate artery rose slightly above the suprasternal notch. This observation should be kept in mind when making the initial incision. The accidental tear or biopsy of a large vessel can be avoided with careful dissection of lymph nodes and needle aspiration of all structures prior to biopsy. Since hemorrhage is one of the most common complications, and probably the most serious one, an intravenous route should be secured with a large bore catheter, preferably 14 gauge. In addition, at least three units of properly typed and cross-matched whole blood should be available.

Besides major hemorrhage, a sizable mediastinal hematoma<sup>26</sup> requiring remediastinoscopy, and a hemothorax<sup>27</sup> treated with chest tube drainage have been reported. The following is a brief case history. A 56 year old man was mediastinoscoped under general anesthesia. During the surgical intervention the left pulmonary artery was lacerated, which resulted in massive bleeding. The bleeding could not be controlled by tamponade and emergency thoracotomy was required. The patient became hypotensive and rapid administration of two units of whole blood and 500 ml of plasmanate were necessary to resuscitate the patient before the bleeding was controlled surgically. The patient made an uneventful recovery.

### Recurrent laryngeal nerve palsy

The left vagus enters the thorax between the left common carotid and subclavian arteries. The nerve crosses the aortic arch and then gives off the left recurrent laryngeal nerve. The left recurrent laryngeal nerve winds under the aortic arch and comes to lie in close proximity to the left side of the trachea. The nerve then passes posteriorly to the tracheo-esophageal groove and ascends into the neck. The right vagus nerve descends into the thorax between the mediastinal pleura and the right side of the trachea. After the vagus crosses the anterior aspect of the subclavian artery, its recurrent laryngeal branch loops under the subclavian artery and returns to the neck.

The recurrent laryngeal nerves are



within the field of mediastinoscopic exploration. Ashbaugh<sup>17</sup> found a frequency of 0.33 percent. Bacsa, *et al.*,<sup>15</sup> reported an incidence of 0.35 percent, which was the second most common complication in their study. As demonstrated in the large series, the incidence of recurrent laryngeal nerve palsy is about 0.3 percent. Most of the vocal cord paralysis reported was left-sided. This is probably due to the fact that the left recurrent laryngeal nerve has a longer path and lies nearer the trachea than the right recurrent laryngeal nerve.<sup>28</sup> Therefore, special care to the left side of the trachea is advised. This particular nerve may be damaged by being sectioned by the biopsy forcep or contused by any mediastinoscopic instruments. Compression by either hematoma or edema in the surrounding tissue may also contribute to the nerve palsy. The vocal cord paralyzes reported have been unilateral, bilateral, temporary, or permanent; however, half of the reported cases have been permanent. Unilateral vocal cord paralysis manifests itself in hoarseness; bilateral paralysis may be followed by hoarseness, inspiratory stridor, or severe respiratory distress. This often requires prompt endotracheal intubation or tracheostomy.

Widstrom<sup>29</sup> stresses the importance of preoperative examination of the vocal cords, especially in cases of lung cancer when paralysis of the vocal cord is considered to be a sign of inoperability. This finding could negate the use of mediastinoscopy. He also suggests a routine examination of the vocal cords after the procedure.

#### Compression of the innominate artery

The innominate artery crosses the midtrachea and lies about 6 cm below the cricoid cartilage. As a mediastinoscope passes behind the suprasternal notch, its anterior surface comes into contact with the posterior aspect of the innominate artery. Therefore, the artery is often compressed between the sternum and the mediastinoscope, resulting in diminishing blood flow not only to the right arm, but of more importance, to the brain through the right common carotid and right vertebral arteries. This is easily relieved by reducing the

TABLE II Sites of Major Bleeding During Mediastinoscopy as Reported in the Literature	
<b>I. Arteries</b>	<b>II. Veins</b>
Ascending Aorta	Superior Vena Cava
Aortic Arch	Innominate Vein
Pulmonary Artery and Its Divisions	Azygos Vein
Innominate Artery	Jugular Vein
Bronchial Artery	Venous Plexus

pressure on the artery.

Trikle, *et al.*,<sup>30</sup> describes a case of transient left hemiparesis following mediastinoscopy, which they attribute to compression of the innominate artery. The authors are unable to assess the incidence and significance of this complication because of the lack of published data. However, compression of the innominate artery probably occurs frequently; particular care should be exercised with patients known to have significant arteriosclerotic disease of the carotid arteries. As a matter of technique it is suggested that the anesthesiologist monitor the pulse very closely in the right arm. Following is a brief case history illustrating this complication.

A 45 year old man had a mediastinoscopy for evaluation of his mediastinal mass. During an examination with a mediastinoscope, the anesthesiologist noted a sudden loss of blood pressure and pulse in the right arm. The electrocardiogram was unchanged. The right femoral pulse was strong and regular. Upon withdrawal of the mediastinoscope, as requested by the anesthesiologist, the blood pressure and pulse returned promptly to normal, as the mediastinoscope had compressed the innominate artery.

#### Perforation of the esophagus

The esophagus lies posterior to the trachea and away from the range of mediastinoscopy throughout its course in the superior mediastinum. In the subcarinal region the esophagus is situated to the left of midline at the tracheal bifurcation, where it may become vulnerable. Damage to the esophagus is likely to occur during dissection of paratracheal, superior, and inferior tracheobronchial lymph nodes, par-

ticularly if the trachea is deviated.<sup>16</sup> The risk of esophageal perforation would be increased in the presence of pulsion or traction diverticulum of the esophagus. Perforation of the esophagus may cause an acute inflammatory process of the mediastinum, pleural effusion, and occasionally, pneumomediastinum. Surgical intervention should be undertaken without delay. An ordinary trans-thoracic closure of the perforation will usually suffice.

#### Infection in the mediastinum

Recent experience has shown that the mediastinum is fairly resistant to infection. In two large series covering 17,818 cases, there were 16 cases of infection and one death directly related to the mediastinitis. Preciado, *et al.*,<sup>13</sup> have noted that nearly 50 percent of the patients developed a significant temperature elevation on the evening of the operation. They considered this secondary to mild mediastinal inflammation. In all cases the fever subsided spontaneously by the next morning without treatment. The most common cause of acute mediastinitis is perforation of the esophagus.

#### Cardiac arrhythmia

The cardiac plexus over the distal end of the trachea and its bifurcation is vulnerable to the mediastinoscopy. The effect of manipulation within the cardiac plexus is not clear. But bradycardia and hypotension have occurred during manipulation in the deeper part of the superior mediastinum.<sup>31</sup> Such disturbances are referable to irritation of the vagal cardiac plexus. This is alleviated easily by altering surgical manipulation or by the administration of atropine.

A case of cardiac arrhythmia, reported by Preciado,<sup>12</sup> was due to an



unsuspected myocardial biopsy. It is prudent that the patient's electrocardiogram be monitored closely.

### Seeding of metastatic tumors

Dissemination and implantation of malignant cells following biopsy or surgical excision of tumors have long been known. Muller<sup>32</sup> reports a case of implantation metastasis in the skin

TABLE III

### Actual Causes of Death as Reported in the Literature

Hemorrhage  
Pneumothorax  
Mediastinal Infection  
Air Embolism  
Cardiac Arrest  
Acute Circulatory Insufficiency  
Severe Respiratory Distress  
Postoperative Pneumonia  
Myocardial Infarction  
Extension of Malignant Tumor

scar of the neck after mediastinoscopy. This probably originated from metastasis of bronchial carcinoma in a lymph node. Barraclough, *et al.*,<sup>10</sup> present a case in which oat-cell carcinoma from a lymph node biopsy was implanted in a mediastinoscopy wound. The tumor cells were presumably carried by the instrument used in the operation.

Undoubtedly, certain conditions must exist for the development of disseminated malignant cells. Freise, *et al.*,<sup>33</sup> discuss three favorable factors in development of implantation tumor: (1) the quality of neoplasm; (2) the quantity of disseminated cells; and (3) the resistance of the organism. Implantation tumor has been observed in rare occasions after mediastinoscopy.

### Mortality

The operative mortality reported with mediastinoscopy is low. In the series of Ashbaugh,<sup>17</sup> the overall mortality was 0.09 percent. The mortality rate was 1:4,000 in the largest series analyzed by Bacsá, *et al.*<sup>15</sup> Maassen's<sup>34</sup> report on 1,400 mediastinoscopies collected from different hospitals record a mortality of 0.2 percent. Flynn, *et al.*,<sup>35</sup> collected information on 1,087

mediastinoscopies from published reports and show 4 deaths (0.3 percent).

Although all the complications listed in this review could be contributing factors to operative mortality, the actual causative factors of the reported deaths have been limited mostly to the mishaps occurring during surgical intervention and the course of anesthesia management (Table III).

Massive hemorrhage appears to be the most common cause of death. At times, excessive bleeding from torn major vessels in the mediastinum cannot be controlled by tamponade or with thoracotomy: Tucker<sup>23</sup> reports three instances of death from hemorrhage of the large vessels, in spite of emergency thoracotomies. MacVaugh, *et al.*,<sup>24</sup> discussed a death that followed a tear of the right pulmonary artery, despite a prompt thoracotomy. Even if there are more deaths which have not been reported, mediastinoscopy spares many exploratory thoracotomies. The surgeon and anesthesiologist must be aware of, and at all times alert to, the dangers confronting the patients during such an operation.

### Summary

Mediastinoscopy is a simple and useful diagnostic procedure for intrathoracic lesions. The overall complication rate is 1.34 percent, and the operative mortality is 1:4000. Pneumothorax is the most frequent complication and hemorrhage is the most common cause of death.

Awareness of the problems occurring in mediastinoscopy is mandatory as it provides for early diagnosis and prompt treatment. Increasing experience and proper surgical technique will further decrease morbidity and mortality associated with mediastinoscopy. □

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# Cellulitis in children—a five year review

BHUPINDER K. VARMA, M.D.  
Harrisburg

Cellulitis is an acute, subacute, or chronic inflammation of loose connective tissue, particularly subcutaneous tissue. It occurs most commonly as a complication of a wound or ulcer, but may develop suddenly in previously normal skin.

Cellulitis is usually caused by either streptococcus, staphylococcus, or haemophilus influenzae.<sup>6</sup> Haemophilus influenzae should be considered as a causative agent of cellulitis,

especially between ages 6 months to 2 years.<sup>6</sup> Recent literature has con-

*Dr. Varma is director of pediatric education at Harrisburg Hospital and clinical assistant professor of pediatrics at the Pennsylvania State University College of Medicine at the Milton S. Hershey Medical Center.*

tained isolated reports of cellulitis in children.<sup>1, 2, 3</sup>

The author has reviewed medical records of Harrisburg Hospital from the years 1971 to 1975 in order to determine recent trends in the etiology of cellulitis.

The study is based on the records of 45 patients, with diagnoses of cellulitis, who were admitted to the pediatric floor of Harrisburg Hospital

TABLE I  
Cellulitis

Total No. Cases	Pneumococcus	Haemophilus Influenzae	Staphylococcus Aureus	$\beta$ Streptococcus Group A	$\beta$ Streptococcus Non Group A	No Growth
45	3	4	15	3	3	17

TABLE II  
Age Distribution

Age (Years)	Pneumococcus	Haemophilus Influenzae	$\beta$ Staphylococcus Aureus	$\beta$ Haemolyticus Streptococcus Group A	Haemolyticus Streptococcus Non Group A	No Growth
0-1	3	1	5	-	1	6
1-2	-	3	4	1	-	3
2-3	-	-	1	1	-	-
3-4	-	-	1	1	-	1
4-10	-	-	4	-	2	7



1971 to 1975. Inocula for cellulitis were obtained by injecting and withdrawing sterile saline into lesions. Purulent material from local sites, blood cultures, and spinal fluid were cultured where warranted clinically. Blood cultures were performed for both aerobes and anaerobes.

Results of the study are shown in Tables I to V.

Of the 45 cases of cellulitis, staphylococcus aureus was the most common pathogen (33 percent). Staphylococcus aureus was uniformly resistant to penicillin except in one case. Other organisms involved were haemophilus influenzae, pneumococcus, and  $\beta$  haemolytic streptococcus, both group A and non group A. No pathogens were recovered from 33 percent of the cases and none of these had received prior antibiotics.

Associated positive blood cultures were most frequent in haemophilus influenzae cellulitis (75 percent). This finding is in agreement with previously reported high incidence of positive blood cultures in haemophilus influenzae cellulitis.<sup>2</sup> One of our cases developed meningitis from the same organism. The importance of recognizing the entity is related to bacteremia which often accompanies that type of cellulitis. The bacteremia may lead to metastatic meningitis, osteomyelitis, or pyarthrosis.<sup>5</sup> The bluish-purple color of the swelling, high temperature, age of the patient (under 6 years), site of the swelling (more often on cheek) should alert the physician to the possible role of haemophilus influenzae as the agent responsible for cellulitis.

Staphylococcus aureus was the most common pathogen isolated locally from cervical soft tissue swelling (50 percent). All of the cervical swellings eventually became fluctuant and were drained surgically. In most cases, suppurative lymph nodes were the source of overlying soft tissue swelling. The etiology in one case was group A  $\beta$  hemolytic streptococcus and no organisms were isolated in 45 percent of cervical swellings.

Considering the organisms involved in cellulitis it may be advisable to use a combination of Nafcillin and Ampicillin as the first line of therapy, especially under 6 years of age, until culture reports are obtained. □

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**TABLE III**  
**Organism and Site of Lesion**

	Cervical	Cheek	Face	Extremities
			Eyelids or Periorbital	
<i>Staphylococcus Aureus</i>	9	1	-	5
Group A $\beta$				
<i>Haemolyticus Streptococcus</i>	1	1 (scalp)	-	1
<i>Haemophilus Influenzae</i>	-	2	1	1
<i>Pneumococcus</i>	-	1	1	1
Non Group A $\beta$				
<i>Haemolyticus Streptococcus</i>	-	-	1 (scalp)	2
No Organism Isolated	8	2	-	7

**TABLE IV**  
**Site of Culture**

Organism	Total No.	Blood	Local Drainage	Throat	N.P.	Complications
<i>Staphylococcus Aureus</i>	15	-	15	-	1	-
<i>Haemophilus Influenzae</i>	4	3	-	-	1	Meningitis(1)
<i>Pneumococcus</i>	3	1	2	-	-	-
Group A $\beta$						
<i>Haemolytic Streptococcus</i>	3	-	3	1	-	-
Non Group A $\beta$						
<i>Haemolytic Streptococcus</i>	3	-	3	-	-	-

**TABLE V**  
**Color of Swellings in Different Forms of Bacterial Cellulitis**

	Total No.	Color of Swelling	
		Red	Bluish-Purple
<i>Staphylococcus Aureus</i>	15	15	-
<i>Haemophilus Influenzae</i>	4	2	2
<i>Pneumococcus</i>	3	1	1
Group A $\beta$			
<i>Haemolyticus Streptococcus</i>	3	3	-
Non Group A $\beta$			
<i>Haemolyticus Streptococcus</i>	3	3	-

# Transmission of human pulmonary tuberculosis

IRWIN L. STOLOFF, M.D.

Philadelphia

A reduction in rate of detected active cases through better drugs, more reliable treatment programs, and effective surveillance have engendered a great degree of confidence in the control of tuberculosis. The lower rates for new cases has permitted a reduction in spending for tuberculosis control programs. Public health departments are becoming bolder in experimenting with cost cutting as long as the active case rate is manageable—theoretically, a dangerous pursuit.

Philadelphia's serious financial problems have curtailed spending in the health field. The following case study demonstrates the continued potential for micro-epidemics of tuberculosis in a city with a declining active case rate, and illustrates the effectiveness of the current surveillance despite program cutbacks.

## Case report

While hospitalized, G.C., a black, 75 year old widow living with her daughter, was found to have active pulmonary tuberculosis. Her case was reported to the Philadelphia Health Department (PHD). Her physician treated her with effective drugs (INH, RIF, AMB) and sent her home to continue office treatment and restrict her activity.

While anti-tuberculous treatment was supervised by her physician, the PHD district office near her home monitored her contacts. Her family of two daughters and one son-in-law, their four children and grandchildren were tested. Seven reactors were found and given isoniazid prophylaxis.

Within the month following detection of G.C., 17 others, contacts through G.C.'s church activities, were found to be infected. The activities consisted of participating in church af-

fairs and going to church in a van driven by her minister (Rev. McN.) each Sunday. In the van were 15 members of three families, all of whom were infected. Two infected family members did not go to church.

Subsequent mycobacterial cultures of the van dust were negative and none of the 15 van riders other than G.C. were found to have positive sputum. Of the 24 family and church contacts, only one, her daughter, was living with G.C. The others saw her about one-half day or less per week. Fifteen were children who developed primary tuberculosis. Six became tuberculin converters; five were reactors with no prior tuberculin tests.

The high yield in G.C.'s contacts, her positive sputum, social habits and the timing of tuberculin conversion noted are all consistent with G.C.'s being the source case for the micro-epidemic. So far no tertiary cases have been detected among contacts of the secondary cases. No other church member or family member is known to be an active case with positive sputum.

Was this epidemiologic result unusual? Certainly, in the recent experience of the Philadelphia Health Department it was a high contact rate for a single source case. Yet, in many respects, her case (G.C.) was not unusual

for she appears to have been a typical elderly, religious lady, fond of children.

Surveillance was excellent and the Philadelphia Health Department was aided by a school tuberculin testing program which uncovered the first contact (J. McN.), a 17 year old, who rode the van to church with G.C. each Sunday. A large assist was provided by J. McN.'s father, the reverend who drove the van. He recognized the potential for infection and warned his family and congregation, who all eventually came to local health districts for tuberculin testing.

These points are emphasized because of a recent tendency to relax the definition of a contact to include only someone living in the same household or someone with multiple hours of exposure each day. A non-household and other more casual contact is less likely to be tested. This applies to members of the same church or occupants of a car or bus carrying a source case, and so on. It is incumbent upon those responsible for finding contacts of positive sputum cases to skin test all contacts and advise x-ray in tuberculin reactors.

It is possible that stricter isolation of G.C. could have prevented the infection of some of her contacts, but such isolation is not practiced today, except in rare circumstances. G.C. received the best available therapy, (INH, RIF, AMB), so that was not a factor in the epidemic.

## Conclusions

The author is disturbed by the fact that a micro-epidemic of tuberculous infection occurred in a city in which active tuberculosis is declining and a tuberculosis control program exists despite budget restrictions. Perhaps the surveillance results are not unusual and 24 infections for a single source case is near the norm for tuber-

*Dr. Stolloff is a specialist in the Chronic Respiratory Disease Section of the Philadelphia Health Department. He is an associate professor of medicine and associate professor of community health and preventive medicine at Jefferson Medical College, Thomas Jefferson University, Philadelphia.*

*Note: The opinions expressed do not necessarily reflect those of the Philadelphia Health Department.*



# G. C. (Source Case)

## Family Tested (7)

## Bus and Church Contacts (17)

Health District 1			Health District 8		Health District 8	
*A. Nor.	(daughter)	R (INH)	Rev. McN.	R (INH)	F. Pi., Jr.	R (INH)
T. Nor.	(granddaughter)	R (INH)	Mrs. McN.	R (INH)	J. Pi.	R (INH)
A. Nor.	(great granddaughter)	R (INH)	T. McN.	A (INH&PAS)	R. Pi.	R (INH)
Health District 7			L. McN.	A (INH&PAS)	S. Pi.	A (INH&PAS)
A. Nix	(daughter)	R (INH)	D. McN.	A (INH&PAS)	F. Jon.	R (INH)
S. Nix	(granddaughter)	R (INH)	J. McN.	C (INH)	•F. Pi., Sr.	R (INH)
J. Nix, Jr.	(grandson)	R (INH)	D. McN.	C (INH)	•Mrs. Pi.	R (INH)
J. Nix, Sr.	(son-in-law)	R (INH)	S. McN.	C (INH)	oC. Rob.	C (INH)
			C. McN.	C (INH)	+A. Rob.	A (INH&PAS)
					+N. Rob.	A (INH&PAS)

\* Only household contact of G.C.

o Rev. McN. daughter

+ Grandchildren of McN and Pitts families

• Mr. & Mrs. Pitts did not ride bus or go to church

Twenty-four contacts of G.C. (+ sputum culture in April 1976). Final diagnoses were: 6 primary actives (A); 5 tuberculin converters (C); 13 reactors (R); all given chemo-prophylaxis or therapy.

culosis in a large city with a high proportion of susceptibles. If so, what can be expected in view of anticipated cuts in the control programs?

Private physicians in Pennsylvania may be called upon to bear an increasingly larger share of the responsibility for tuberculosis control. To do a proper job requires use of public health surveillance facilities where available, an interest in the epidemiologic

evaluation of infectious persons under care, and the desire and tenacity to detect and bring to chemo-prophylaxis or treatment all infected contacts.

Current procedure emphasizes testing of close household contacts who spend about 5-6 hours per day with a positive sputum case; less emphasis is placed on testing other contacts with less intense exposures. The author believes this policy to be outdated. Al-

though the active case rate among casual contacts should be less than among intimate contacts, enough cases in casual contacts exist to justify tighter surveillance, particularly at a time when nurse epidemiologists have a lighter case load. The dividends from a more inclusive contact program are obvious from the study reported above; physicians should not settle for anything less. □



## book review

# Handbook recommended as valuable reference

EDWARD C. ALBEE, M.D.  
Lancaster

*Diagnosis and Evaluation of the Drug Abusing Patient for Treatment Staff Physicians*, National Drug Abuse Center for Training and Resource Development, Rosslyn, Virginia.

*Diagnosis and Evaluation of the Drug Abusing Patient for Treatment Staff Physicians* is a concise and comprehensive handbook which acquaints the physician with current treatment alternatives. It gives him a quick reference of the physical and psycho-

logical signs and symptoms essential to an accurate diagnosis, and suggests realistic courses of therapy.

Included in the guide are: check lists of questions to ask the patient which supplement the sections on patient interview and physical examination; charts listing 63 signs and symptoms which help distinguish withdrawal, intoxication, and overdose within the five

major classes of abused drugs; and an up to date bibliography which aids those involved in the treatment of conditions complicated by drug addictions, such as pregnancy and hepatitis.

Tests to take before and after reading are useful tools for the teaching physician as well as the practicing physician who wants to sharpen his skills.

The booklet may be obtained from the National Drug Abuse Center for Training and Resource Development, 1901 N. Moore St., Rosslyn, VA 22209.

*Dr. Albee is the director of the drug and alcohol program at Lancaster General Hospital.*



## new members

### ALLEGHENY COUNTY:

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 John S. Beachler, M.D., Orthopedic Surgery, Moncrief Army Hosp., Fort Jackson, SC 29207  
 John M. Bergmeyer, M.D., General Surgery, 4135 Bigelow Blvd., Pittsburgh 15213  
 Jorge C. Bruno, M.D., Ophthalmology, 4734 Bayard St., Pittsburgh 15213  
 Ralph S. Buvinger, M.D., Urological Surgery, 4264 Northern Pike, Monroeville 15146  
 Edwin W. Cheek, M.D., Obstetrics/Gynecology, 1730 Graham Blvd., Pittsburgh 15235  
 Rewat Cholapranee, M.D., Internal Medicine, St. Francis Gen. Hosp., Pittsburgh 15201  
 Lawrence A. Collins, M.D., Urology, St. Francis Gen. Hosp., Pittsburgh 15201  
 Michael F. Dimun, M.D., Ophthalmology, 135 East Mall Plaza, Carnegie 15106  
 Dennis A. Eberz, M.D., Internal Medicine, 555 A S. Trenton Ave., Pittsburgh 15221  
 Mohamed S. Eftaiha, M.D., General Surgery, 3500 Fifth Ave., Pittsburgh 15213  
 Edward M. Elmer, M.D., Otolaryngology, 710 Copeland, #10, Pittsburgh 15228  
 Sirius Farivar, M.D., Internal Medicine, 5944 Alder St., Apt. 401, Pittsburgh 15232  
 Mario C. Genovese, M.D., Family Practice, McKeesport Hosp., McKeesport 15132  
 Andrew G. Gerenyi, M.D., Family Practice, 5827 Meridian Rd., Gibsonia 15044  
 Alan J. Green, M.D., Obstetrics/Gynecology, 728 Maryland Ave., Pittsburgh 15232  
 Thomas R. Hakala, M.D., Urology, 1083 Scaife Hall, Pittsburgh 15261  
 Charles M. Hefflin, M.D., Family Practice, 2920 Fernwald Rd., Pittsburgh 15217  
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 Barry H. Kart, M.D., Radiology, 5829 Elwood St., Pittsburgh 15232  
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 Lawrence D. Lunsford, M.D., Neurological Surgery, 7531 Tuscarora St., Pittsburgh 15208  
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 L. Douglas Pepper, M.D., Family Practice, 2320 Surrey Lane, Apt. 93, McKeesport 15135  
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 Chit Hitayakorn, M.D., Thoracic Surgery, 4815 Liberty Ave., Pittsburgh 15224

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Vikram Amin, M.D., Internal Medicine, Aliquippa Hosp., Aliquippa 15001  
 Bhadrasingh Cansidhar, M.D., General Surgery, R.D. 1, McClain Rd., Beaver Falls 15010  
 Benilda P. Evangelista, M.D., Family Practice, 344 Mt. Vernon Dr., Ellwood City 16117

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 Peter V. Caruso, M.D., Radiology, 746 Summit Chase Dr., Reading 19611  
 Kenneth D. Emkey, M.D., Internal Medicine, 3437 Midvale Ave., Philadelphia 19129  
 Marilyn S. Kershner, M.D., Radiology, R.D. 1, Wernersville, 19565  
 Jerome I. Marcus, M.D., Pathology, 1801 Cambridge Ave., B06, Wyomissing 19610

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*Continued*

## Sixth Annual Jeanes Symposium

(Six credit hours, Category I, AMA PRA)

Auditorium of the Center Building  
 Fox Chase Cancer Center

Wednesday  
 November 16, 1977

### Recent Trends in Diagnosis and Therapeutics of Various Important Diseases in Daily Practice

#### Morning Session 8 a.m.

"Use and abuse of diuretics" Jacob Zatuchni, Professor and Director of Medicine, Temple University  
 "Hypertension 1977" Marvin Moser, M.D., Chairman, Joint National Committee on Detection, Evaluation, and Treatment of Hypertension, Clinical Professor of Medicine, New York Medical College, Valhalla  
 "Empirical Antibiotic Therapy" Herbert L. DuPont, M.D., Professor and Director, Program in Infectious Diseases and Clinical Microbiology, University of Texas Medical School  
 "Thyroid Diseases" Leslie I. Rose, M.D., Professor of Medicine, Hahnemann Medical College

#### Afternoon Session 1 p.m.

ANNUAL JEANES MEMORIAL LECTURE: "The Hepatitis Virus in Health and Disease" Baruch S. Blumberg, M.D., Associate Director for Clinical Research, Institute for Cancer Research, Philadelphia, 1976 Nobel Laureate  
 "Precise Control of Diabetes by Multiple Jet Injection of Insulin and Self-Monitoring of Blood Glucose" T. S. Danowski, M.D., Director, Department of Medicine, University of Pittsburgh School of Medicine  
 "Which is Better: Physical Examination, History, or Laboratory Test?" Ray Gambino, M.D., Professor of Pathology, Columbia Presbyterian Hospital, New York, N.Y.

Tuition: \$30, includes luncheon. Please make checks payable to Jeanes Hospital Medical Staff. Mail to Yung H. Kim, M.D., Jeanes Hospital, 7600 Central Avenue, Philadelphia, PA 19111



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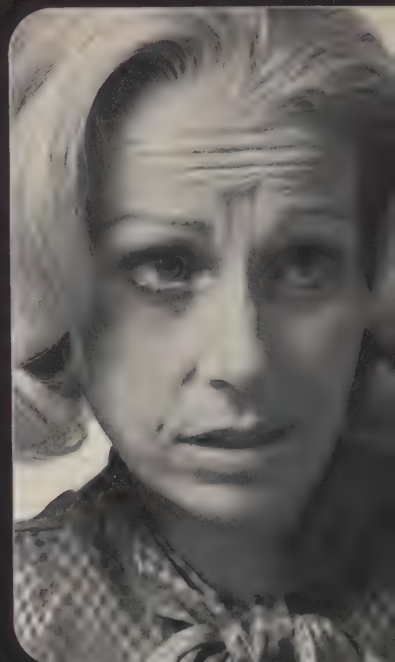
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Caution should be observed in administering the drug to patients with a history of recent cerebral hemorrhage, because of the vasodilation which occurs in the area. Although therapy permits more normal activity, the patient should not be allowed to misinterpret freedom from anginal attacks as a signal to drop all restrictions

**SIDE EFFECTS:** No serious side effects have been reported. In sublingual therapy, a tingling sensation (like that of nitroglycerin) may some times be noted at the point of tablet contact with the mucous membrane. If objectionable, this may be mitigated by placing the tablet in the buccal pouch. As with nitroglycerin or other effective nitrites, temporary vascular headache may occur during the first few days of therapy. This can be controlled by temporary dosage reduction in order to allow adjustment of the cerebral hemodynamics to the initial marked cerebral vasodilation. These headaches usually disappear within one week of continuous therapy but may be minimized by the administration of analgesics

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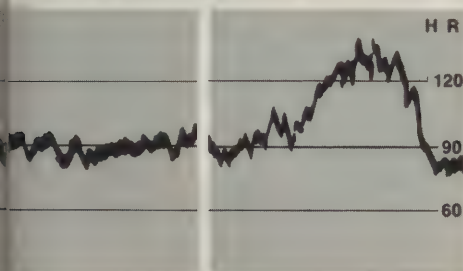
# Sex and the heart patient:

**A film every doctor should see.**

## The energy cost of sex to the heart is relatively modest.

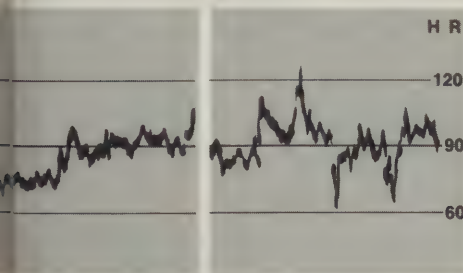
Over 80% of post-coronary patients can ultimately resume sexual activity without serious risk. Hellerstein and Freedman demonstrate that mean maximal heart rate during orgasm with spouse (as opposed to extra-marital sex) in 14 post-infarct patients is lower than that during usual occupational activity.

Representations below of actual EKG readings of an attorney, post MI, illustrate the point:



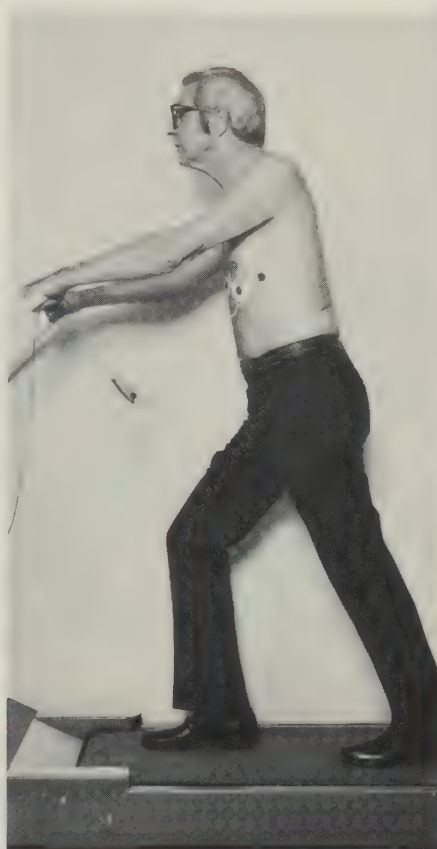
A. Working in office (about 90 beats/min)

B. Confrontation in judge's chamber (about 125 beats/min)



C. Pre-orgasm sex activity (about 90 beats/min)

D. Peaks at orgasm (120 beats/min)



## Fear of pain greatest deterrent to post MI sex

In the multitude of MI patients with angina, pain is due to diminished coronary reserve and increased myocardial oxygen demand, precipitated by sex, other excitement and improper exercise. Anginal pain, however, can be relieved, and its recurrence mitigated.

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Cardilate relieves anginal pain and prevents its recurrence, thereby allowing increased activity.

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at His Home Without  
Women Witnesses.

## MILITANTS VEXED AT PRIVACY.

Wanted Movies of Ceremony,  
But Both Factions Are

WASHINGTON, Aug. 26, 1920—  
The struggle for woman



# TRUMAN CLOSES UNITED NATIONS CONFERENCE WITH PLEA TO TRANSLATE CHARTER INTO DEEDS

## NEW WORLD HOPE

President Hails 'Great  
Instrument of Peace,'  
Insists It Be Used

## HISTORIC LANDMARK

Meeting Gives Standing  
Ovation as Executive  
Pictures Peace Gain

# Social Security Bill Is Signed; Gives Pensions to Aged, Jobless

Roosevelt Approves Message Intended to Benefit 30,000  
Persons When States Adopt Cooperating Laws—He Calls  
the Measure 'Cornerstone' of His Economic Program

## SENATE APPROVES 18-YEAR OLD VOTE IN ALL ELECTIONS

Amendment to Constitution  
is Sent to House, Where  
Passage is Expected

WASHINGTON, March 10,  
1971—The Senate approved

WASHINGTON, Aug. 14,  
The Social Security Bill, providing  
a broad program of unemployment  
insurance and old age pensions  
and counted upon to benefit  
20,000,000 persons, became law  
today when it was signed by President  
Roosevelt in the presence of  
those chiefly responsible for  
bringing it through Congress.

Mr. Roosevelt called the measure  
"the cornerstone of my economic  
program which is being built to  
meet the needs of the people  
right to work."

# the Draft Ends Now

WASHINGTON, Jan. 27,  
1973—"With the signing of  
the peace agreement in  
Paris today, and after receiving a report from the  
Secretary of the Army that





# PATIENT PACKAGE INSERTS: A CONCEPT WHOSE TIME HAS COME?

*The consumer's right to know is an irreversible and desirable trend of the Seventies. It extends, and properly, to a patient's right to know more about his or her prescription medications. One way, gaining favor, is through patient package inserts. Wisely-prepared and properly distributed when medically indicated, they could markedly improve patient knowledge and drug therapy—laudable goals by anyone's standards.*

*The PMA endorses these goals and will work with government, the health professions and consumers to achieve them.*

## **The Advantages**

The concept holds promise of benefits: better patient understanding of the product prescribed, better adherence to the treatment plan, and more awareness of possible side reactions.

Every doctor has had patients who fail to finish antibiotic regimens because they feel better. Some patients assume that if one tranquilizer or analgesic is good, two may be twice as good. Still others fail to report dizziness while on antihypertensive therapy—and so on.

Problems like these might arise less often if the patient received written information in addition to verbal instructions. Some studies suggest that patients are more receptive to such materials, and they more often understand the verbal instructions and follow them, when inserts are used.

## **The Disadvantages**

There are also some potential problems. Obviously, the inserts must be clearly phrased, without extraneous or complex detail. How much information

is enough? How can it be kept current? Should all patients receive the same information? Should inserts be included with all drugs? Should only potential problems be listed or are patients better off with a "fair balance" presentation that describes usefulness as well as drawbacks?

These and similar questions require answers, since model inserts have yet to be properly developed and tested. Despite the need for these studies, the FDA is proceeding prematurely with inserts on selected products. We think the Congress is the only place where the matter can be given the proper legal status and direction, particularly since it represents a conceptual change in the legal, medical and social framework of the nation's prescription drug information system.

## **The Solution**

The PMA believes that carefully-devised pilot studies of various kinds of inserts are needed. They should be developed and implemented with full participation by doctors, pharmacists, consumers, communications experts and the drug industry. Such studies will provide reliable pathways to follow, so that inserts will be useful aids to medical practice.

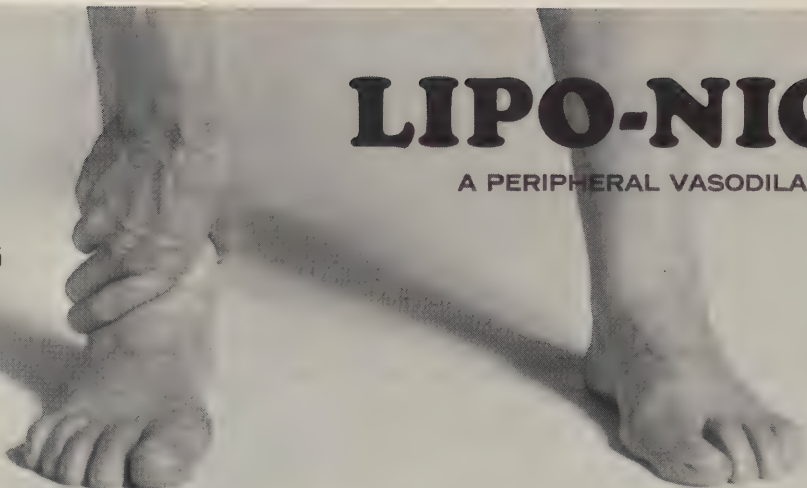
And particularly we think that you should be closely involved in this debate and in these studies and decisions. Otherwise, people with less experience and qualifications may control the purposes, content and use of a tool with considerable promise for improved patient care. It could make a difference in your practice tomorrow, and more importantly, in the health of your patients.

**PMA**

THE PHARMACEUTICAL MANUFACTURERS ASSOCIATION  
1155 FIFTEENTH ST., N. W., WASHINGTON, D. C. 20005



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LEG CRAMPS  
TINNITUS  
DISCOMFORT  
ON STANDING**



# LIPO-NICIN

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## IMMEDIATE or GRADUAL

nicotinic acid therapy

### IMMEDIATE RELEASE

#### LIPO-NICIN/100 mg.

Each blue tablet contains:  
Nicotinic Acid ..... 100 mg.  
Niacinamide ..... 75 mg.  
Ascorbic Acid ..... 150 mg.  
Thiamine HCL (B-1) . . . 25 mg.  
Riboflavin (B-2) . . . . 2 mg.  
Pyridoxine HCL (B-6) . . 10 mg.

DOSE: 1 to 5 tablets daily.

AVAILABLE: Bottles of 100, 500, 1000.

#### LIPO-NICIN/250 mg.

Each yellow tablet contains:  
Nicotinic Acid ..... 250 mg.  
Niacinamide ..... 75 mg.  
Ascorbic Acid ..... 150 mg.  
Thiamine HCL (B-1) . . . 25 mg.  
Riboflavin (B-2) . . . . 2 mg.  
Pyridoxine HCL (B-6) . . 10 mg.

DOSE: 1 to 3 tablets daily.

AVAILABLE: Bottles of 100, 500, 1000.

### GRADUAL RELEASE

#### LIPO-NICIN/300 mg.

Each time-release capsule contains:

Nicotinic Acid ..... 300 mg.  
Ascorbic Acid ..... 150 mg.  
Thiamine HCL (B-1) . . . 25 mg.  
Riboflavin (B-2) . . . . 2 mg.  
Pyridoxine HCL (B-6) . . 10 mg.

In a special base of prolonged therapeutic effect.

DOSE: 1 to 3 tablets daily.

AVAILABLE: Bottles of 100, 500.

**Indications:** For use as a vasodilator in the symptoms of cold feet, leg cramps, dizziness, memory loss or tinnitus when associated with impaired peripheral circulation. Also provides concomitant administration of the listed vitamins. The warm tingling flush which may follow each dose of LIPO-NICIN 100 mg. or 250 mg. is one of the therapeutic effects that often produce psychological benefits to the patient. **Side Effects:** Transient flushing and feeling of warmth seldom require discontinuation of the drug. Transient headache, itching and tingling, skin rash, allergies and gastric disturbance may occur. **Contraindications:** Patients with known idiosyncrasy to nicotinic acid or other components of the drug. Use with caution in pregnant patients and patients with glaucoma, severe diabetes, impaired liver function, peptic ulcers, and arterial bleeding.

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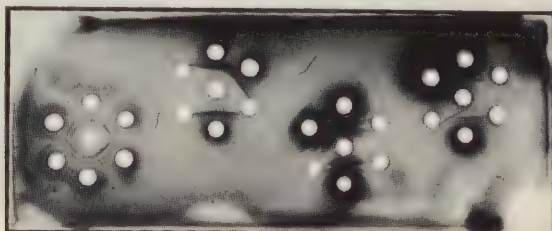
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## New Double-Blind Study ANDROID-25 vs. Placebo\*

\* **WRITE FOR REPRINT:** R. B. Greenblatt, M.D.; R. Witherington, M.D.; I. B. Sipahioğlu, M.D.: Hormones for Improved Sexuality in the Male and Female Climacteric. *Drug Therapy*, Sept. 1976.

Is there a true aphrodisiac? How effective are androgens in the management of the male climacteric and male impotence? Article discusses the psychophysiological and hormonal changes in the elderly male and female and therapeutic considerations. The effectiveness of methyltestosterone in the management of male impotence was confirmed by a cross-over, double-blind study using a placebo and Android-25

(methyltestosterone 25 mg.), on 20 males, 50 years of age or older who complained of secondary impotence. Patients received a series of placebo then Android-25, or Android-25 then placebo as follows: 1 tablet/30 days; 2 tablets/30 days; 3 tablets/30 days. Sexual response was evaluated: 0 = no change; + = 25% improvement; ++ = 50% improvement; +++ = 75% improvement. Placebo effectiveness was + or ++ in 12.7% of trials. Android-25 elicited a +, ++ or +++ response in 47.2% of trials. There was often a dose related response not observed with the placebo. This effect was not observed in younger patients (age 28-45 years).

**DESCRIPTION:** Methyltestosterone is 17 $\beta$ -Hydroxy-17-Methylandroster-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunichism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Post-puberal cryptorchidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric,

avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE**

**REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. **In the male:** Eunuchoidism and eunichism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpubertal cryptorchidism, 30 mg. **REFERENCE:** Robert B. Greenblatt, M.D., and D. H. Perez, M.D.: "The Menopausal Syndrome," *Problems of Libido in the Elderly*, pp. 95-101. Medcom Press, N.Y., 1974. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250. Rx only.



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## obituaries

• Indicates membership in the Pennsylvania Society at time of death.

• **Anthony F. Antognoli**, Peckville; Georgetown University School of Medicine, 1933; age 70; died July 2, 1977. He had practiced family medicine in Peckville for 40 years.

• **Frederick S. Baldi**, Newtown; University of Pennsylvania School of Medicine, 1910; age 90; died June 7, 1977. He had been superintendent and medical director of Philadelphia County prisons from 1932 to 1953 and headed Rockview State Penitentiary from 1953 to 1956 when he retired. He was a past president of the Philadelphia County Medical Society.

• **Robert C. Bastian, Jr.**, Williamsport; Jefferson Medical College, 1957; age 46; died May 16, 1977. He had served as a physician in the United States Army from 1958 to 1965.

• **Stanley F. Boc**, Kensington; Hahnemann Medical College, 1942; age 63; died July 30, 1977. He was a staff member of Doctor's, Lawndale, and Predecessor Olney hospitals and had been a school physician for the Philadelphia Board of Education.

• **Frederick B. Clemens**, Berwick; Hahnemann Medical College, 1953; age 51; died August 9, 1977. He was on the board of directors of the Central Pennsylvania Health Systems Agency and a member of its Primary Care/Emergency Health Services Committee. He had been chief of staff of Berwick Hospital until June of 1977, when he became chief of obstetrics at the hospital.

• **Miles O. Colwell**, Natrona Heights; University of Pennsylvania School of Medicine, 1943; age 60; died July 24, 1977. He was vice president of health and environmental service for the Aluminum Company of America. He had been an officer of the American Occupational Medical Association and director of the Occupational Health Institute, Inc., and the Community Health Association of Western Pennsylvania.

• **Eugene A. Conti**, Annapolis, Maryland; University of Pittsburgh School of Medicine, 1927; age 73; died July 21, 1977. He had been a member of the obstetrics and gynecology staff of Pittsburgh Hospital from 1930 until his retirement in 1973 and had served as president of the hospital's medical staff. He was a past president of the Allegheny Medical Society and the Pittsburgh Obstetrical and Gynecological Society.

• **Walter S. Darby**, Plymouth Meeting; Hahnemann Medical College, 1943; age 61; died June 26, 1977. He had been a physician for the Colonial School District for 25 years and chief physician for three years.

• **John J. Duncan**, Chadds Ford; Jefferson Medical College, 1937; age 65; died July 25, 1977. He was an associate professor of plastic and reconstructive surgery at Jefferson Medical College and had been a staff member of Fitzgerald Mercy, Nazareth, Philadelphia General, and Doctor's hospitals.

• **Francis W. Feightner**, Greensburg; University of Buffalo School of Medicine, 1939; age 67; died July 17, 1977. He had served as chief radiologist at Latrobe Area Hospital from 1945 to 1973 and at H. C. Frick Community Hospital from 1945 until his death.

• **John A. Hoffa**, Ambler; Hahnemann Medical College, 1936; age 67; died July 4, 1977. He had been coroner of Montgomery County for nine years.

• **Raymond Kabakjian**, Lansdowne; University of Pennsylvania School of Medicine, 1938; age 65; died August 9, 1977. He had practiced family medicine in Lansdowne for 38 years.

• **Phillip B. Kassow**, Philadelphia; Hahnemann Medical College, 1930; age 71; died July 13, 1977.

• **Philip Klarich**, Camden, New Jersey; University of Vienna School of Medicine, 1938; age 65; died July 16, 1977. He taught pelvic anatomy at the University of Pennsylvania Graduate School of Medicine and was an assistant professor of gynecology at Hahnemann Medical College.

• **Clairmont A. Kressley**, Allentown; University of Pennsylvania School of Medicine, 1923; age 86; died July 18, 1977. He had practiced medicine in Sellersville and Allentown for 55 years and was a past president of the Bucks County Medical Society.

• **Raymond F. O'Connor**, Punxsutawney; University of Maryland School of Medicine, 1934; age 69; died June 29, 1977. He had practiced general medicine in Punxsutawney for several years, then received specialty training in ophthalmology at the Cleveland Clinic and returned to Punxsutawney to practice ophthalmology. He was a past president of the Jefferson County Medical Society.

• **Maurice V. E. Ross**, New Brighton; Hahnemann Medical College, 1939; age 72; died July 31, 1977.

• **Edward T. Schantz**, Allentown; Hahnemann Medical College, 1948; age 52; died July 19, 1977. He had practiced general medicine in Allentown for 24 years, and was a past president of the Lehigh County Medical Society and a former delegate to the Pennsylvania Academy of General Practice.

• **Goodell W. Stroup**, Philadelphia; University of Pennsylvania School of Medicine, 1931; age 79; died July 23, 1977. He was a member of the original staff of Fitzgerald Mercy Hospital and, until his retirement in 1970, was also on the staff of Misericordia Hospital.

• **Leander P. Tori**, Philadelphia; Hahnemann Medical College, 1926; age 73; died May 28, 1977.

• **William J. Tourish**, Gladwyne; Jefferson Medical College, 1928; age 74; died July 16, 1977. He had been associated with Jefferson Medical College since 1931 as assistant surgeon and instructor in surgery. Since 1967 he had served as director of the Diagnostic Center at Mercy Catholic Medical Center, Misericordia division.

• **Luis M. Tredici**, Doylestown; National University of Cordoba, Cordoba, Argentina, 1956; age 46; died July 12, 1977. He was a psychiatrist at Thomas Jefferson University Hospital.

• **Carmen T. Bello**, Overbrook; Temple University School of Medicine, 1943; age 61; died July 31, 1977. He was a professor of pharmacology and medicine and head of the section of hypertension of the department of medicine at the Temple University School of Medicine.

• **William Braun**, Haddonfield, New Jersey; Jefferson Medical College; age 69; died May 25, 1977. He had practiced ophthalmology for 35 years.

• **William Buck**, Germantown; Hahnemann Medical College, 1932; age 72; died July 23, 1977. He was on the staff of German-town Hospital and had practiced general medicine in the Philadelphia area for 45 years.

• **Emiro Garcia**, Kittanning; University of Antioquia, Medellin, Colombia, 1960; age 43; died June 23, 1977. He was a pathologist on the staff of the Armstrong County Memorial Hospital.

• **Frank W. Hausner**, Philadelphia; Temple University School of Medicine, 1926; age 76. Information on the date of death is unavailable at this writing.

• **John E. Livingood**, Reading; Jefferson Medical College, 1913; age 87; died July 11, 1977. Before his retirement from medicine in 1929, he had practiced radiology in Reading for ten years and had served as secretary of the Berks County Medical Society from 1919 to 1929.

• **Lewis A. Smith**, Easton; Jefferson Medical College, 1929; age 81; died August 11, 1977.

• **Arthur H. Thomas**, Philadelphia; Howard University College of Medicine, 1933; age 70; died August 4, 1977.



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**Contraindications:** Hypersensitivity to trimethoprim or sulfonamides; pregnancy; nursing mothers; infants less than two months of age.

**Warnings:** Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been associated with sulfonamides. Experience with trimethoprim is much more limited but occasional interference with hematopoiesis has been reported as well as an increased incidence of thrombopenia with purpura in elderly patients on certain diuretics, primarily thiazides. Sore throat, fever, pallor, purpura or jaundice may be early signs of serious blood disorders. Frequent CBC's are recommended; therapy should be discontinued if a significantly reduced count of any formed blood element is noted.

**Precautions:** Use cautiously in patients with impaired renal or hepatic function, possible folate deficiency, severe allergy or bronchial asthma. In patients with glucose-6-phosphate dehydrogenase deficiency, hemolysis, frequently dose-related, may occur. During therapy, maintain adequate fluid intake and perform frequent urinalyses, with careful microscopic examination, and renal function tests, particularly where there is impaired renal function.

**Adverse Reactions:** All major reactions to sulfonamides and trimethoprim are included, even if not reported with Bactrim. *Blood dyscrasias:* Agranulocytosis, aplastic anemia, megaloblastic anemia, thrombopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia. *Allergic reactions:* Erythema multiforme, Stevens-Johnson syndrome, generalized skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis. *Gastrointestinal reactions:* Glossitis, stomatitis, nausea, emesis, abdominal pains, hepatitis, diarrhea and pancreatitis. *CNS reactions:* Headache,

peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insomnia, apathy, fatigue, muscle weakness and nervousness. *Miscellaneous reactions:* Drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L. E. phenomenon. Due to certain chemical similarities to some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia in patients; cross-sensitivity with these agents may exist. In rats, long-term therapy with sulfonamides has produced thyroid malignancies.

**Dosage:** Not recommended for infants less than two months of age.

*Urinary Tract Infections:* Usual adult dosage—1 DS tablet (double strength), 2 tablets (single strength) or 4 teasp. (20 ml) b.i.d. for 10-14 days.

Recommended dosage for children—8 mg/kg trimethoprim and 40 mg/kg sulfamethoxazole per 24 hours, in two divided doses for 10 days. A guide follows:

*Children two months of age or older:*

Weight		Dose—every 12 hours	
lbs	kgs	Teaspoonfuls	Tablets
20	9	1 teasp. (5 ml)	½ tablet
40	18	2 teasp. (10 ml)	1 tablet
60	27	3 teasp. (15 ml)	1½ tablets
80	36	4 teasp. (20 ml)	2 tablets or 1 DS tablet

For patients with renal impairment:

Creatinine Clearance (ml/min)	Recommended Dosage Regimen
Above 30	Usual standard regimen
15-30	½ the usual regimen
Below 15	Use not recommended

*Pneumocystis carinii pneumonitis:* Recommended dosage: 20 mg/kg trimethoprim and 100 mg/kg sulfamethoxazole per 24 hours in equal doses every 6 hours for 14 days. See complete product information for suggested children's dosage table.

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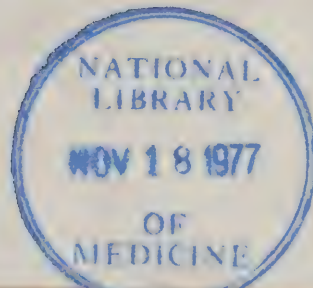
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# Pennsylvania Medicine

Vol. 80, No. 11 NOVEMBER 1977

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## Status Report:

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But the individual character of Valium is even more apparent clinically than pharmacokinetically. And far more significant. That's because of the patient response obtained with Valium. A response which brings a calmer frame of mind. A response which has a pronounced effect on the somatic symptoms of anxiety, particularly muscular tension. A response which helps the patient feel more like himself again because of the way Valium reduces the overwhelming symptoms of anxiety and psychic tension.

Another important aspect of the clinical character of Valium is safety. Though drowsiness, ataxia and fatigue are possible, these and more serious side effects are rarely a problem. Of course, as with all CNS-acting drugs, patients taking Valium should be cautioned against driving, operating dangerous machinery or the simultaneous ingestion of alcohol.

Unquestionably, many psychotherapeutic agents, including other benzodiazepines, have antianxiety effects. But one fact remains: you get a certain kind of patient response with Valium. It's a response you want. A response you know. A response you trust as part of your overall management of anxiety and psychic tension.

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a prudent choice in psychic  
tension and anxiety

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

**Contraindicated:** Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**Precautions:** If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

**Side Effects:** Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.



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#### DELEGATES SET SOCIETY'S COURSE

A new course was charted for the Pennsylvania Medical Society when the House of Delegates met in Annual Session October 25-27 in Lancaster. Over 90 pieces of business, including 45 resolutions, were studied and debated at reference committee open hearings October 25. These included the Society owned insurance company, Society structure, a dues increase, legislative issues, and relations with Blue Shield. New officers assumed their duties following installation ceremonies October 26.

#### HOUSE ENDORSES SOCIETY OWNED COMPANY

The State Society's House of Delegates unanimously endorsed the establishment of the Pennsylvania Medical Society Liability Insurance Company (PMSLIC) at 1977 Annual Session. Delegates gave unanimous approval to the \$250 mandatory assessment for active members (\$125 for senior active members and \$25 for residents). Also winning unanimous support was the selective assessment of policyholders, who will pay from \$385 for Class I insureds to \$2,625 for Class V insureds. Income from the assessment must be invested in PMSLIC by December 1, 1977 for the settlement agreement between the State Society and Argonaut Insurance Co. to be effective. The agreement, reached September 13, will settle all outstanding litigation and replace Argonaut with PMSLIC in the existing master contract which has provided the only means of coverage for some 4,800 physicians. Assessment notices were mailed the first week in October. Second notices, requesting payment by November 15, are in the mail to all who have not yet paid.

#### DUES UP \$75

State Society members will pay \$225 dues in 1978 as a result of unanimous action taken by the House of Delegates. The \$75 increase is the first since 1974 and will ward off a projected deficit of as much as \$700,000 in 1978. The increase will provide funds to cover a 1977 deficit of \$256,000. Delegates voted the increase after full discussion at the open hearing of the causes of legal and actuarial expenses. Earlier, delegates greeted with a standing ovation the "money well spent" address of William J. Kelly, M.D., immediate past president. Details on the dues increase and other business of the House of Delegates will appear in the December issue.

#### DRS. BLADY, LOVETTE, MARSHALL TO LEAD

John V. Blady, M.D., Philadelphia surgeon, was sworn in as the Society's president October 26. John B. Lovette, M.D., Johnstown surgeon, became president elect; and Matthew Marshall, Jr., M.D., Pittsburgh urologist, was elected vice president by acclamation. G. Winfield Yarnall, M.D., Harrisburg internist, was re-elected secretary, and D. Ernest Witt, M.D., of Bloomsburg, and Donald E. Harrop, M.D., of Phoenixville, were re-elected speaker and vice speaker of the House of Delegates. Trustees re-elected were Kenneth L. Cooper, M.D., of Williamsport, Seventh District; and David W. Clare, M.D., Pittsburgh, Tenth District. Gerald L. Andriole, M.D., Hazleton, was elected new trustee of the Twelfth District. Samuel F. Cohen, M.D., of Norristown, was elected to the



Judicial Council. George A. Rowland, M.D., of Columbia, chairman of the Board of Trustees, and William C. Ryan, M.D., of Somerset, vice chairman, were re-elected by acclamation. Full election results will appear in the December issue.

**SOCIETY ACTS ON HEALTH PLANNING GUIDELINES** The House of Delegates, acting on a Board recommendation, has asked the Commission on Health Planning to review the National Health Planning Guidelines published by the Department of Health, Education, and Welfare September 23, 1977. The commission is working with state specialty societies to prepare a report for the Board prior to the presentation of formal comments by the State Society

**HOUSE LIMITS SOCIETY OFFICERS' BLUE SHIELD ACTIVITIES** Acting on a recommendation of the Board of Trustees, the House adopted as Society policy that in the future no one in an elected PMS leadership position, i.e., members of the Board or officers, should serve on the Blue Shield Board of Directors. In two further actions the House recommended that the Board discontinue making appointments of members at large of the Blue Shield Corporation and that the Society encourage Blue Shield to seek sources, in addition to county medical societies, of physician nominees for election to the Blue Shield Corporation. The policy adoption followed study of an antitrust report by legal counsel.

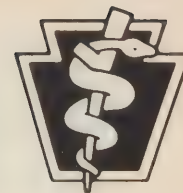
**SOCIETY STRUCTURE STREAMLINED** The House of Delegates abolished three Society committees in what appears will be an ongoing examination and modernization of the organizational structure. The Committees on Discipline, Objectives, Relations with Allied Professions, and Medicine, Religion, and Bioethics were abolished. Activities of the latter will be transferred to a commission of the Council on Education and Science. A constitutional change will permit the Board of Trustees to establish administrative councils and describe their activities, subject to review by the House of Delegates.

**FOUNDATION TO EXPLORE ALTERNATIVE SYSTEMS** The Pennsylvania Medical Care Foundation has been charged by the House of Delegates with the "primary function" of studying "alternative health care financing and delivery systems to determine the need to design a plan for the development of a physician-operated program, with a report of its findings to be presented at the 1978 meeting of the House of Delegates."

**AMA HAS HOUSE SUPPORT** The House of Delegates voted support for the AMA's national health insurance legislation (H.R. 1818) but voted against mandatory AMA membership for PMS members (unified membership) at this time. Delegates, however, reaffirmed their support of voluntary AMA membership by adopting a recommendation encouraging it.

**YOUNG PHYSICIANS RECOGNIZED** A stronger voice for medical students and resident physicians was guaranteed when the House of Delegates established within the Society a Resident Physician Section and a Section on Medical Schools. The sections will elect officers and hold meetings in conjunction with the Annual Session of the House of Delegates.

# Pennsylvania Medicine



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NOVEMBER 1977

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20 Erford Road  
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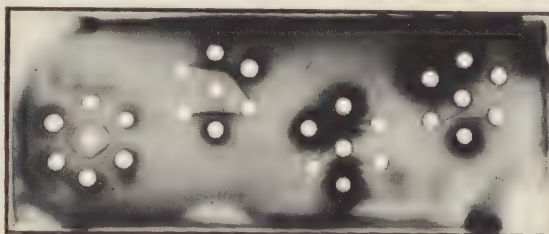
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## Council reports on Society's legislative action

Proceedings of the 1976-77 State Legislature have been slowed by a "hectic two months' exclusive battle with the state budget" during which "very little else has received their attention," according to the Council on Governmental Relations in its 1977 supplemental report to the House of Delegates. The General Assembly "is scheduled to reconvene . . . just weeks before the House of Delegates opens its session. We think it is safe to assume that very little can be accomplished in the medical legislative area during that time . . ."

Of the more than 50 bills and resolutions that have been reported to the Board of Trustees by the Council, none has become law during the State Legislature's 161st session. Bills which were in committee and on which the State Society had taken a position at the writing of the supplemental report follow.

**Ambulances—S-339.** The Society supports the bill, which would require that minimum standards be set for all state ambulance services. It has passed the Senate and is in House committee.

**Cancer—H-1120.** The bill would require that income from taxation of cigarettes be used for cancer research by the State Health Department. The Society favors the concept of using revenues in this way, but opposes the establishment of a bureaucracy to administer the funds. In committee.

**Chiropractors—H-711 and H-1238.** H-711 would include chiropractic services under the Workmen's Compensation Program. It has passed the House with an amendment requiring the patient to see a physician first.

H-1238, which is in House committee, would place chiropractic services under the Blue Shield plan. Both bills are opposed by the State Society.

**Clinical Laboratories—H-233.** Physicians' offices would be excluded from the definition of clinical laboratories in the Clinical Laboratory Act. The Society supports the bill, which is now in the Senate Public Health and Welfare Committee.

**Death Certificate—S-104 and S-401.** S-104 would require that a cremation certificate be completed only after notice is given by a coroner. The bill is in Senate committee and has Society support. Also in Senate committee is S-401, which would allow the nurse in charge in a nursing home to sign a death certificate. The Society opposes the bill.

**Ghost Surgery—S-714 and S-716.** The bills would require that a patient be informed of all present in the operating room at the time of surgery. The Society does not favor the bill, which is in Senate committee.

**Good Samaritan Law—H-978.** The Society supports this bill, which would offer protection from liability to physicians who give instructions to others in cardiac care units. In House committee.

**"Laetrile"—S-901 and H-1240.** The Senate has passed and the House has tabled the bill, which would permit the manufacture and sale of "laetrile" in Pennsylvania. The State Society opposes passage.

**Lupus Research—S-816.** Society support is given to the need for lupus research, but it opposes the award of a grant to the State Health Department for such research. In committee.

**Malpractice—S-921 and S-679.** S-921 would provide a limited liability category for semi-retired physicians under Act 111 and is supported in principle by the Society. In committee. S-679, which is now in Senate hearings, is a Society-drafted bill to permit professional corporations to purchase coverage under Act 111.

**Medical Assistance—S-292 and H-254.** The Society is opposed to S-292, which would require departmental preauthorization for nonemergency procedures. H-254 would require vendors to be reimbursed on a cost-related basis and is supported in principle by the Society. In committee.

**Medical Practice—H-307.** The Society opposes the requirement for a one-year general practice residency. In committee.

**Mental Health—H-394 and H-395.** Hearings are expected on corrective amendments to the Mental Health Procedures Act. Proposals are now being studied by the Pennsylvania Psychiatric Society.

**Motorcycle Helmets—S-550.** S-550 would remove the Vehicle Code requirement that all motorcyclists wear helmets. The bill is opposed by the Society. In committee.

**Neonatal Hyperthyroidism—H-922. Newborn—S-958, S-959, and S-960.** The State Society is currently studying recommendations requiring that hospitals test for neonatal hyperthyroidism, recognize the right of premature infants to receive medical treatment, and test for genetic diseases. In committee.

**Nursing—S-684.** The bill would allow the State Board of Nurse Examiners to enforce continuing education requirements.



# Council reports on proposed legislation—continued

The Society does not oppose the proposal if it is carried out by the Nurses' Association.

**Orthotists, Prosthetists—S-340 and S-341.** The Society opposes the bills, which would license orthotists and prosthetists in Pennsylvania. In committee.

**Physicians' Assistants—S-586.** Regulation of physicians' assistants would be overseen by the State Board of Medical Education and Licensure with the passage of S-586. Society support and Senate approval have been given. In House committee.

**Physician's Liability—Paramedics—S-752.** Society support is given to the bill, which would protect physicians from liability when giving orders to emergency medical technicians. In committee.

**Physicians' Licenses—S-937.** The original bill was designed to increase all state fees and would fix physicians' biannual renewals at \$75.00. Amendments to eliminate the fee and have it set by the State Board of Medical Education and Licensure, in accordance with the Medical Practice Act, are approved by the State Society.

**Physical Therapy—H-410.** H-410 amends the Physical Therapy Act to exclude athletic trainers from its scope. The Society opposes the bill. In committee.

**Prisons—H-965.** Prisons would be required to have physicians or nurses on duty at all times. The State Society supports the bill with amendments to include physicians' assistants. In committee.

**Public Eating Places—S-220.** The Society opposes S-220, which would require all public eating places to have food removal devices. In committee.

**Rubella Testing—H-1474.** Society support is given to this requirement for females to have premarital rubella tests. In committee.

**Salk Vaccine—H-1294.** H-1294 recommends that the Advisory Health Board be required to approve the Salk vaccine as a substitute for the Sabin vaccine. The Society opposes the bill because it believes that the Board should be allowed flexibility in its decisions based on supply and other factors. In committee.

**Smoking Prohibited—H-989,**

**H-990, and S-168.** The Society opposes legislation prohibiting smoking in hospitals and physicians' offices because it believes that designation of smoking areas should be under the jurisdiction of individual hospitals and physicians.

**Speech and Hearing Technicians—S-86 and S-87.** The bill, which would create a board to license speech and hearing technicians, is opposed by the Society. In committee.

**Vehicle Code—H-1171.** The bill would amend the 1976 codification. The State Society is seeking repeal of Section 1518 which requires physicians to report patients' conditions. The bill has passed the House.

## Task force issues report

The report of the Governor's Task Force on Cancer Control is now available to physicians through the Pennsylvania Department of Health.

The document represents two years of study and preparation by a group of authorities including consumers and laymen as well as professionals in the field of cancer control. The task force offers a number of recommendations, many requiring legislative action, for a comprehensive program of cancer control in Pennsylvania.

Robert C. Eyerly, M.D., Geisinger Medical Center, Danville, served as chairman of the task force; Alton I. Sutnick, M.D., dean of the Medical College of Pennsylvania, Philadelphia, was vice chairman.

For a copy of the report contact Mr. Robert Ranberg, Director, Division of Chronic Diseases, Pennsylvania Department of Health, PO Box 90, Harrisburg, PA 17120; (717) 787-7073.

## HOPE to study hospital cost containment

Project HOPE has established and funded a 23 member Committee on Health Policy to study the possible consequences of a national program to contain hospital costs.

According to William B. Walsh, M.D., founder and president of Project HOPE, "This is a joint effort with the University of Southern California Center for Health Services Research, which will manage the study... The ultimate goal is to provide balanced and expertly researched analyses and reports on which the nation

can formulate sensible and workable policies regarding the future of health care and its delivery in the United States."

Among the 23 committee members are representatives of: the National Academy of Sciences; the American Hospital Supply Corporation; the American Hospital Association; the American Medical Association; and the Pharmaceutical Manufacturers Association. About 80 other medical, consumer, and educational organizations have been invited to comment.



# PBS ends payment for questionable procedures

In an attempt to contain costs and assure quality health care, Pennsylvania Blue Shield removed 17 surgical and 2 diagnostic procedures from its routine payment mechanism as of October 1, 1977.

Criteria used to determine that procedures should not be reimbursed routinely are:

1. New procedures of unproven value.
2. Established procedures of questionable current usefulness.
3. Procedures which tend to be redundant when performed in combination with other procedures.
4. Diagnostic procedures which are not likely to provide a physician with additional information when performed repeatedly.

Payment for the services will be made only upon submission of documentation which establishes medical necessity in each case. PBS will not delete coverage of the procedures unconditionally because situations may occur in which their performance is justified.

Physicians who contemplate

performing a procedure on the new list must request predetermination of eligibility by submitting their reasons in writing to Joseph T. Ichter, M.D., PBS vice president for medical affairs, who will review the request with the appropriate medical advisor.

The change in payment policy will supplement the April 1, 1977 request for prior approval for the

following services: 50420—Nephropexy; 58400 and 58410—Primary uterine suspension; 89000—Basal metabolic rate; and 64350 and 64351—Lumbodorsal sympathectomy (when used to treat hypertension).

The accompanying chart lists the surgical and diagnostic procedures that are no longer reimbursed routinely.

## Procedures Subject to Revised Payment Policy

Code	Terminology
37999	Ligation of internal mammary arteries, unilateral and bilateral
46260	Hemorrhoidectomy, radical Whitehead type
49001	Omentopexy, for establishing circulation
50260	Decapsulation kidney, unilateral
50261	Decapsulation kidney, bilateral
53999	Perirenal insufflation
56660	Circumcision, female
58999	Hysterotomy, nonobstetrical, vaginal
58180	Hysterectomy, supracervical, subtotal hysterectomy with or without surgery on tubes and/or ovaries, one or both
64340	Sympathectomy, hypogastric or presacral neurectomy
20920	Graft, fascia lata, by stripper (when used to treat low back pain)
20922	Graft, fascia lata, by incision and area exposure, complex or sheet (when used to treat low back pain)
37650	Ligation, femoral vein (when used to treat post-phlebitis syndrome)
60600	Excision tumor carotid body, without excision of carotid artery (when used to treat asthma)
60605	Excision tumor carotid body with excision of carotid artery (when used to treat asthma)
64330	Sympathectomy, thoracolumbar, unilateral (when used to treat hypertension)
64331	Sympathectomy, thoracolumbar, bilateral or two stage (when used to treat hypertension)
83420	PBI
83520	Icterus index

## AMA rebate received

A rebate totalling \$17,981.90 was received this year by the State Society based on AMA membership reported for 1977, an increase of \$966.55 over the 1976 sum. Fifty percent of the refund from AMA dues will be shared by the 57 counties that reported AMA membership prior to March 15. A rebate of \$2.87 per member will be given to those counties that reported in January; reduced amounts of \$0.88 and \$0.35 per member will be refunded to those that reported in February or between March 1 and March 15.

## ACP, PSIM members hold joint meeting

The eastern Pennsylvania regional meeting of the American College of Physicians was held in association with the Pennsylvania Society of Internal Medicine on November 11-13, 1977 in Philadelphia.

Special features of the meeting included a lecture by Frank Sterling, M.D., F.A.C.P., and presentation of a paper by Nobel prize winner Baruch S. Blumberg, M.D., F.A.C.P., and associates from the Institute for Cancer Research, Fox Chase.

George L. Jackson, M.D., F.A.C.P., ACP governor for eastern Pennsylvania, and George R. Fisher, M.D., PSIM president, presided jointly at the meeting, which was highlighted by presentations of medical papers and panel discussions by ACP and PSIM members.

Honored guests at the meeting were Robert H. Moser, M.D., F.A.C.P., executive vice president of ACP, and Calvin F. Kay, M.D., F.A.C.P., deputy executive vice president.



## Allegheny Court opts for preservation of life

FRED SPEAKER, ESQ.  
Harrisburg

The courts continue to struggle with issues of life, death, and suicide in medical treatment. In a decision made in 1975 but just published, the Allegheny County Court of Common Pleas considered whether to order that emergency blood transfusions be given to an unwilling adult.

The patient was admitted to a hospital suffering from a bleeding duodenal peptic ulcer. He refused to receive emergency blood transfusions; his wife joined with the hospital in applying to the court for authority to administer the emergency transfusions. Both Dr. Howard Elestin and Dr. Michael Levis testified that the patient would die if the transfusions were not administered. The Court agreed and authorized an immediate transfusion, stating that the Pennsylvania Crimes Code:

*... makes it a crime to cause another to commit suicide or attempt suicide. The public policy of the Commonwealth thus expresses abhorrence at the act of self-destruction. In the present case, to ignore medical help and advice is in effect to court suicide.*

\* \* \* \* \*

*Today in our managed society when there are so many necessary and perhaps unnecessary restrictions on individual liberties it is not tyrannical to contend that a person does not have the right to do away with his own life even on sincere religious beliefs. . . . Freedom*

*Mr. Speaker is an attorney with Pepper, Hamilton & Scheetz, legal counsel for the State Society.*

*of conscience still remains. The courts have a right to intervene and to choose life rather than death. The right to practice religion freely does not include the right to diminish the respect for life which is the basis of all society. In re William J. Dell, II 1 D.&C. 3rd 655, 658, 660 (Allegheny 1975).*

Thus, the Court joins other courts that opt for the preservation of life. They are not, however, universally consistent. Furthermore, this decision could be read as having a negative influence on physicians acting on the so-called "Living Will," since the following of a patient's predetermination not to allow artificial means of preservation of life might place the physician in violation of the Crimes Code prohibition against aiding another to commit suicide.

## State Society Physician Placement Service revitalized

A new, systematic approach has been introduced to the Pennsylvania Medical Society's free physician placement service. The Society now matches physicians to practice opportunities based on information supplied in questionnaires.

Physicians looking for associates and communities seeking physicians are encouraged to contact PMS with information about the available position. An acknowledging letter is sent with the appropriate questionnaire and, when the survey is returned, a likely match is made.

The heart of the new placement program is numbers. While more than 50 physicians are now seeking practice opportunities in

Pennsylvania, PMS has not received enough notices of available positions to place the doctors.

To begin the physician placement service process, contact the Council on Education and Science,

Pennsylvania Medical Society, 20 Erford Rd., Lemoyne, PA 17043.

Among the needed openings are specialists in urology, pediatrics, gastroenterology, radiology, and cardiology.

### Physician admits guilt

A Wayne County physician pleaded guilty in federal court August 5 to one count of distributing and dispensing a controlled substance.

Richard A. Porter, M.D., of Paupack, was indicted by a federal grand jury on 21 counts of the same charge last February. He agreed to surrender his medical license and enter a guilty plea to one count in return for having the other charges against him

dropped, according to court records. Dr. Porter changed his plea from not guilty to all counts before Judge William J. Nealon, who ordered a presentence investigation.

The grand jury charged he illegally dispensed a variety of controlled drugs between October 4 and December 13, 1976. The guilty plea to one count involves the alleged dispensing of biphethamine on December 13.



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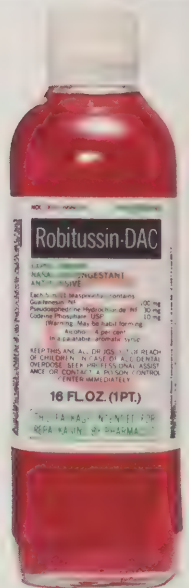
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- Promotes patient comfort.
- Low drug dependence and little risk of side effects in recommended dosage.

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- Relieves congestion, reduces edema, promotes drainage.
- 60 mg pseudoephedrine in a 2-teaspoonful adult dose.

Available in pints only. You prescribe the quantity dispensed.

References:

\*National Disease & Therapeutic Index, Jan-Dec 1976. IMS America Ltd., Ambler, Pa. 1976.  
†Amer. Med. Assn., Dept. of Drugs, A.M.A. Drug Evaluations, 2nd Edition, Publishing Sciences Group, Inc., Acton, Mass., 1973, pp. 482-3.

**Robitussin<sup>®</sup> -DAC—Each 5 ml (1 teaspoonful) contains: Guaifenesin, NF 100 mg; Pseudoephedrine Hydrochloride, NF 30 mg; Codeine Phosphate, USP 10 mg (Warning: May be habit forming) in a palatable, aromatic syrup. Alcohol, 1.4 per cent.**

**INDICATIONS:** For the temporary relief of cough and nasal congestion as may occur with the common cold or with inhaled irritants. **CONTRAINDICATIONS:** Hypersensitivity to any of the ingredients. Use this product with caution in children under 2 years or in children taking another drug. Prescribe cautiously for patients with persistent or chronic cough such as comes with smoking, asthma, emphysema, or where cough is accompanied by excess sputum. Use with caution in patients with high blood pressure, heart disease or diabetes. Do not exceed recommended dosage because of higher doses nervousness, dizziness or sleeplessness may occur. May cause or aggravate constipation. **NOTE:** Guaifenesin has been shown to produce a color interference with certain clinical laboratory determinations of 5-hydroxyindoleacetic acid (5-HIAA) and vanillylmandelic acid (VMA). **ADVERSE REACTIONS:** Agitation, dizziness, insomnia, palpitations or nausea may occur in such instances. **REDUCTION IN FREQUENCY AND/OR QUANTITY OF DOSE IS INDICATED.**

**RECOMMENDED DOSAGE:** Adults—1 or 2 teaspoonfuls every 4 hours, not to exceed 12 tea-  
spoonfuls in a 24-hour period; children 6 to under 12 years—1 teaspoonful every four  
hours, not to exceed 6 teaspoonfuls in a 24-hour period; children 2 to under 6 years—1/2  
teaspoonful every four hours, not to exceed 3 teaspoonfuls in a 24-hour period. **DO NOT EXCEED**  
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# Physician role crucial in determination of disability

"The Physician's Role in the Social Security Program" was the topic of a summer symposium held at the Philadelphia County Medical Society Building. Harry Shubin, M.D., chairman of the Center City Branch of the Philadelphia CMS, and Milton J. Freiwald, M.D., chief medical adviser to the Philadelphia Regional Office on the SSA disability program, delivered opening remarks.

Herbert Blumenfeld, M.D., acting chief medical officer, Social Security Administration Bureau of Disability Insurance, presented a summary of the disability criteria and medical documentation requirements of the Social Security Administration. He explained that the social security law describes disability as "inability to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment which can be expected to last, or has lasted, for a period of not less than 12 months." The words "medically determinable" assume special significance. Under the program, the impairment must be expressed in anatomic, physiologic, or psychological abnormalities that are medically demonstrable. Symptoms, alone, are not enough to satisfy the requirements of disability. Significantly, the disability does not have to be permanent.

## Role of the treating physician

Dr. Blumenfeld explained that when a patient applies for social security disability benefits, he is asked to list medical sources that can provide support for the claim. Ideally, the evidence will consist of data from the records of the treating physician, clinic, or other medical source. *The treating physician is neither asked, nor expected, to make a determination.*

In each state, the responsibility for making the determination of disability rests with the Disability Determination Service (DDS) of that state, which evaluates social security disability claims for its residents. The DDS requests information from the medical sources given by the claimant. These sources usually have enough clinical facts and laboratory findings on record to enable the DDS to determine the severity of the patient's condition and how it limits ability to work. The professional staff of the DDS includes both physicians and trained disability examiners, who form a balanced team of medical and lay evaluation specialists who can consider all the medical and legal facts on file. They evaluate data that range from medical reports to a complete assessment of vocational considerations as part of their preparation for making the disability determination.

## Making the decision

Whenever possible the DDS tries to limit its requests for medical information to data that relate directly to the impairment and the associated conditions which the claimant states are the cause of the disability. A goal of such individually tailored requests is to ease the burden of medical reporting without jeopardizing the claimant's right to have the case decided on the basis of all available information.

The decision on a patient's claim can generally be made if all relevant information about the medical condition is reported. The evaluating physician in the state DDS who has requested the medical evidence does not see the patient. Instead, he depends on medical information supplied by the examining physician to assess the

severity of the impairment and its expected duration. The disability decision, therefore, rests largely on the completeness of the medical evidence. A detailed report from the treating source, including objective findings based on physical examination and laboratory procedures, is the key. If specialized testing and laboratory data are indicated, a consultative examination may be commissioned. Whenever possible, DDS will arrange to obtain this consultation from the individual's treating physician at the expense of DDS.

## Nonmedical factors

Some physicians have had the experience of referring patients with seemingly similar medical conditions to social security only to discover that one patient is allowed disability insurance benefits and another is turned down. Generally, a person who is not working will be found disabled if he has an impairment, or combination of impairments, which meet or equal the level of severity established under the medical criteria listed in the Regulations. For claimants whose impairments fall short of the level of severity described in the medical criteria, nonmedical factors such as age, education, training, and work experience are considered, together with the functional limitations imposed by the impairment, in deciding whether to allow or deny the claim. Complete criteria, including the medical findings listed by body system, are contained in the publication *Disability Evaluation Under Social Security—A Handbook for Physicians*. It can be obtained without charge by writing to the Bureau of Vocational Rehabilitation, Disability Determination Division, 1313 N. Seventh St., Harrisburg, PA 17120.



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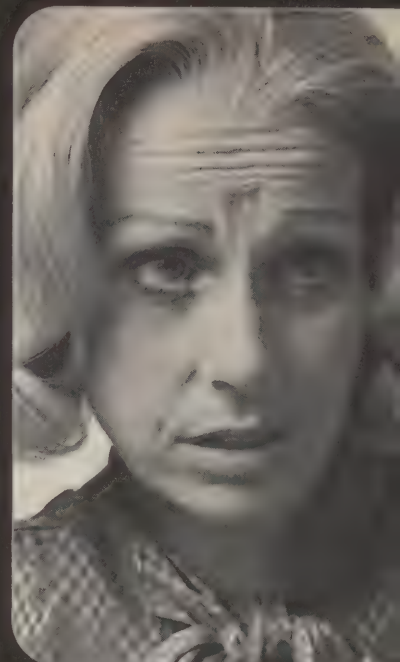
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Caution should be observed in administering the drug to patients with a history of recent cerebral hemorrhage, because of the vasodilation which occurs in the area. Although therapy permits more normal activity, the patient should not be allowed to misinterpret freedom from anginal attacks as a signal to drop all restrictions

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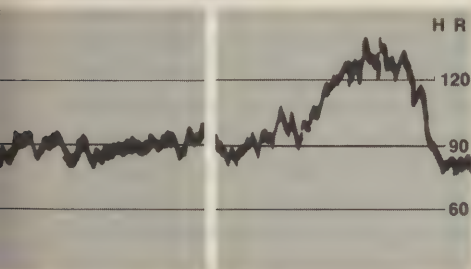
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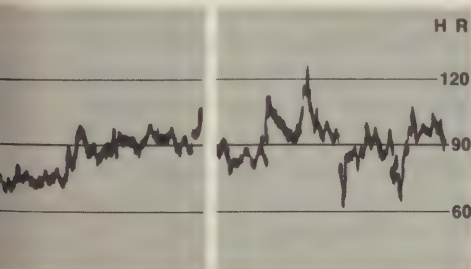
Over 80% of post-coronary patients can ultimately resume sexual activity without serious risk. Hellerstein and Freedman demonstrate that mean maximal heart rate during orgasm with spouse (as opposed to extra-marital sex) in 14 post-infarct patients is lower than that during usual occupational activity.

Representations below of actual EKG readings of an attorney, post MI, illustrate the point:



A. Working in office (about 90 beats/min)

B. Confrontation in judge's chamber (about 125 beats/min)



C. Pre-orgasm sex activity (about 90 beats/min)

D. Peaks at orgasm (120 beats/min)



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In the multitude of MI patients with angina, pain is due to diminished coronary reserve and increased myocardial oxygen demand, precipitated by sex, other excitement and improper exercise. Anginal pain, however, can be relieved, and its recurrence mitigated.

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## Status report — Act 111 of 1975

PAUL F. ABRAMS, ESQ.  
Harrisburg

This article will provide the latest information available on the operations of Pennsylvania's medical malpractice arbitration system which has been in effect since January 13, 1976. Although it is too soon to gauge definitively the effectiveness of the new system, I believe our accomplishments to date indicate successful operation of an innovative system to resolve medical malpractice claims brought against health care providers.

In order for us to operate, one of our initial tasks was the collection of the annual fee required from all health care providers practicing in Pennsylvania. For the 1976 period (February 1, 1976 to January 31, 1977) approximately 24,300 health care providers paid the required charge. That number included 20,600 medical doctors, 2,000 osteopathic physicians and surgeons, 900 podiatrists, 600 nursing homes, and 270 hospitals. Approximately 12,500 licensed health care providers informed us that they were not practicing in Pennsylvania.

For the current year (February 1, 1977 to January 31, 1978) we have collected the required fee from approximately 23,100 health care providers. This includes 19,500 medical doctors, 1,950 osteopathic physicians and surgeons, 800 podiatrists, 590 nursing homes, and 270 hospitals. A series of follow-up steps have been taken to collect the fee from providers who have not yet responded to our initial billing and reminder letter, and we expect the total number of health care providers paying our fee for 1977 will equal or exceed last year's figures.

Our receipts for the 1976 billing

period have totalled approximately \$1,350,000; and to date for the 1977 period, approximately \$1,295,000.

### Administration

Those of you who know me personally would probably agree that I am not known as the last of the big time spenders. I like to think of myself as being careful with money. Let me say that if I am careful with my own funds, I am even more frugal with money that has been entrusted to me by members of the public—in this instance, practicing health care providers in Pennsylvania. I administer a no frills operation in Harrisburg, and part with your money very grudgingly.

Much of our administrative work involves peak periods of activity lasting between four and eight weeks. Rather than hire full

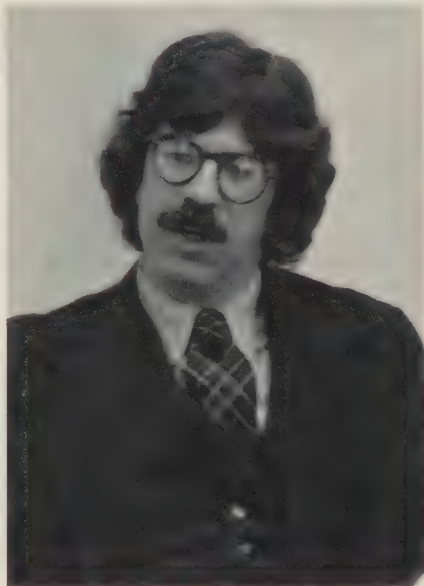
time employees who would work hard during that period and be relatively idle at other times, we have hired only that number of full time employees necessary to ing basis. We have then employed part time employees through a public bidding process, at \$2.99 per hour, to assist during the peak period.

As a result of the bare-bones approach we have taken in operating an alternative to the court system, and because of our success in settling a significant percentage of cases, we are reviewing our expected future revenue needs. We are hopeful that soon we will be able to recommend to the Governor and the General Assembly a substantial reduction in the annual fee physicians pay to fund the arbitration system.

Another of our initial tasks was to generate the names of arbitration panel candidates who would be available to serve on arbitration panels. Our office mailed out approximately 16,000 letters and questionnaires to potential panel members throughout the Commonwealth. Approximately 7,200 questionnaires were properly filled out and returned to our office. Of that total, our files now include approximately 1,500 attorney candidates, 1,600 health care provider candidates, and 4,100 lay persons. I am particularly grateful for the efforts of the Pennsylvania Medical Society and the county medical societies for their efforts in providing me with initial lists of physicians whom we contacted with regard to future service as arbitration panel members.

### Status of cases

The new arbitration system has



*The author was a principal draftsman of Act 111 and is the first administrator of Pennsylvania's arbitration system.*



original, exclusive jurisdiction to hear and decide cases in which the medical procedure giving rise to the claim occurred on or after January 13, 1976, the effective date of Act 111. From that date until December 31, 1976, 48 cases were filed with our office.

From January 1, 1977 to September 28, 1977 an additional 262 cases have been filed. Thus, 310 cases have been filed during our first 20 months of operations. This is a substantially lower number than I would have expected by this time. The reasons, I believe, are the typical time lag between the medical incident and the filing of suit (in Pennsylvania, an average of 17 months), and the fact that few attorneys care to be trail-blazers under a new, unfamiliar procedure.

During the past six months new cases have been averaging almost ten per week and, unfortunately, I suspect that such a rate of filing will hold steady or increase slightly in the future.

Of the total 310 cases filed to date, 139, or 45 percent, represent actions in which the alleged negligence resulted in death. Of the 691 named defendants in the 310 cases, 403 are physicians, 208 are hospitals, 10 are nurses, 8 are nursing homes, and 62 fall into the miscellaneous category. The average number of defendants per case is slightly more than two. Forty percent of the cases have a single defendant, and 82 percent have three or fewer defendants. Our experience indicates that plaintiffs' attorneys are not naming entire letterheads of physicians as has been alleged in the past. It should be noted, too, that defendants frequently name other



*PAUL ABRAMS has presented the facts in this article to several county medical society meetings recently. He is shown above, center, at a medical legal symposium sponsored by the Delaware County Medical Society and Bar Association September 29. With him are, left to right, Conrad A. Etzel, M.D., chairman of the medical society's interprofessional relations committee; James C. Buckley, Esq., bar association president elect; John S. J. Brooks, Esq.; A. Gerald Litvin, Esq.; Hunter S. Neal, M.D., medical society president; and John Churchman Smith, Esq., chairman of the bar association's interprofessional committee.*

physicians as additional defendants in medical malpractice cases. Such additional defendants are included in our statistics on the total number of defendants.

### Conciliation efforts

The Rules of Practice and Procedure which we adopted provide for a mandatory conciliation conference to be held within six months of the filing of the complaint. At such a conference, attended by me and counsel to the parties, we attempt to effectuate, if possible, a settlement or discontinuance of the suit.

To date, 40 have been held and 29 additional conferences are scheduled to be held during the month of October. In six cases, counsel have requested a second conciliation conference and such conferences are scheduled to be held within the next three months. Settlements were concluded in 9 actions and are pend-

ing in 15 actions for which we held conciliation conferences. A settlement or discontinuance has occurred in 20 cases prior to our mandatory conference, and 5 cases have been dismissed.

It appears at this time that at least 60 percent of the cases will be settled or discontinued (without payment to a plaintiff) as a result of our mandatory conciliation conference. I strongly suspect that the final figure will be closer to 80 or 90 percent by the time the panel selection procedure is completed. Such a high rate of settlements with the approval of the defendant(s) will substantially reduce the costs of resolving medical malpractice cases. If such proves to be the case, we will be able to reduce the annual fee collected to fund the arbitration system.

Of the 310 cases filed, 46 percent arose in Philadelphia County. Adding the cases that have arisen in the suburban counties sur-



rounding Philadelphia, the five county southeastern Pennsylvania area has been the site of 66 percent of the cases.

### Arbitration hearings

As of October 1, 1977 no arbitration panel hearings have been held. In two cases, however, we have completed the procedure for selecting arbitration panel members. In the first, the hearing was scheduled for the third week of July and on the day prior to the scheduled hearing, the defendant physician's counsel informed us that the defendant was vacationing abroad for the summer. This came as a surprise to his counsel who had previously informed him

an arbitration panel to be admitted into evidence before the court in any appeal taken from a panel's decision. The Opinion said that such a provision would unconstitutionally infringe on a party's right to a *de novo* trial by jury. Plaintiffs in those actions have appealed the portions of Judge Kalish's Opinion upholding the constitutionality of the bulk of the arbitration system and its procedures, and the Commonwealth of Pennsylvania has appealed that portion of the Opinion striking down the admissibility on appeal of the panel's decision and findings of fact.

A second constitutional issue has been raised with regard to the mandatory insurance features of

quired by Act 111. As of September 27, 1977 the fund had received premium surcharges amounting to approximately \$14,557,000. Of that amount, approximately \$9,437,000 was received for 1976 coverage, and approximately \$5,120,000 has been received for 1977. CAT Fund officials have been informed by primary coverage insurance carriers of approximately 110 incidents in which the *potential* liability may exceed the \$100,000 basic insurance coverage limits, although it is expected that far fewer than that number will actually result in the Fund's financial involvement. To date, the CAT Fund has not paid any money in plaintiff recoveries, although it

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*'... the arbitration system is working fairly, efficiently, and economically. But . . . it does not confront the crucial issue of reducing . . . medical negligence.'*

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that the hearing would be held during the month of July and had been told that the date was agreeable.

In the second action we have had a series of difficulties with the attorney members of the panel, who at the last minute informed us that they could not serve because of potential conflicts of interest. We have had to select, on two different occasions, other attorneys to substitute for panel members previously selected. The first case mentioned is scheduled to be heard October 5, 1977, and the second will be heard by a panel by the early part of November.

### Constitutionality questions

Common Pleas Court Judge Jacob Kalish in Philadelphia recently issued an Opinion concerning three constitutional challenges lodged against a number of aspects of the arbitration system. Judge Kalish's Opinion upheld the constitutionality of the arbitration system in all respects, except for the provision of Act 111 permitting the decision and findings of fact of

Act 111. A physician in Bradford County who has never carried professional liability insurance informed the State Board of Medical Education and Licensure that he did not intend to carry such insurance. On December 9, 1976 the Board held a hearing with regard to his situation and the provisions of Act 111 requiring him to maintain professional liability insurance. The board voted to suspend his license for not maintaining the mandated level of insurance, and the official adjudication was issued in 1977. Thereafter, the physician appealed the decision of the Board to the Commonwealth Court and briefs have been filed by all parties. Actual suspension will not take place until the appeal is determined finally by the courts.

### CAT Fund

Let me also provide some information about the Medical Liability Catastrophe Loss Fund, which pays judgments or settlements in excess of the basic \$100,000/\$300,000 insurance limits re-

has agreed to settle one action in which the CAT Fund's share of the settlement is \$225,000. That amount will be paid early in January 1978 as per the terms of Act 111.

I believe that the arbitration system established by Act 111 is working fairly, efficiently, and economically. But such a system addresses only the problem of adjudicating or otherwise resolving medical malpractice claims. It does not confront the basic and crucial issue of reducing the incidence of medical negligence. I commend the medical profession for its efforts to date, but I urge you and your colleagues who administer hospitals and emergency rooms to take bold steps to treat the cause and not merely the effects of burgeoning malpractice litigation.

I pledge my best efforts to administer the medical malpractice arbitration system competently, and offer my assistance to your efforts to root out the causes of the problems facing health care providers and consumers.



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in my opinion

## A vanishing art—the physical examination

DAVID PRAGER, M.D.  
Allentown

CBC, SMA-12, coagulation profile, RPR, chest x-ray, urinalysis, CVP, ECG are all familiar expressions to medical students and physicians. Other familiar statements frequently overheard during a case (not a patient) presentation are: What did the chest x-ray show? Did you get a flat plate of the belly? How was the ECG? Are the arterial blood gases OK?

At CPC presentations, the volume of laboratory work presented and discussed usually has greater emphasis than the findings of the physical examination.

In medical journals the space usually allotted to laboratory results is two to three times greater than that allotted to the findings of the physical examination. Serial laboratory and x-ray findings are presented, but rarely are serial physical findings included in the CPC format. Refer to the yearly issues of the *Index Medicus*; under the heading "Physical Examination" it rarely lists thirty subtitles, yet under the category of "Lecithins" it contains an average of more than seventy published references.

Ask a medical student, intern, resident, fellow, or graduate physician to define RNA or DNA and the chances are that he will promptly respond with the correct answer. Let the questioner ask the same physician: What does the umbo look like? He will probably respond with the usual stall: Will you please repeat the question?

If the questioner were to repeat the question and explain that the umbo is an anatomical part of the tympanic membrane, the group's disdain for the questioner probably would be substituted with curiosity. Curiosity because it is odd that many undergraduate and graduate physicians know what DNA or RNA stands for, but don't know what the umbo represents.

This author guesses that the same group would be equally unfamiliar with other expressions, such as whispering pectoriloquy, tactile fremitus, amphoric breath sounds, and a whole host of terms relating to the vanishing art of the physical examination. This observer has worked with and taught many medical students and house officers over the past ten years and rarely has met a newly graduated physician—or a postgraduate physician, for that matter—who could perform a capable physical examination.

The only medical specialty that seems to depend heavily on the physical examination is dermatology. All other med-

*Dr. Prager, in the private practice of hematology/medical oncology, is chief of the division of hematology/medical oncology at Allentown Hospital and Allentown and Sacred Heart Hospital Center. He is also a clinical professor of medicine at the Hahnemann Medical College.*

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ical specialties are laboratory oriented and dependent. For example, the chest physician seems to spend more time with the chest x-ray or arterial blood studies than with the patient's chest. The gastroenterologist is more attuned to endoscopy and x-ray studies than to abdominal inspection, palpation, percussion, or auscultation. The hematologist looks only for lumps and bumps while the oncologist seeks out the extent of disease via scans, x-rays, angiograms, and ultrasound studies. The cardiologist auscultates, but checks everything out with the phonocardiogram, cardiac catheterization, and ECG. The endocrinologist used to examine the patient until hormonal radioimmunoassays became readily available. The nephrologist orders a creatinine clearance, 24 hour urine for total protein, IVP and renal biopsy, but rarely personally checks the microscopic analysis of the patient's urine.

The internist may be perplexed about the patient's condition because the patient looks and is so sick, but the laboratory tests are normal and "not that bad." Another way of describing this quandary is: The patient cannot be that sick because the SMA-12 is normal; or, If the laboratory tests didn't give us an answer, maybe we should perform a physical examination.

Perhaps this author rambles too much and fails to make his point, which is that *many contemporary physicians do not know how to perform a comprehensive, capable, and reproducible physical examination*. Such a statement may seem ridiculous, but to learn how to perform a physical examination requires a teacher who can teach that which he has learned.

The typical physical diagnosis course in medical school is taught by a physician who has little ability in the area; his teacher probably taught physical diagnosis in the same manner in which he is now teaching the course. Furthermore, the physician with the least seniority is usually assigned to the task of teaching physical diagnosis to the medical students. This decreased seniority is frequently combined with limited clinical experience and skill in performing the assigned task.

Physical diagnosis, or the bedside examination of the patient, can be taught only to a small group of students and only by a seasoned clinician who appreciates DNA, but who can also recognize whispering pectoriloquy and an abnormal umbo. Because that clinician can recognize and evaluate those physical findings, he can teach the meaning of the signs to the students. The bedside diagnostic examination can only be taught at the bedside, not through televised conferences, textbooks, journals, or audio-visual corrals. The art of the physical examination should be taught as a communication among patient, clinician, and student. Unless we assure a trained supply of clinicians, the physical examination will become a vanishing art that will be greatly missed and reclaimed in the future only through great effort.

The art of performing a capable physical examination can be taught to the student by sending him to a qualified physician who has learned the art. Because physical examination is an art not a science, it must be passed down as an art from teacher to student. Somewhere in the great, present day proliferation of medical knowledge, the physical examination has to be re-emphasized and given the same attention that is offered to the other fundamentals of medicine. □



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# These M.D.-J.D.s say: 'Prophylaxis beats malpractice!'

HAROLD L. HIRSH, M.D., J.D., F.C.L.M.  
EDWARD R. WHITE, M.D., J.D., F.C.L.M.  
Washington, DC

*'The cure for medical malpractice ills is to prevent them, not to change the practice of medicine or the laws that control malpractice actions.'*

In the past few years the medical malpractice situation has rapidly escalated from mess to crisis, and it threatens to proceed unimpeded to disaster. Some legal measures have been instituted to lower the incidence of claims, but malpractice still poses great threats and requires intra-professional measures. To that end, the malpractice situation may paradoxically represent a disguised opportunity for physicians and hospitals to look at their malpractice problems and institute specific measures to alleviate them.

## Study goals

In an attempt to find a solution to the medical malpractice problem, the authors conducted a statistical study of patient claims in order to identify specific potential sources of malpractice common to the various medical specialties. Identification of the problem, we believed, would result in a lessening of malpractice and an improvement in the quality of health care delivery. Our study revealed an important solution: The cure for medical malpractice ills is to prevent them, not to change the practice of medicine or the laws that control malpractice actions. Since our study was conceived, the elaboration of risk management programs directed to this purpose has mushroomed.

Our preamble in undertaking a study of medical malpractice was that all people are careless or negligent from time to time.<sup>1</sup> We hoped that by identifying patterns of negligence based on patients' allegations we might determine the etiology and pathogenesis of malpractice claims. By equating patients' allegations with

TABLE I	
Classification of Medical Malpractice Based on Categories of Negligence	
<b>Negligence in Diagnosis</b>	Deficiency in history and/or physical examination
	Negligent diagnostic testing
	Failure to test timely includes failure to test, do proper test, or test at proper times
	Negligent interpretation of findings
	Injuries resulting from testing
	Introgenic reaction related to diagnosis or diagnostic misadventure
<b>Negligence in Care and Management</b>	Negligent observation or treatment
	Negligent preoperative care
	Negligent prescription of specific treatment or performance of procedure
	Negligent postoperative management
	Unnecessary treatment
	Bad result
<b>Defective Consent</b>	Specific or express
	Informed
<b>Breach of Contract or Warranty</b>	

actual negligence, our purpose was not to justify or nullify the allegations, but to expose and analyze them as symptomatic of the malpractice crisis. By reviewing selected cases in order to identify these allegations, we hoped to be able to recommend specific meas-

ures that could be implemented by the health care provider to prevent or defend a law suit with a greater chance of success. It is immaterial whether the health care provider agrees with the patients' allegations; he must learn to deal with them if solutions to

*Dr. Hirsh is clinical professor of medicine at Howard University College of Medicine and a professorial lecturer at the schools of law of George Washington University, Catholic University, and American University in Washington, DC. Dr.*

*White is assistant chief of the division of legal medicine of the Armed Forces Institute of Pathology and adjunct professor at the Georgetown University School of Law, Washington, DC.*



TABLE II

**Allegations of Malpractice According to Specialty**  
(Citation series only)

Specialty	No. of claims	Specialty	No. of claims
<b>Allergy</b>	3	<b>Orthopedics and Traumatic Surgery</b>	256
Negligence in specific treatment or procedure	3	Negligent postoperative care	142
<b>Anesthesiology</b>	74	Failure to test timely	40
Negligence in specific treatment or procedure	32	Negligence in specific treatment or procedure	36
Negligent postoperative care	32	Defective informed consent	21
Failure to test timely	4	Injuries due to testing	7
Deficient history and/or physical examination	2	Bad result	4
Defective specific consent	2	Defective specific consent	4
Defective informed consent	1	Deficient history and/or physical examination	1
Negligent preoperative care	1	Unnecessary treatment	1
<b>Dermatology</b>	8	<b>Otorhinolaryngology</b>	5
Negligence in specific treatment or procedure	5	Negligence in specific treatment or procedure	5
Deficient history and/or physical examination	2		
Defective informed consent	1		
<b>Gynecology (Medical and Surgical)</b>	184	<b>Clinical Pathology</b> (includes blood bank and medical examiners)	46
Negligence in specific treatment or procedure	82	Breach of contract or warranty	30
Negligent postoperative management	46	Negligent interpretation of test	4
Failure to test timely	32	Failure to test timely	4
Defective informed consent	15	Unauthorized autopsy	4
Defective specific consent	5	Blood transfusion reaction	1
Bad result	2		
Unnecessary treatment	1	<b>Pediatrics</b>	37
Therapeutic misadventure	1	Newborns	
<b>Medicine (General, Family Practice, Internal)</b>	396	Negligent management (immediately postpartum)	12
Negligence in specific treatment or procedure	218	Children	
Failure to test timely	150	Failure to test timely	13
Diagnostic misadventure	10	Negligence in specific treatment	8
Unnecessary treatment	8	Negligent interpretation of tests	4
Deficient history and/or physical examination	7		
Negligent postoperative management	2	<b>Plastic Surgery</b>	2
Defective informed consent	1	Defective informed consent	2
<b>Cardiology</b> (includes catheterization)	37	<b>Psychiatry</b>	44
Failure to test timely	17	Negligence in specific treatment or procedure	25
Negligence in specific treatment or procedure	10	Unnecessary treatment	16
Negligent management	7	Therapeutic misadventure	2
Injuries resulting from testing	2	Defective informed consent	1
Defective informed consent	1		
<b>Neurosurgery and Neurology</b>	73	<b>Radiology</b>	21
Failure to test timely	23	Negligence in specific treatment or procedure	13
Negligent postoperative management	22	Negligent interpretation of findings	7
Negligence in specific treatment or procedure	19	Defective informed consent	1
Defective informed consent	4		
Injuries due to testing	2	<b>Surgery</b>	279
Negligent preoperative care	2	Negligence in specific treatment	184
Bad result	1	Negligent postoperative management	49
<b>Obstetrics</b>	69	Defective informed consent	31
Negligence in specific treatment or procedure	32	Defective specific consent	11
Negligent preoperative care	25	Negligent preoperative care	2
Failure to test timely	8	Therapeutic misadventure	1
Injuries from testing	2	Deficient history and/or physical examination	1
Bad result	1		
<b>Ophthalmology</b>	14	<b>Urology</b>	22
Failure to test timely	6	Negligence in specific treatment or procedure	17
Negligence in specific treatment or procedure	6	Negligent postoperative care	3
Negligent postoperative management	1	Defective informed consent	2
Therapeutic misadventure	1		

the malpractice problem are to be found.

Statistical sources

In organizing the study, we used three sources. The first was our analysis of 1,852 cases reported in the American Medical Association's *The Citation* from April 15, 1971 to July 1, 1977. Most were decisions by appellate courts. We selected *Citation* because it represents cases chosen by the Office of the General Counsel of the AMA for the purpose of enlightening physicians about their legal problems. The second source of data was 353 cases reviewed during the past six years by one of the authors in his role as a medicolegal consultant. The purpose of each review was to determine whether the patient had been treated in a substandard manner. Most cases did not proceed to litigation as a result of the review, and many supplied data that were not available in the litigated *Citation* cases. Finally, we attempted to correlate our data with statistics published by claims investigators and insurance company associations.

We were not concerned with the outcome of litigation because we observed that many cases were decided on technicalities, the relative abilities of the plaintiffs' and defendants' lawyers, economics, the philosophy and biases of the jury and judge, and the geographic location of the suit.

We did not start with any preconceived classification of the causes of medical malpractice claims, but we were able to develop a classification which can be applied to all specialties. Our classification of the causes of malpractice by categories of negligence is shown in Table I. Additional categories of negligence were not revealed in our cases; however, because we do not claim to have a study which is complete for all medical specialties, we have not included cases reported in other studies. We hope that this study will provoke others to review the problem.

A list of the causes of malpractice by specific medical specialty is given in Table II. Several specialties are not listed in the tables because they were not the target of a malpractice suit among the cases we reviewed. The total number of allegations in Table II

*'... physicians cannot find protection by seeing patients more frequently and/or ordering a battery of tests for the purpose of avoiding malpractice suits . . . Better records . . . afford better and more certain protection.'*

exceeds the actual number of cases reviewed, for in a number of cases more than one health care provider was

sued. In our review we attempted to identify each claim of negligence against each target. This explains the disparity in our figures.

All cases involving defective consent, particularly informed consent, were seen recently. This is undoubtedly due to recognition by the courts of the duty of the physician to obtain informed consent for treatment. It may also reflect a reaction to the legislative barriers recently established to chill the pursuit of negligence suits.

In Table III we have listed specialties according to the incidence of lawsuits in which they were involved. This data does not conform with previously published frequency statistics.<sup>2-4</sup> It is noteworthy, however, that comparisons with more recent publications demonstrate a similarity between our data and recently published studies. Reports from a study by the National Association of Insurance Commissioners indicate that the majority of claims were against physicians who do not perform surgery.<sup>5</sup>

TABLE III	
Relative Frequency of Malpractice Claims According to Specialty	
Specialty	No. of Claims
Medicine (General, Family Practice, Internal)	396
General Surgery	279
Orthopedics and Traumatic Surgery	256
Gynecology	184
Anesthesiology	74
Neurology and Neurosurgery	73
Obstetrics	69
Clinical Pathology	46
Psychiatry	44
Cardiology	37
Pediatrics	37
Urology	22
Radiology	21
Ophthalmology	14
Dermatology	8
Otorhinolaryngology	5
Allergy	3
Plastic Surgery	2



*'... most of the cases studied could have been prevented had the health care providers exercised greater vigilance, diligence, and attention to the details of patient care, particularly in communicating with the patient.'*

Orthopedists, obstetricians, gynecologists, anesthesiologists, and cardiologists follow in frequency and yet still generate a large number of claims. A noticeable shift in the culpability of specialties has occurred in recent years.

A claims analysis chart recently distributed by St. Paul Fire and Marine Insurance Company was also used as a basis for comparison with our study. Although their published statistics are predicated on somewhat different criteria, many of the findings are similar to ours. This consistency of results as to the preventable cause of malpractice suits should serve as an impetus to health care providers to implement prophylactic measures aimed at minimizing malpractice claims and awards.

#### **'Defensive' prevention**

Many have claimed that one undesirable consequence of malpractice litigation is "defensive" medicine. The "defensive" physician sees the patient more frequently and orders an excessive amount of unnecessary laboratory work to protect himself against malpractice litigation. Some of this preceded the malpractice crisis and was the result of other forces in the practice of medicine. In any event, our study shows that physicians cannot find protection by seeing patients

more frequently and/or ordering a battery of tests for the purpose of avoiding malpractice suits. The tests must be proper, appropriate, and timely. The number of malpractice cases despite intensive testing, particularly in the fields of medicine, neurological diseases and obstetrics, belies the wisdom and security of extensive testing as a form of defensive medicine. We contend that better records, including adequate explanations for the physician's actions, afford better and more certain protection.<sup>9</sup>

#### **Preventive measures**

Our study has identified specific and potential sources of medical malpractice problems based on patient allegations. Most important among these, as indicated by the vast majority of claims against each specialty, is the failure of the physician to create and maintain an adequate relationship with his patient.<sup>7</sup> Inadequate records and attempts at coverup were the health care provider's downfall in a significant number of cases. Seldom were malpractice claims due to the errant, delinquent, deficient, or "sick" physician. Based on our study and others<sup>8</sup> continuing medical education, relicensure, or recertification may be important and desirable but they are not significantly related to malpractice.

The malpractice crisis is not due to ungrateful patients, greedy lawyers, an unsympathetic judiciary, unintelligent juries, unscrupulous insurance companies, or uncaring legislatures. Although physicians deride plaintiffs' lawyers, plaintiffs' lawyers blame physicians and/or insurers, and defense lawyers complain about jurors, these accusations are not often appropriate. The allegations may be true in particular situations, but generally they have not had a significant impact on the malpractice situation.

Our conclusions, based on patient allegations, is that most of the cases studied could have been prevented had the health care providers exercised greater vigilance, diligence, and attention to the details of patient care, particularly in communicating with the patient.<sup>7</sup> Improper drug therapy and failure to test timely were also important in creating malpractice claims. These causes would not seem to require difficult or complex solutions.

There are those who believe that the jeopardy of a malpractice suit has improved the caliber of medical practice. Whether or not this is true, instituting reforms to prevent malpractice claims will automatically improve health care.

The problems discussed above are real, and the measures to prevent them are obvious and can be realistically accomplished by making physicians and the public aware of the problem. We believe that solutions can and will be found and implemented more successfully than in the past. Prophylaxis *can* beat malpractice. □

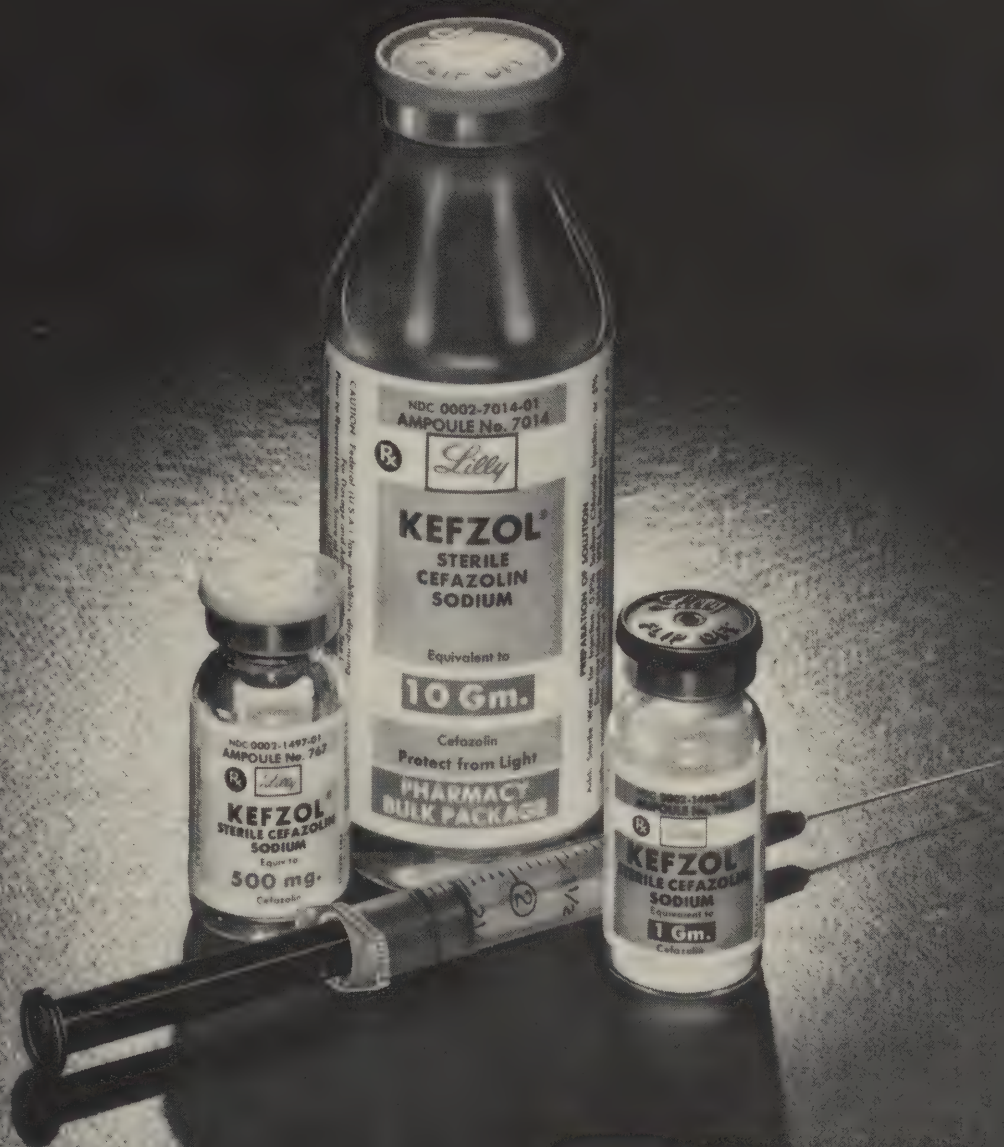
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# Neurosurgery changed by malpractice crisis

WILLIAM F. BOUZARTH, M.D.  
Philadelphia

*While members of this specialty cry 'help' in the face of a continuing malpractice crisis, the author says they are speaking for other physicians as well as patients. All are suffering because of the problem.*

To prepare for the Pennsylvania Medical Society House of Delegates special meeting on malpractice which was held in April 1977, a questionnaire was sent to practicing neurosurgeons in Pennsylvania. It was estimated that 103 neurosurgeons received the questionnaire, but only 64 completed most of the 14 questions. Thus, the validity of the facts to be presented is subject to question; nevertheless, the answers were analyzed by a computer and the following facts were uncovered.

The first question asked neurosurgeons if they had stopped doing certain operations or procedures because of malpractice. Over half (55 percent) had! The next question requested a list, limited to three, of operations that were no longer being performed. Procedures that affected human personalities, such as lobotomies, were mentioned by 14. Surgical procedures to alleviate pain, such as cordotomy, were a close second

at 12. Six neurosurgeons, most of whom were from Philadelphia where there are two pediatric hospitals, had stopped doing pediatric neurosurgery. Carotid endarterectomy or surgery for intracranial aneurysm were being referred to others by four neurosurgeons. Six additional operations were not being performed by five additional neurosurgeons.

Another question concerned an arbitrary refusal to accept certain types of patients because of the malpractice problem. Over one quarter of the respondents (27 percent) answered that they had made such an arbitrary refusal. Seven mentioned that a decision had been based on the fact that the prospective patient was a lawyer or a member of a lawyer's family. Another seven would not accept referrals for personal injury of compensable nature. Four actively discouraged patients on public assistance. Eight neurosurgeons (14 percent) had resigned from certain hospitals because of malpractice. Six located in or moved to an area considered to be low in malpractice potential, and one went to Canada.

These statistics suggest that nearly half of the respondents have modified their practice in a negative way. Even if non-

respondents have not done so, this still leaves one third of Pennsylvania neurosurgeons that have!

Appraisal of neurosurgical practice indicates that neurosurgeons working in groups tend to offer better quality patient care than those in solo practice. Assuming this to be correct, 41 percent of the respondents wanted an associate or an additional associate, but were precluded by malpractice costs.

When asked at what level a malpractice premium would price neurosurgeons out of Pennsylvania, seven doctors admitted that the requested Argonaut increase to \$18,556 would force early retirement or cause them to abandon their Pennsylvania practice. Twenty-eight considered a \$25,000 premium as the break point (8 percent were from the less dense areas of the state), sixteen drew the line at \$40,000, and two would close their offices if the premiums exceeded \$50,000. Four, somewhat unrealistically, would pass on the cost of premium hikes to their patients. It is interesting that ten of the respondents did not answer this question. All but one of these was insured by a hospital or a university. Further analysis indicated that neurosurgeons in private practice in Philadelphia, Delaware, and

*Dr. Bouzarth is clinical professor of neurosurgery at the Medical College of Pennsylvania and a founding member of the Pennsylvania Neurosurgical Society, which he represents in the Pennsylvania Medical Society's House of Delegates.*



Montgomery counties could not adjust to high premiums as readily as those who practiced in less populated regions, indicating that their income is not as high as is commonly believed.

Responses to the first eleven questions were then analyzed according to the neurosurgeons' current malpractice carrier. The most common carrier was Argonaut, followed by hospital master policy, Medical Protective, and other coverage. Each neurosurgeon was requested to locate his practice in one of five areas: city of Philadelphia, Delaware or

Montgomery Counties, Bucks or Chester Counties, Allegheny County, or the remainder of the state. None of the answers related significantly to the type of malpractice coverage or to the location of practice, except that those individuals who were insured by a hospital or university seemed less concerned about changing their practice or the effect of higher malpractice premiums.

Physicians who practice in the Philadelphia or Allegheny standard metropolitan statistical areas were comparatively more concerned about malpractice

than were neurosurgeons in less urban areas. Despite this, little difference was seen between respondents who carried less expensive malpractice coverage and those covered by Argonaut. Incidentally, Argonaut insurance coverage was purchased by 50 percent of the neurosurgeons.

A final question asked for suggestions for resolving the malpractice problem. Four doctors favored the formation of a captive insurance company. Eight others offered single suggestions, the most significant of which was the feeble plea, "Help!" □

## Physicians fund resumption of NAIC claims study

Statistical studies of medical professional liability claims by the National Association of Insurance Commissioners (NAIC) resumed July 1, supported by component societies in the Council of Medical Specialty Societies (CMSS).

Richard S. Wilbur, M.D., CMSS executive vice president, said in announcing the project, "A major impediment to solving the serious medical liability problem has been the lack of statistically valid data. Essentially, the objective of the study is to gather facts on what went wrong and why it went wrong. Then, our component societies participating in this project will work with their members, through continuing education programs aimed at patient

safety and risk management, to help prevent the types of incidents that lead to many claims."

Funding will occur principally through voluntary grants from CMSS member societies, and from physician-owned professional liability insurance companies. The issuance of study quarterly reports, of which four have been published to date with the last covering the period ending June 30, 1976, will resume as soon as practical.

The NAIC Closed Claims Malpractice Study was initially undertaken in 1975 and was co-funded by the NAIC and insurance companies. The first study analyzed 25,000 claims closed during a twelve-month period begin-

ning July 1, 1975. Study was discontinued after withdrawal of financial support by the insurance companies.

### AAP warning ignored

Children under age eight receive tetracyclines under prescription from their physicians in spite of the American Academy of Pediatrics' warning that the drugs can cause complications in young children.

A recent study, conducted by Vanderbilt University's medical school and published in the Journal of the American Medical Association (JAMA), has revealed that of 59,000 children enrolled in Tennessee's medicaid program, 4,026, or about seven percent, had taken tetracyclines on prescription from their doctors. About 27 percent of 1,947 physicians surveyed had prescribed tetracyclines for children at least once; 134 doctors accounted for 84 percent of all prescriptions while 26 doctors wrote 54 percent.

More than two years ago the American Academy of Pediatrics had issued a warning that "few, if any," reasons exist for prescribing the drugs to children under age eight.

The Cancer Information Service (CIS) has begun servicing physicians and residents of eastern Pennsylvania by offering a toll-free telephone line (1-800-822-3963) to answer questions from professionals and the public about cancer causes, detection, diagnosis, and treatment. CIS will also provide information on local resources for cancer care and rehabilitation.

The program, which is administered by the Fox Chase Cancer Center in cooperation with the American Cancer Society, does not recommend particular physicians or hospitals, nor does it become involved with existing physician-patient relationships.

Now serving Delaware, greater New Jersey, and eastern Pennsylvania, the CIS will soon be extended to include the 34 counties in the eastern half of the state.





## When to test — individual judgments required

Rising medical costs have had so much media attention that the average physician is becoming tired of listening to the repetitive charges. Radio, television, newspapers, and magazines have zeroed in on the subject. Even medical journals are publishing papers and editorials with the usual charges and countercharges.

Defensive medicine has been named as one of the causes of spiraling health care costs, but very little has been written on the subject. Defensive medicine might be defined as overutilization of diagnostic tests because, to avoid a malpractice suit, one should investigate every possibility, that is, cover all bases.

Do we perform too many tests? There is no clear answer—either a yes or a no reply must be qualified.

This example concerns one of your patients whom you've seen many times and know well. He has a sprained ankle. You examine the ankle, explain that you are fairly sure that he has a sprain, and prescribe treatment, including instructions that he should return in a specified number of days if there is no improvement.

If the same patient goes to the emergency room with the same complaint, the emergency room physician probably would order radiographic studies to rule out a fracture. The E.R. physician is not less competent, but he takes the additional precaution because the patient is a stranger, so that no personal physician-patient relationship exists. The emergency room itself is a "high risk" area with regard to the filing of malpractice suits.

Another of your patients has a renal disorder. In the course of providing routine care, you need one or two electrolyte values, and a uric acid and BUN val-

ue. But you know that in the automated laboratory, the actual cost of performing these tests individually varies between 20 and 50 percent higher than the renal profile which includes nine studies. Because automated laboratories have increased efficiency and reduced costs, you obtain additional information to assist your evaluation at less cost.

Your last patient today comes in because of a specific problem. You are reasonably sure the symptoms are due to a common ailment, but circumstances necessitate tests to rule out more serious causes. In this specific case, the patient has what appears to be bronchitis. There is a family history of malignancy, and the patient, who also smokes, wants a chest x-ray. Your judgment tells you the patient has bronchitis, but in view of the family history, the smoking habit, and the anxiety, are you not obligated to explore further? Medicine is not an exact science—extenuating circumstances such as these influence the ordering of diagnostic tests. How much do planners, managers, and bureaucrats know of these complexities?

There is an indication that the government plans an attack on physicians' fees, specifically with regard to the number of tests performed. If this occurs, who then will be responsible for an error in judgment resulting in the death or disability of a patient? This would be penny wise and pound foolish government regulation and an invasion of the normal physician-patient relationship. As Ben Franklin said, "Bad gains are true losses."

David A. Smith, M.D.  
Medical Editor

## Relaxation is relaxation is relaxation

Relaxation is a physiological state that can be achieved by anyone who is not organically paralyzed. If one has power to utilize his skeletal muscles he can learn to shut off completely the power going to them and by doing so can bring a state of relaxation that will cause demonstrable physiological changes. With reduction in tenseness and lessening of rigidity and firmness in muscles, the expenditure of energy is reduced and a resting state is established. Not only do the muscle fibers rest in this state, but millions of nerve cells that must be activated to maintain a state

of tension are also able to rest and restore their functioning capacity.

With the reduction of muscular tension the readiness to respond to stimuli is reduced in the nervous system at all levels and physiological changes can be readily observed when a truly relaxed state is established. The first change observed after the muscles become limp and loose is a reduction in the rate of breathing.

When in medical school I served as a summer resident in the White Haven Sanatorium for the treat-



ment of tuberculosis and there I was impressed by the value of muscle relaxation and thought control as taught patients by Doctor Joseph Walsh.

Doctor Walsh presented to patients ways in which they could contribute to the healing of their diseased lungs. In the wards he informed the patients that it was essential to do everything possible to diminish movement in the lungs. He pointed out that when one has a cracked lip or cut knuckle he avoids movement so that healing will be accelerated. He advised against deep breathing, yawning, and especially coughing, which creates tumult in the lungs. He taught patients to reduce movement in the lungs by diminishing the body's need for oxygen. This can best be accomplished by relaxing the muscles since they are the largest consumers of oxygen. When it was apparent to him that all patients were reasonably relaxed he instructed them in abdominal breathing and began to call the inhalations and exhalations at a progressively slower rate as he encouraged deeper and more profound relaxation. As he steadily slowed the breathing rate it was amazing to see the patients breathing six or even four times a minute as they seemed to achieve a state of suspended animation. He then encouraged the patients to try to be relaxed at all times and to do everything slowly and with the least possible expenditure of energy.

Several years later I recognized the elements of suggestion and hypnosis that were so effective and, when I later told Doctor Walsh that I felt he was a magnificent hypnotist, he was astonished that I regarded his work in this light.

In addition to the physical benefits gained through relaxation, Doctor Walsh assured patients that when they became relaxed a state of composure was established and their anxiety and concern about their illness and their future would be diminished and their ability to face life with confidence would contribute to their happiness.

Years later I had an interesting conversation with a woman who had a summer camp in the Poconos for young girls. The camp was located in a forested area and many of the children were afraid of the darkness and the strange noises of the woods. She handled this problem by a technique she had developed. Each night she went into the cabins at bedtime and made a game of getting them to relax and make their bodies go limp. When all were relaxed and apparently drowsy, she announced that there was a magic word they could repeat silently in their minds so that they would sleep soundly and awaken ready for a wonderful day. The magic word she gave them was "hem-lock." This same magic word worked for all of them. Each did not have her own special "mantra" as in the system of "transcendental meditation" taught by Maharishi Mahesh Yogi. With or without a mantra

relaxation will work for anyone who concentrates on shutting off power going to muscles. The result will be an improvement in physical and mental health with little professional help.

During periods of relaxation when muscles and other tissues require less oxygen, the respiratory rate is diminished, the heart rate is slowed, and blood pressure is lowered because the reduced muscle tension and the reduced pressure in the fascial planes between the muscles permit blood to flow against lessened resistance. As skeletal muscle tension is reduced the responsiveness of the nervous system at all levels is lessened, the spastic state in the gastrointestinal tract is relieved, and the flow of hydrochloric acid is cut down; relief of the peptic ulcer syndrome can be dramatic.

The physiological changes that occur in a relaxed state can be observed easily and, with the use of biofeedback, can be shown to the patient. The apparatus that records these changes graphically impresses on the patient that relaxation can alter important body functions and lead to improved physical and mental health. "One picture is worth a thousand words" and this procedure convinces patients who would otherwise be resistant to using the technique that relaxation is an effective measure.

Every physician should learn to help patients relax and enlist the patient's own efforts in improving his state of health. Hypertension, peptic ulcer, tension headaches, spastic colon, and many other disorders can be greatly improved by creating a relaxed state.

Relaxation is relaxation and it can be utilized to improve body and mental health without the convincing aid of biofeedback equipment, the use of a mantra selected by a trained disciple of Maharishi Mahesh Yogi, or any other mystical measures.

Samuel B. Hadden, M.D.  
Contributing Editor



Hey, isn't that your beeper you just hit away?



# Assessment of the surgical management of coronary atherosclerosis coexisting with other surgically correctable heart disease

T. J. DOSIOS, M.D.  
G. J. MAGOVERN, M.D.  
G. A. LIEBLER, M.D.  
S. B. PARK, M.D.  
W. J. CUSHING, M.D.  
Pittsburgh

Combined operative intervention for coronary artery disease (CAD) coexisting with other surgically correctable heart lesions constitutes about 8 percent of aorto coronary bypass (ACB) procedures in published series. However, the indications for surgical treatment of these combined cardiac lesions are not clearly established. The operative mortality is relatively high and there is little information about the long term results.

The advent of coronary arteriography has revealed that CAD coexists with other surgically correctable heart diseases in as many as one third of patients. Surgical treatment of these patients includes both ACB and procedures for correction of the coexisting heart disease. Published series include relatively few patients, for surgical mortality is usually much higher than the cumulated mortality for the surgical treatment of CAD and the coexisting heart disease.

## Materials and Methods

During a 39 month period ending March 31, 1974, 30 patients (22 men and 8 women) ranging in age from 41 to 67 (average 54.3) years underwent aorto coronary bypass with concomitant heart procedures.

Preoperative coronary arteriography and left ventriculography were performed on all patients. Right and left heart catheterization was done when indicated. Cardiopulmonary bypass with hemodilution and mild hypothermia was used in each operation.

Thirty-five grafts, of which five were derived from internal mammary arteries and thirty from saphenous veins, were used on the thirty patients. Twenty-five patients received single grafts and five received double grafts. Only one of the 30 patients re-

quired gas endarterectomy of the left anterior descending coronary artery at the time of ACB. The left anterior descending coronary artery was grafted in 16 patients, the right coronary artery in 12, the marginal branch of the circumflex coronary artery in 6, and the diagonal branch of left anterior descending in 3 patients. In addition, 14 patients had 20 diseased coronary arteries with non-surgically correctable lesions.

The type of concomitant heart procedure required as well as the sex and age of the patients, their preoperative functional class and history, the duration of symptoms, and the indication for operation are presented in Table I. The most common symptoms were those of congestive heart failure and angina. The patients whose coexisting heart lesion was mitral valve disease had the longest preoperative symptomatology.

The left ventriculogram was abnormal in 27 of 30 patients; 16 had elevated left ventricular end-diastolic pressure at rest ranging from 14 to 44 (average 23) mm Hg.

The type of valvular disease and the presence of known rheumatic fever in the history of the patients who underwent valvular procedures are presented in Table II. The mean pulmonary arterial pressure of the patients with mitral valve disease ranged from 21 to 55 (average 31) mm

Hg. The gradient across the aortic valve of the patients who had pure aortic stenosis ranged between 75 and 90 (average 82) mm Hg. The subvalvular gradient after provocative measures on the one patient who had idiopathic hypertrophic subaortic stenosis (IHSS) was 115 mm Hg.

Beall valve was used for mitral valve replacement. Aortic valve was replaced with Magovern valve in all the patients.

Eleven of 26 patients who survived the operation had postoperative heart catheterization between 2 and 27 (average 13) months after the operation. All patients who survived were monitored until March 1975, for an average of 32.4 months.

## Results

Four operative deaths and seven late deaths resulted within 30 days of the operation. The causes and times of deaths are presented in Table III. Postoperative and late nonfatal complications are presented in Table IV.

Patients with aortic valve replacement had very good results. Patients with mitral valve procedures demonstrated the poorest operative and long term results.

Of the 26 patients who survived the operation, 22 showed improved symptomatology, three were unchanged, and one showed deterioration after the operation. All patients who did not improve after the operation died in the late postoperative period. Of the 19 patients who are still living, all but one work full time or enjoy active retirement; some even participate in sports.

Postoperative catheterization findings are presented in Table V. Nine of eleven patients who had postoperative catheterization did not show improvement of the left ventricular function.

*The authors are associated with the department of thoracic and cardiovascular surgery of the Allegheny General Hospital, Pittsburgh. Address reprint requests to George J. Magovern, M.D., Department of Surgery, Allegheny General Hospital, Pittsburgh, Pennsylvania 15212.*

**TABLE I**  
**Clinical Material**

	Resection or plication of left ventricular aneurysm	Concomitant heart procedure					Total
		AVR	MVR	OMC	Excision of IHSS	Pericardiectomy	
<i>Sex</i>							
F	1	3	4	0	0	0	8
M	10	5	4	1	1	1	22
<i>Age</i>	41-64 (51.5)	45-67 (56.5)	47-66 (56.5)	55	57	45	41-67 (54.3)
<i>Functional class</i>							
III	7	6	5	1	0	1	28
IV	4	2	3	0	1	0	2
<i>History</i>							
CHF	7	7	8	1	1	1	25
Angina	9	6	7	0	1	1	24
MI	10	4	2	0	1	0	17
Arrhythmias	5	1	5	1	0	0	12
RHD	0	4	5	1	0	0	10
Syncope	2	2	0	0	0	1	5
<i>Duration of symptoms</i> (years)	0.25-11 (3.8)	0.25-12 (2.6)	0.5-15 (5.6)	0.5	1.5	1	0.25-15 (3.7)
<i>Indication for surgery</i>							
Coexisting HD	2	4	2	0	0	0	8
CAD	7	2	2	1	0	1	13
HD and CAD	2	2	4	0	1	0	9

AVR—Aortic valve replacement

MVR—Mitral valve replacement

OMC—Open mitral commissurotomy

CHF—Congestive heart failure

MI—Myocardial infarction

RHD—Rheumatic heart disease

HD—Heart disease

## Discussion

Valvular heart disease and left ventricular aneurysm are the most common surgically correctable heart lesions coexisting with CAD.

In Loop's<sup>2</sup> series, 56 percent of the patients who demonstrated left ventricular aneurysmectomy required combined revascularization operations of the remaining myocardium.

Valvular heart disease does not alter the incidence of CAD. Recent publications<sup>3-5</sup> demonstrate that CAD is present in 4 percent of patients suffering from valvular heart disease. Loop, et al.<sup>6</sup>, report that 8.4 percent of patients who had mitral and/or aortic valve replacement had CAD that justified myocardial revascularization procedures. The great variation of the reported incidence of CAD apparently is due to the fact that different criteria were used by the authors to determine the severity of CAD.

Patients suffering from surgically correctable heart lesions coexisting

with CAD have been treated in the past without the correction of CAD by surgical intervention. The results of such management have been unsatisfactory.<sup>7,8</sup> The advent of direct myocardial revascularization has made possible ACB combined with additional procedures for correction of coexisting heart diseases. In a collective series<sup>9-12</sup> examining 3,924 patients with ACB, 305 patients (7.7 percent) needed additional procedures

for correction of coexisting left ventricular aneurysm and/or valvular heart disease. Patients reported to have had emergency ACB for acute myocardial infarction with or without infarctectomy are not included in this review.

According to Oran, et al., patients with IHSS coexisting with CAD were treated surgically for the CAD alone.<sup>13</sup>

The authors performed 718 consecutive ACB procedures in a 39 month

**TABLE II**  
**Valvular Diseases**

Concomitant heart procedure		Valvular disease		Known history of rheumatic heart disease
AVR	8	AS	3	1
		AI	3	2
		AS & AI	2	1
MVR	8	MS	4	3
		MI	2	0
		MS & MI	2	2
OMC	1	MS	1	1

AS—Aortic stenosis

MS—Mitral stenosis

AI—Aortic insufficiency

MI—Mitral insufficiency



TABLE III Mortality						
Concomitant heart procedure	No. of patients	Within 30 days of surgery		Late postoperative		Months after surgery
		No.	Cause	No.	Cause	
Resection or plication of left ventricular aneurysm	11	1	Congestive heart failure	2	Sudden death	4, 7
				1	Ventricular fibrillation	26
MVR or OMC	9	1	Myocardial infarction	1	Myocardial infarction	24
		2	Rupture of dissecting thoracic aortic aneurysm	1	Cerebrovascular accident	25
				1	Sudden death	1.5
				1	Pulmonary embolism	2.5
AVR	8	1	Ventricular fibrillation	0		
Excision of IHSS	1	0		0		
Pericardiectomy	1	0		0		

period. Additional procedures were required in 30 (4.2 percent) of the patients in order to correct coexisting heart diseases, including IHSS and constrictive pericarditis.

Comparative data are given in three<sup>9-11</sup> of the previously mentioned collective series. The operative mortalities for ACB alone were 7.1 percent, 1.0 percent and 5.9 percent, respectively. Operative mortality for the ACB combined with concomitant heart procedures (aortic and/or mitral valve procedure and/or left ventricular aneurysmectomy or plication) was 2 to 10 times higher, averaging 17.4 percent.

The authors' study shows that of 688 patients who had ACB alone, 19 (2.8 percent) died; there were four deaths among the 30 patients who had ACB combined with concomitant heart procedures during the same period.

Table VI presents the operative mortality (up to 30 first postoperative

days) of a collective series of nine authors<sup>2,3,5,6,9-11,14,15</sup> whose 465 patients underwent ACB with concomitant heart procedures for correction of left ventricular aneurysm and/or valvular heart disease. Operative mortality rates vary widely among the authors.

Patients with nonrheumatic mitral regurgitation associated with CAD, left ventricular dysfunction, and/or elevated left ventricular end diastolic pressure are considered by the majority of authors to have the highest operative risk.<sup>3,15,16</sup>

Limited data on the long term results of surgical treatment of coronary atherosclerosis coexisting with other heart diseases do not permit definite conclusions; however, they suggest that long term results of patients undergoing aortic valvular procedures combined with ACB may be good. In our series, all four patients who underwent this kind of treatment

three or more years ago are doing well. Anderson, et al.,<sup>3</sup> report an 80 percent 3 year survival rate and good functional results in their patients. Because medical treatment of these patients gives very poor results, we think that surgery is the treatment of choice.

It is not known whether aneurysmectomy combined with ACB improves the longevity of patients suffering from left ventricular aneurysm coexisting with CAD of the remaining myocardium. However, the quality of life of these usually severely incapacitated patients is significantly improved by surgery.<sup>7</sup>

Patients suffering from mitral valvular disease coexisting with CAD seem to be less responsive to surgical treatment. Only two of our six patients who had ACB combined with mitral valve procedures three or more years ago were alive in March 1975. High late postoperative mortality with this procedure has been reported by other authors.<sup>17,18</sup>

Indications for surgical treatment of patients suffering from CAD coexisting with other surgically correctable heart diseases are not clearly established. The absence of comparative late results between the medical and surgical treatment makes clearcut indications difficult. Kasparian, et al.,<sup>5</sup> gave "reasonable indications for surgery" in patients with CAD coexisting with chronic valvular disease.

TABLE IV Nonfatal Complications	
	No. of cases
A. Within 30 days of surgery	
Myocardial infarction	7
Infection	2
Ventricular tachycardia or ventricular fibrillation	1
Other arrhythmias requiring cardiac pacing or cardioversion	4
Bleeding requiring reoperation	1
Embolism in systemic circulation	1
B. Late complications	
Atrial flutter or atrial fibrillation requiring cardioversion	3

**TABLE V**  
**Results of Postoperative Catheterization Studies (PCS)**

Concomitant heart procedure	ACB grafts			Left ventricular ejection fraction			Left ventricular end diastolic pressure		
	No. in PCS	No. placed	No. open	Inc.	Dec.	NC*	Inc.	Dec.	NC
Left ventricular aneurysmectomy or plication	5	6	5	2	0	3	3	1	1
Mitral valve replacement	3	3	3	0	1	2	2	1	0
Aortic valve replacement	2	2	2	0	0	2	0	0	2
Excision of IHSS	1	1	1	1	0	0	0	0	1
Total	11	12	11	3	1	7	5	2	4

\* No change

In view of our experience and the results of other authors, we think that if a segmental stenosis of 60 percent or more of one or more of the main coronary branches coexists with surgically correctable heart disease, ACB should be considered in addition to the usual indication for surgical correction of the coexisting heart problem. The opposite is also true; that is, if the patient has CAD which is severe enough

primarily by the underlying myocardial status. □

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**TABLE VI**  
**Surgical Mortality in Collected Series**

Concomitant heart procedure	No. of patients	Mortality	Percentage	
			Avg.	Extreme values
Resection or plication of left ventricular aneurysm	152	23	15.1%	9.7-20%
Aortic valve	187	25	13.3%	5.4-85.7%
Mitral valve	104	23	22.1%	0-50%
Multiple valvular; valve and resection; plication of left ventricular aneurysm	22	8	36.4%	0-100%
Total	465	79	17.0%	

to justify ACB, in addition to moderately severe surgically correctable heart disease, both lesions should be corrected in one surgical intervention in most cases. If both severe CAD with impairment of left ventricular function and severe coexisting heart disease are present, individualization should be carried out. This is particularly true when the coexisting problem is mitral valve disease, for both operative and late mortality are high. Apparently, the long term result is not greatly affected by the improvement of the valvular problem but, as the postoperative catheterization findings show, is determined

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WASHINGTON, Aug. 24, 1920—



# Social Security Bill Is Signed; Gives Pensions to Aged, Jobless

Roosevelt Approves Message Intended to Benefit 30,000,000  
Persons When States Adopt Cooperating Laws—He Calls  
the Measure 'Cornerstone' of His Economic Program

## SENATE APPROVES 18-YEAR OLD VOTE IN ALL ELECTIONS

Amendment to Constitution  
is Sent to House, Where  
Passage is Expected

WASHINGTON, March 10,  
1911—The Senate approved

WASHINGTON, Aug. 14  
The Social Security Bill, providing  
a broad program of unemployment  
insurance and old age pensions  
and counted upon to benefit  
20,000,000 persons, became law  
today when it was signed by Presi-  
dent Roosevelt in the presence of  
those chiefly responsible for drafting  
it through Congress.

Mr. Roosevelt called the bill  
"the cornerstone of my economic  
program which is being built to  
meet the complex needs of the  
country."

# TRUMAN CLOSES UNITED NATIONS CONFERENCE WITH PLEA TO TRANSLATE CHARTER INTO DEEDS

## NEW WORLD HOPE

President Hails 'Great  
Instrument of Peace,'  
Insists It Be Used

## HISTORIC LANDMARK

Meeting Gives Standing  
Ovation as Executive  
Pictures Peace Gain

SAN FRANCISCO, June 26, 1945

"If we fail to use it," he declared  
to the solemn final meeting of the  
delegates, "we shall betray all of  
those who have died in order that  
we might meet here in freedom and  
safety to create it."  
"If we seek to use it selfishly—for  
the advantage of any one nation or  
any small group of nations—we  
shall be equally guilty of that be-  
trayal."

Fervent Interpolation  
The President, speaking in the  
auditorium of the War Memorial  
Opera House, built in memory of  
sons of the Golden Gate city who  
gave their lives in the first World  
War, in which he himself served,  
seemed to give unconscious expres-  
sion to the solemn feeling of the  
occasion when, at the outset of his  
speech, he interpolated the words,  
half a hope, half a prayer:  
"Oh, what a great day this can  
be in history!"

Just before the plenary session  
the President accompanied the  
eight United States delegates to  
the auditorium of the Veterans

# the Draft Ends No

WASHINGTON, Jan. 27,  
1973—"With the signing of  
the peace agreement in  
Paris today, and after re-  
ceiving a report from the  
Secretary of the Army that  
he foresees no need for





# PATIENT PACKAGE INSERTS: A CONCEPT WHOSE TIME HAS COME?

*The consumer's right to know is an irreversible and desirable trend of the Seventies. It extends, and properly, to a patient's right to know more about his or her prescription medications. One way, gaining favor, is through patient package inserts. Wisely-prepared and properly distributed when medically indicated, they could markedly improve patient knowledge and drug therapy—laudable goals by anyone's standards.*

*The PMA endorses these goals and will work with government, the health professions and consumers to achieve them.*

## **The Advantages**

The concept holds promise of benefits: better patient understanding of the product prescribed, better adherence to the treatment plan, and more awareness of possible side reactions.

Every doctor has had patients who fail to finish antibiotic regimens because they feel better. Some patients assume that if one tranquilizer or analgesic is good, two may be twice as good. Still others fail to report dizziness while on antihypertensive therapy—and so on.

Problems like these might arise less often if the patient received written information in addition to verbal instructions. Some studies suggest that patients are more receptive to such materials, and they more often understand the verbal instructions and follow them, when inserts are used.

## **The Disadvantages**

There are also some potential problems. Obviously, the inserts must be clearly phrased, without extraneous or complex detail. How much information

is enough? How can it be kept current? Should all patients receive the same information? Should inserts be included with all drugs? Should only potential problems be listed or are patients better off with a "fair balance" presentation that describes usefulness as well as drawbacks?

These and similar questions require answers, since model inserts have yet to be properly developed and tested. Despite the need for these studies, the FDA is proceeding prematurely with inserts on selected products. We think the Congress is the only place where the matter can be given the proper legal status and direction, particularly since it represents a conceptual change in the legal, medical and social framework of the nation's prescription drug information system.

## **The Solution**

The PMA believes that carefully-devised pilot studies of various kinds of inserts are needed. They should be developed and implemented with full participation by doctors, pharmacists, consumers, communications experts and the drug industry. Such studies will provide reliable pathways to follow, so that inserts will be useful aids to medical practice.

And particularly we think that you should be closely involved in this debate and in these studies and decisions. Otherwise, people with less experience and qualifications may control the purposes, content and use of a tool with considerable promise for improved patient care. It could make a difference in your practice tomorrow, and more importantly, in the health of your patients.

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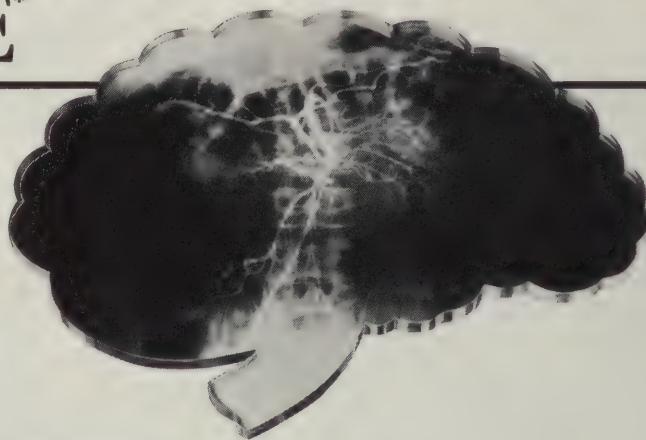
\* This drug has been evaluated as possibly effective for this indication.  
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\* **Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.

Final classification of the less-than-effective indications requires further investigation.

**Contraindications:** Patients with glaucoma; prostatic hypertrophy and benign bladder neck obstruction; known hypersensitivity to chlordiazepoxide hydrochloride and/or clidinium bromide.

**Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering Librium® (chlordiazepoxide hydrochloride) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported.

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As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

**Precautions:** In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacologic effects of agents, particularly potentiating drugs such as MAO inhibitors and

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Piching Bandaranayake, M.D., Internal Medicine, 110 Berwyn Rd., Pittsburgh 15237

Ashok R. Bapat, M.D., Internal Medicine, 300 Stratford Ave., Pittsburgh 15232

Robert Baraff, M.D. Neurology, 4815 Liberty Ave., Ste. 401, Pittsburgh 15224

Nareesh I. Bhatt, M.D., Internal Medicine, 2 N. Montefiore Hosp., Pittsburgh 15213

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Ronald L. Boron, M.D., General Surgery, 6083 Boxer Dr., Bethel Park 15106

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William O. Generett, M.D., Obstetrics/Gynecology, 6941 Thomas Blvd., Pittsburgh 15208

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Pradeep K. Kulkarni, M.D., Obstetrics/Gynecology, Royal Plaza, Apt. 411-C, 5506 5th Ave., Pittsburgh 15232

Ronald A. Landay, M.D., Internal Medicine, 3520 Fifth Ave., Pittsburgh 15140

David M. Lobas, M.D., Neurology, 9102 Babcock Blvd., #203, Pittsburgh 15237

James G. Martin, M.D., Thoracic Surgery, 408-12 45th St., Ste. 3H, Pittsburgh 15201

Brittain McJunkin, M.D., Internal Medicine, 7525 Tuscarora St., Pittsburgh 15208

Bartly J. Mondino, M.D., Ophthalmology, Eye & Ear Hosp., Pittsburgh 15213

Mary K. O'Connor, Internal Medicine, 102 Horizon Dr., Pittsburgh 15237

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Thomas G. Philipson, M.D., Obstetrics/Gynecology, 5642 Hampton Ave., Pittsburgh 15206

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K. Sunderam Shetty, M.D., Internal Medicine, #405, 120 Ruskin Ave., Pittsburgh 15213

Jadish P. Somani, M.D., Psychiatry, 125 Knodler Rd., Pittsburgh 15236

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David S. Zorub, M.D., Neurological Surgery, Pgh. Sch. of Med., 9402, Pittsburgh 15213

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Paul W. Cosby, M.D., Family Practice, Box 222, Spinnerstown 18968

Chung S. Kim, M.D., Internal Medicine, Reading Rehab. Hosp., Reading 19607

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Frederick H. Richards, M.D., Orthopedic Surgery, 425 Canton St., Troy 16947

### BUCKS COUNTY:

Harish C. Chawla, M.D., General Surgery, 942 Randolph Dr., Yardley 19046

Joseph J. Curci, M.D., General Surgery, 666 Edison Furlong Rd., Furlong 18925

Howard B. Koffler, M.D., Internal Medicine, 243 Hawthorne Cir., North Wales 19454

Roberta W. Lucas, M.D., Pediatrics, 358 W. Trenton Ave., Morrisville 19067

Floyde D. McCauley, D.O., Psychiatry, Hilltown Pike, Hilltown 18927

Sonia M. Padgett, M.D., Pediatrics, 220 Sugartown Rd., Devon 19333

Zaida Padwa-Deocera, M.D., Obstetrics/Gynecology, 359 Upper Holland Rd., Richboro 18954

David C. Rilling, M.D., Thoracic Surgery, 711 Lawn Ave., Sellersville 18960

Robert Sasson, M.D., Pediatrics, Newtown Yardley Rd., Ste. 1D, Newtown 18940

Alfred G. Vasta, M.D., Internal Medicine, 500 Juniper St., Quakertown 18951

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Seymore A. Abrons, M.D., 404 Southmont Blvd., Johnstown 15905

Arvind Kumar Bhadra, M.D., Internal Medicine, 431 Devon Dr., Johnstown 15906

Raymond A. Chouinard, M.D., Family Practice, 2 Young St., Johnstown 15904

Royal R. Koeller, M.D., Family Practice, 1130 Franklin St., Johnstown 15905

Richard G. McKinley, M.D., Obstetrics/Gynecology, 111 Franklin St., Johnstown 15905

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Bhaskaran Muralidharan, M.D., General Surgery, 724 Goucher St., Johnstown 15905

Steven A. Myers, M.D., Family Practice, 2277 Sunshine Ave., Johnstown 15905

Richard J. Stadtmiller, M.D., Family Practice, Apt. 1-C-24, 331 Theatre, Johnstown 15905

Steven A. Myers, M.D., Family Practice, 2277 Sunshine Ave., Johnstown 15905

Lawrence S. Rosenberg, M.D., Pediatrics, 1141 Franklin St., Johnstown 15905

George W. Strother, M.D., Internal Medicine, 320 Main St., Johnstown 15901

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Sidney J. Kohle, M.D., Family Practice, R.D. 3, Lehighton 18237

Lawrence A. Perin, M.D., Family Practice, 3 Eisenhower Cir., Whitehall 18052

Continued on page 57



## Computer law 'new and explosive'

EDWARD H. ACHORN, M.Ad., C.P.A.

Harrisburg

DONALD L. DeMUTH, M.B.A., C.P.A.

When a physician thinks of legal problems, he normally thinks of malpractice. However, for much the same reason, he should examine the legal side of computers. This article is intended to raise some basic questions, and to provide some do's and don'ts.

The common misconception regarding computers is that they can handle medical decisions. Computers may be delegated that authority in part, but hospital management and the physician must select the criteria and construct the decision tables. In other words, the responsibility still rests with the physician or hospital management.

When legal questions arise in connection with operation of a computer system, the basic questions to be asked will evolve from the phrase "ordinary and reasonable care." If you are among those using or contemplating use of electronic data processing (EDP), there are some things you should know to preclude future grief. The computer law field is new and explosive. Few attorneys would consider themselves experts, but an attorney should be consulted before becoming involved in EDP contracts. Normally the only time a contract is referred to is when there is trouble. If you have used the services of a consultant in developing your system, involve him in developing sound computer contracts.

Just as you would not sign a purchase agreement and settle for real estate without consulting an attorney so you should be equally prudent when entering a computer contract. The total outlay for a computer system including software and hardware could equal or exceed that of real estate.

Some recent situations are cited for emphasis.

An airline passenger reservation system was installed and goofed. Result: The airline sued the manufacturer for \$70 million, and a counter-suit of \$11.5 million for the hardware was filed by the manufacturer.

A publisher sued a software firm for \$2.5 million when a mailing list

maintenance program didn't work properly and large numbers of names were either duplicated or dropped.

As "on line" systems become more common, and as mini-computers begin to saturate the market, more and more people will be suing because someone did not use proper care.

Other areas are equally vulnerable. A company officer—or a physician—cannot ignore the computer. A landmark Supreme Court decision in 1891 held, "The degree of care required of directors of corporations depends upon the subject to which it is applied, and each case is to be determined in view of all the circumstances . . . directors . . . must exercise ordinary care and prudence."

Ordinary care and prudence applies to the physician who should investigate the computer for: practice management, third party billing, accounts receivable, patient billing, scheduling, patient history, multiphasic health testing, computer assisted diagnosis, medical records, physiological monitoring, and EKG interpretation.

Professional liability also has found its way into the computer field. The physician's practice is not an isolated case for malpractice. (And this is something to look for when deciding which firm to use. Question: The scope of its errors and omissions insurance? Question: Does the contract restrict damages to the amount of the bill?) Consequential damages can be severe. A recent article in the *Wall Street Journal* illustrates the point. In an effort to promote public relations, a midwestern motel chain sent thank you letters to its recent occupants. Un-

fortunately, the computer operator inserted "Mrs." on each of the mailing labels. Needless to say, many lawsuits resulted. At many points along the way, this could have been prevented by reviewing the work for quality. It is usually possible to place sufficient control on commercial applications (billing, ledger, etc.) to preclude major problems in these areas.

The field is new, however, and the techniques for placing controls on medically oriented programs are not fully developed. Computer output in these applications must be examined with a scrutinizing eye.

### Computer privacy

The privacy problem is one which must be resolved. A physician should not permit access to medical records to just anybody, but placing them on a computer makes them available to maintenance personnel, computer operators, or anybody who has access to a terminal. Access to the computer can be restricted by requiring a code to retrieve medical records. This code will be only as good as the fidelity of those using it, but that is true of manual systems as well.

Even to those outside the medical profession, carelessness in the use of data is a bad trait. One safeguard is the communication of the idea of privacy to those around the system. Tell them, "Keep your hands off."

In connection with computer security, a catastrophe plan should be developed. The physician should copy the files and programs, and store this valuable information in a fire-proof vault or in a location away from his office.

### Avoiding inaccuracies

Inaccurate information and its use can result in serious illness or death. These types of problems can occur from several sources:

1. Inaccurate programming, resulting in the loss or misassignment of medical record entries.
2. Miscoding of information for the computer by an aide or nurse.
3. Misrecording, again resulting in loss of information or incorrect infor-

*This article is the last in a series on computer management techniques for physicians. The authors are on the faculty of the Pennsylvania State University's Capitol Campus, Middletown. Mr. Achorn is an assistant professor of accounting and management and Mr. DeMuth is an assistant professor of accounting and finance.*



mation.

Who will ultimately be held responsible? The programmer? The aide? The keypunch operator? The physician? There are no simple answers, and in each case the circumstances will dictate. Most software (programming) contracts place the final responsibility on the user to test programs thoroughly. Unquestionably the physician will be at risk. The following steps should safeguard against such contingencies.

1. Check test runs thoroughly before using.

2. When program modifications are made, check them just as thoroughly. This means everything, not just the area changed.

3. Require the programmer to provide a logic diagram, and insist that all parameters of that diagram be tested. Do not use the program until this is done.

4. Become critical of computer output. If something does not look right, do not accept it. If strange numbers appear, insist on knowing why, and have them corrected—not eliminated, but corrected.

### Signing the contract

There are contracts and there are contracts. The most common types are service, hardware, and combinations. Most often the contract includes the phrase, "Anything written or verbal not contained herein . . ." Where does this leave the ultimate user? One has to look to the proposal for answers. It should include:

1. Specifications of the hardware.—What it can and cannot do.

2. Specifications of the software.—What it can and cannot do.

3. Details of programs and program language.

4. Details of implementation and whose responsibility it is to do what.

5. Specifics as to when contractors' outside assistance is concluded.

6. Method and time for billing and payment for hardware and software.

7. System parameters—volumes, cycles, timing, interfacing requirements. These are ultimately the user's responsibility. Care should be exercised to insure that a clear understanding exists between user and contractor. Example: A daily cycle for a given process versus a weekly cycle

will probably increase the required computer time by five times. Time costs money. Someone ultimately will pay for that kind of mistake, so why not avoid it?

One common sense approach to the contract problem is to examine and *understand* the proposal. If sections need clarification, have them clarified in writing. Once all is clear and acceptable, make the proposal a part of the contract. This can be done by accepting the contract by letter and including the proposal as part of the acceptance.

In dealing with software firms and service bureaus, certain other questions must be raised. Most firms will profess to "know how." It is a simple matter to prove performance by checking out references. When dealing with service bureaus, the question of program ownership arises. Package systems are usually owned by the bureau.

The question arises, "What do I do if for one reason or another the contract is terminated?" Some bureaus will sell an interest in or license use of the programs in this event. If the bureau designs a special system, you should contract to possess title. Care should be used to insure that you will receive source (not object) programs in a common program language (RPG, Cobol, Bal, and Autocoder are the most common). Further, it is no help to have programs if there is no equipment on which they may be run. For example, the IBM Systems 3 and 360 are probably the most common systems. Yet there is such a wide range of specs that it is common—even with these—to have to do a detailed search for compatibility. Ask the bureau if there is back-up and where it is located.

Another aspect to consider is financial stability. The mortality rate of software and hardware firms has been high. If your bargain is too shrewd, you may be a captive customer. Will you have to pay more just to keep the business going?

Third party contracts are available for both software and hardware. A good software agreement should include: the basis for billing; upper limits on price; responsibilities of both parties regarding layout of the system, programming, documentation of procedures, setup and testing, scope of tests and who sets them up; who owns

the programs; where the work is to be done; who pays for travel, computer test time, supplies, and incidentals; who is responsible for supervision; the system covered under the basic agreement; and the rates for extras.

For hardware, a third-party agreement may be one of two types, financial or operating. Generally, a financial lease is nothing more than another way of financing the purchase of equipment. In general, when committing to computer equipment one should commit to an extended period, so there is probably nothing wrong with this kind of lease, provided several key questions are covered:

Is the system upward expandable?

Could a more economical rate be secured through conventional financing?

What provisions exist to take title to the hardware during or at the end of the lease?

Who gets the investment credit?

An operating lease is one which covers a fixed term and under which no equity is gained. These are usually more costly and the user has the option to return the equipment. In general, it will be shorter in term. The argument frequently is made that this type is attractive because of obsolescence. If the physician takes the pains to examine the proposed system and feels that it is adequate for a period of five years (some vendors will prove the system and run it on a service basis for a period to satisfy the user), obsolescence is not a factor. Once the hardware is paid for, costs drop drastically.

Maintenance on computer equipment can be secured from the manufacturer, another user, or a third party service company. Generally all have been satisfactory. However, when the system consists of the hardware of multiple vendors, problems arise in establishing cause of failures. If possible, it is best to deal with one service organization, for then responsibility will be pin-pointed.

Does all of this seem complicated? It need not be. There is no substitute for common sense. Most of the areas of concern respond to just that. It is simply necessary to understand the system, the responsibilities, and the hazards. This requires common sense and time. □



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the compatible vasodilator

TABLETS, 20 mg.

**\*Indications:** Based on a review of this drug by the National Academy of Sciences-National Research Council and/or other information, the FDA has classified the indications as follows:

Possibly Effective:

1. For the relief of symptoms associated with cerebral vascular insufficiency.
2. In peripheral vascular disease of arteriosclerosis obliterans, thromboangiitis obliterans (Buerger's Disease) and Raynaud's disease.

Final classification of the less-than-effective indications requires further investigation.

**Composition:** Vasodilan tablets, isoxsuprine HCl, 10 mg. and 20 mg.  
Vasodilan injection, isoxsuprine HCl, 5 mg., per ml.

**Dosage and Administration:** Oral: 10 to 20 mg., three or four times daily. Intramuscular: 5 to 10 mg. (1 or 2 ml.) two or three times daily. Intramuscular administration may be used initially in severe or acute conditions.

**Contraindications and Cautions:** There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding.

Parenteral administration is not recommended in the presence of hypotension or tachycardia.

Intravenous administration should not be given because of increased likelihood of side effects.

**Adverse Reactions:** On rare occasions oral administration of the drug has been associated in time with the occurrence of hypotension, tachycardia, nausea, vomiting, dizziness, abdominal distress, and severe rash. If rash appears the drug should be discontinued.

Although available evidence suggests a temporal association of these reactions with isoxsuprine, a causal relationship can be neither confirmed nor refuted.

Administration of single dose of 10 mg. intramuscularly may result in hypotension and tachycardia. These symptoms are more pronounced in higher doses. For these reasons single intramuscular doses exceeding 10 mg. are not recommended. Repeated administration of 5 to 10 mg. intramuscularly at suitable intervals may be employed.

**Supplied:** Tablets, 10 mg., bottles of 100, 1000, 5000 and Unit Dose; Tablets, 20 mg., bottles of 100, 500, 1000, 5000 and Unit Dose; Injection, 10 mg. per 2 ml. ampul, box of six 2 ml. ampuls.

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# When **impotence** due to androgenic deficiency is driving them apart



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Methyltestosterone U.S.P. – 5, 10, 25 mg.

## New Double-Blind Study ANDROID-25 vs. Placebo\*

\* **WRITE FOR REPRINT:** R. B. Greenblatt, M.D.; R. Witherington, M.D.; I. B. Sipahioğlu, M.D.: Hormones for Improved Sexuality in the Male and Female Climacteric, *Drug Therapy*, Sept. 1976.

Is there a true aphrodisiac? How effective are androgens in the management of the male climacteric and male impotence? Article discusses the psychophysiological and hormonal changes in the elderly male and female and therapeutic considerations. The effectiveness of methyltestosterone in the management of male impotence was confirmed by a cross-over, double-blind study using a placebo and Android-25

(methyltestosterone 25 mg.), on 20 males, 50 years of age or older who complained of secondary impotence. Patients received a series of placebo then Android-25, or Android-25 then placebo as follows: 1 tablet/30 days; 2 tablets/30 days; 3 tablets/30 days. Sexual response was evaluated: 0 = no change; + = 25% improvement; ++ = 50% improvement; +++ = 75% improvement. Placebo effectiveness was + or ++ in 12.7% of trials. Android-25 elicited a +, ++ or +++ response in 47.2% of trials. There was often a dose related response not observed with the placebo. This effect was not observed in younger patients (age 28-45 years).

**DESCRIPTION:** Methyltestosterone is 17 $\beta$ -Hydroxy-17-Methylandrosta-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunichism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Post-pubertal cryptorchidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric,

avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE**

**REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. **In the male:** Eunuchoidism and eunichism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpubertal cryptorchidism, 30 mg. **REFERENCE:** Robert B. Greenblatt, M.D., and D. H. Perez, M.D.: "The Menopausal Syndrome," *Problems of Libido in the Elderly*, pp. 95-101. Medcom Press, N.Y., 1974. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250. Rx only.



## Patients may need basic sex education even today

JOYCE D. KALES, M.D.  
TJIAUW-LING TAN, M.D.  
ENOS D. MARTIN, M.D.  
Hershey

*This article is the first in a series coordinated by members of the departments of psychiatry of Pennsylvania's medical schools. The series is intended to help physicians in general practice to assess and manage the emotional needs of their patients. The first three articles constitute a miniseries on human sexuality. In the first article, Dr. Kales and associates provide a checklist for the physician whose patient requires basic sex education. Subsequent articles will discuss the sexual history and male and female sexual dysfunctions.*

Despite society's increasing openness about sexuality and sexual functioning, many individuals are not exposed to proper sexual education. The practicing physician may help to educate individuals and couples in a personalized and comprehensive way concerning the development of their potential as sexual human beings, and thus encourage them to express their natural sexual needs in healthy and acceptable ways. It is the physician who cares for patients at those critical phases of the life cycle (puberty, marriage, pregnancy, menopause, and geriatric periods) that are tied to the ebb and flow of reproductive and sexual functioning.

Thus, the physician is in an optimal position to provide sexual education tailored to the specific needs of his patients. Instructional aids such as pamphlets, books with diagrams, films, and videotape cassettes are available to provide anatomic and physiologic information, clarify various misconceptions, and encourage healthy and appropriate sexual attitudes. Table I gives a list of suggested materials for use by the physician in office counseling.

A checklist of basic information for the physician's use in his role as counselor follows.

### Sexual Response

The human sexual response cycle may be divided into four phases:

**Excitement**—Erection of the penis in the male and lubrication and swelling of the vagina and labia of the female occur in response to visual, tactile and olfactory stimuli, and to erotic thoughts and fantasies.

**Plateau**—Continued stimulation results in increased size of the testicles and breasts, increased muscular tension, and the so-called "orgasmic platform," which is due to swelling of the vagina. The "sex flush," a measles-like rash over the face and upper chest (blush area) and trunk, occurs during this phase in men and women.

**Orgasm**—This phase is characterized by seminal emission and ejaculation in the male and cervical and uterine contractions in the female. Both responses are accompanied by

intense pleasure. Heart rate and respiration are increased.

**Resolution**—In the male, erection subsides and a refractory period ensues, lasting from minutes to hours, during which erection and ejaculation cannot occur. Females do not have such invariable refractory periods; some women may be stimulated to successive orgasms.

Studies have shown that when only one to ten minutes of foreplay are involved, 40 percent of the women interviewed report they "nearly always" reach orgasm; 50 percent do so when foreplay extends for 15 or 20 minutes, and 60 percent when it is longer. When intromission lasts less than a minute before ejaculation, only about 25 percent of women achieve orgasm; about 50 percent do so when intromission lasts from 1 to 11 minutes, and about 65 percent do so when it lasts longer than 11 minutes.

**Coital positions**—Variety in coital positions makes sexual activity more enjoyable and prevents it from becoming routine and predictable. The most common position, often considered the "normal" or "missionary" position, is the face-to-face, man-above position. Other common positions include the man supine, woman atop, which allows the woman a chance to

*Dr. Kales is director of the division of community and social psychiatry and of the sex education program and sexual dysfunctions clinic of the department of psychiatry of The Milton S. Hershey Medical Center. Drs. Tan and Martin are associates in the department of psychiatry at Hershey.*



express herself and govern clitoral contact as well as control the tempo of movement and the depth of penetration; the face-to-face, side position, which allows maximum contact between the man's body and the woman's clitoris and offers the advantage of neither partner supporting the other's weight; rear entry, which can be accomplished with the woman kneeling or lying on her stomach or the man sitting on a bed or chair while the woman sits on his lap with her back to him; and standing or sitting face to face.

When various sexual practices are desired by one partner and considered "abnormal" by the other partner, the physician may be asked to be the arbiter of such disputes. Acts such as mutual manual stimulation and different coital positions are normal. Adding variety to the sex life of a couple is entirely healthy. However, sadistic or masochistic practices or other activities too roughly pursued, such as blowing air into the vagina, could lead to pain and permanent psychological or physical harm. It is also advisable to warn against the possibility of vag-

initis resulting from anal sex followed by vaginal intercourse without proper cleansing.

A form of sexual activity that is more popular than many realize is oral-genital stimulation. Kinsey reported that oral-genital contact was experienced by 60 percent of couples who were college educated. Some individuals have a very negative attitude toward genital kissing because they consider the genital region to be "dirty." The proximity of the genitals to the anus and urethra gives rise to the concept of uncleanness, but when the region is properly cleansed to remove smegma and other genital secretions, the "unclean" objection to oral-genital contact is no longer valid.

**Frequency of marital coitus**—In a recent study of middle class couples in their late 30s whose marriages averaged 14 years in length, the average husband desired intercourse nine times per month. The husbands reported that the actual frequency was seven times per month (25 percent below preference), while the wives reported that the actual frequency was eight times per month, the same as

their preference. In another study, 45 percent of males between 20 and 29 years old had intercourse three to four times per week; this figure declines to 1 percent of men between 60 and 69.

**Sex drive**—The strength of libido, or sex drive, in the male and female is determined by androgenic hormones, which are derived from the testes and adrenals in the male and from the adrenals in the female. Psychological factors determine the aim or object of the sex drive, although constitutional factors may also play an important role in certain sexual behaviors, for example in homosexuality and transsexualism.

Attitudes toward sex are learned both from the family, beginning with the early mother-infant relationship, and the culture. The deprivation of parental warmth, acceptance, and affection in childhood may result in ungratifying promiscuity representing a search for the fulfillment of needs, or the inability to find lasting sexual satisfaction with a loved and loving partner. The culture, too, imposes its own frequently conflicting values regarding sexual ethics, which shape individual sexual attitudes and behavior.

On a conscious or deeper, unconscious level, feelings of inadequacy and inferiority toward one's self and one's own body will result in fears of rejection, withdrawal from sexual opportunity, and difficulty with sexual responsiveness. A positive self esteem and high level of confidence will enhance sexuality. Sexuality can also be adversely affected by fears of bodily harm in women, or the counterpart, castration anxiety in men, or discomfort with closeness and intimacy, or fears of losing control and being dominated. The emotions of guilt, shame, anger, depression, or anxiety may result in low levels of drive and responsiveness.

### Myths and Misunderstandings

Misconceptions about sexual function and sexual anatomy and feelings of physical inadequacy and inferiority are common.

**Penis size**—Men, especially in adolescence, often have concern over the size of the penis. Masters and Johnson indicate a range of 7 to 11 cm in the flaccid state and 14 to 18 cm in the erect state. The flaccid dimension

**TABLE I**  
**Selected Materials on Sexuality and Sex Education**

#### Books for Physicians

*Human sexuality: a health practitioner's text*, edited by Richard Green, M.D., The Williams & Wilkins Company, Baltimore, 1975.

*Medical aspects of human sexuality: 750 questions answered by 500 authorities*, compiled and with a forward by Harold I. Lief, M.D., The Williams & Wilkins Company, Baltimore, 1975.

*The sexual experience*, edited by Benjamin J. Sadock, M.D., Harold I. Kaplan, M.D., and Alfred M. Freedman, M.D., The Williams & Wilkins Company, Baltimore, 1975.

#### Instructional Materials for Lay Persons and Health Personnel

*About your sexuality*, prepared by Derzck D. Calderwood. Beacon Press, Boston, 1971. Multimedia kit and guide published by the Unitarian Church.

*Human sexuality*, 2nd edition, James L. McCary, Van Nostrand Reinhold Company, 1973.

*Sexual Study Guides* (series of 14), Sex Information and Education Council of the US, Behavioral Publications, New York, 1974.

#### Audiovisual Aids

*Sexually mature*, John Wiley & Sons, Inc., 605 Third Ave., New York 10016. *Graphic and tasteful. Covers sexual anatomy, physiology, sexual response cycle, and changes with age.*

*Human sexuality, its anatomy, physiology and psychology*, Paul R. Miller, M.D., The Williams & Wilkins Company, 428 East Preston St., Baltimore 21202. *Presents three major aspects of the subject: basic facts about the sexual processes of the body (slides of filmstrip plus audio cassette tape); heterosexual intercourse (16 mm film or super 8 cartridge); and manual stimulation (16 mm film or super 8 cartridge).*

*Sexual anatomy and physiology, male and female*, Focus International, Inc., 505 West End Ave., New York 10024. *Three sound filmstrips and three cassettes plus discussion guide. A comprehensive factual review for lay and health care and professional groups.*



bears little relation to the erect dimension: the smaller penis erects to a proportionally greater size than does the larger penis and is equally capable of providing sexual satisfaction to the female. Masters and Johnson found no difference in the tactile threshold between the circumcised penis and the uncircumcised penis. Intravaginally, the prepuce of the uncircumcised penis remains retracted behind the glans during penile thrusting, dispelling the myth that premature ejaculation may be more common in uncircumcised men.

**Breast size**—Women are frequently concerned about the size of their breasts. A discrepancy in size between the two breasts is common. The degree of sexual satisfaction or ability to respond, including the erotic sensitivity of the nipples and surrounding tissues, is not dependent upon breast size or shape.

**The hymen**—The hymen is highly significant in almost all cultures, with the intact hymen often prized as a symbol of virginity. The hymen varies in its rigidity or elasticity, and number and size of perforations. Women should be reassured that virginity is intact when tampons are utilized for menstrual protection, or when the hymen is gently stretched manually in preparation for coitus.

**The clitoris**—The clitoris is the counterpart of the penis, and it similarly becomes engorged with blood during sexual stimulation. It is the triggering site of the female orgasm. Some men are unsure of the location of the clitoris because it becomes elevated and retracted during sexual excitement. They also may believe that a woman likes direct, vigorous, digital stimulation of the tip of the clitoris, whereas most women prefer gentle, manual stimulation in the general area of the clitoris in a "teasing" manner—perhaps first stroking the vaginal orifice lightly until lubrication is felt. The male's moist fingers when stroking the vagina to the side and around the clitoral area provide a heightened level of stimulation to the female partner. Women should be encouraged to guide the male partner to their preferences rather than expecting expertise and automatic knowledge of their individual response.

**Menopause**—With the onset of middle age, the female undergoes menopause. Many women are apprehensive about the menopause fearing that they may become emotionally unstable and experience marked physical discomforts. Libido may decrease when the woman feels that the cessation of ovarian activity and the "change" represents an end to her sexual and reproductive life. Sexual drive may increase as the woman is freed from the prospect of unwanted pregnancy and the burden of contraception. There is increased production of androgens associated with menopause, and this theoretically raises libido.

Menopause induced by hysterectomy should not interfere with normal sexual relations if the woman has had satisfactory sex relations before the operation. If both ovaries have been removed at the time of surgery, estrogen replacement therapy is necessary to maintain the normal vaginal epithelium and prevent the occurrence of senile vaginitis.

Education and preparation of the couple for the changes associated with natural or induced menopause will prevent undue anxiety over the menopause and encourage continued closeness and intimacy. Women should be reassured that the couple's sex life can improve as more freedom from the responsibilities of child care increases the time to plan for and enjoy sexual activities together.

### Special Situations

Sexual counseling in special situations is not only therapeutic but also serves prophylactically to prevent subsequent sexual dysfunctions.

**Pregnancy**—Advice regarding coitus during pregnancy should neither be uniformly restrictive nor excessively liberal. In the uncomplicated pregnancy, full sexual expression should be encouraged, with reassurance that this will not harm the baby. Couples should recognize the female libido in pregnancy normally undergoes noticeable fluctuation with each trimester. As the pregnancy progresses, alternate positions should be used to obtain maximum comfort.

If there is a wound of the vagina, cervix, or uterus, incompetent cervix, ruptured membranes, or history of

habitual abortion, three potential hazards of coitus are mechanical injury from the penis, introduction of infection, and inducement of uterine contractions. Instructions should be tailored to the specific situation, and alternative sexual activity, such as petting and manual stimulation, should be encouraged whenever coitus is contraindicated for medical reasons.

**Geriatric period**—The elderly person retains a need and potential for affectional expression, even though it is quite common to think of the elderly as asexual or inappropriately lewd if they acknowledge interest in sex. Individuals who have been sexually active in their younger years will retain sexual interest when they are old; conversely, those who had a low level of interest and activity in their younger years will have even less interest as they age. There is evidence that elderly patients will be pleased rather than offended with tactful questioning by the physician regarding their erotic interest, sexual opportunities, and sexual problems.

Special conditions in the elderly female, such as atrophic vaginitis due to thinning and absence of lubrication of the vaginal mucosa, may be alleviated by local application of estrogen cream to the vagina. Vaginal dilators may be used to restore accommodation when sexual activity is contemplated after a period of abstinence.

In the middle-aged and elderly male, the erection process gradually slows. Erection may be sustained much longer before ejaculation, however, thus producing greater satisfaction for the female partner. The refractory period of the elderly male lengthens up to days or weeks and coital frequency is typically reduced, but the capacity is maintained indefinitely in the absence of debilitating illness.

Morning coitus timed to take advantage of early morning erections may result in a more satisfying experience for the couple. This suggestion may also be helpful for the middle-aged male who complains of some loss of erectile capacity due to the effects of diabetes or certain drugs. In the elderly male after prostatectomy, reflux ejaculation into the bladder occurs about 80 percent of the time, but the operation itself should not render the patient impotent or change the sensation of orgasm. □





## MDs in the news

**Harold G. Scheie, M.D.**, founding director of the five year old Scheie Eye Institute in Philadelphia, recently resigned his title of director of the University of Pennsylvania affiliate. He will continue in practice at the institute and has been appointed Emeritus William E. Norris and George D. De-Schweinitz Professor of Ophthalmology at the university. A nationwide search for a successor for Dr. Scheie has resulted in the naming of **Myron Yanoff, M.D.**, as director of the institute and head of the ophthalmology departments at the University of Pennsylvania School of Medicine and the Presbyterian Medical Center. Dr. Yanoff is also a professor of pathology at the university.

The staff of Allentown Hospital was recently joined by two new pathologists. **Alexander Nedwich, M.D.**, a former associate pathologist at the Allentown and Sacred Heart Hospital Center, has become chief pathologist and director of laboratories at the hospital. **Proctor L. Child, M.D.**, will serve as an associate pathologist on the Allentown Hospital staff.

**John L. Ginsberg, M.D.**, was recently named medical director of the White Deer Run Treatment and Rehabilitation Center for the addicted, Allenwood. Dr. Ginsberg, who received his medical degree from Temple University School of Medicine, is on the family practice medical staff of Evangelical Community Hospital, Lewisburg.

**Carl T. Brighton, M.D.**, Malvern, was recently named chairman of the department of orthopedic surgery and the Paul B. Magnuson professor of bone and joint surgery at the University of Pennsylvania School of Medicine. Dr. Brighton is chief of orthopedic surgery at the Hospital of the University of Pennsylvania, a consultant in orthopedic surgery at the Philadelphia Naval Hospital, and an attending staff physician at Children's Hospital and the Philadelphia Veterans Administration Hospital.

Geisinger Medical Center, Danville, recently announced the following staff appointments: **Ronald L. Kabler, M.D.**, associate in the department of urology; **Howard G. Hughes, M.D.**, associate in the department of emergency medicine; **Richard H. Driscoll, Jr., M.D.**, associate in the department of gastroenterology; **David R. Gutknecht, M.D.**, associate in the department of general internal medicine; **Gurijala N. Reddy, M.D.**, associate in the department of radiation medicine; **Donald P. Monsaert, M.D.**, and **Ralph H. Starkey, M.D.**, associates in the department of endocrinology and metabolism; and **Gary R. Plotkin, M.D.**, associate in the department of allergy, immunology, and infectious diseases.

Two physicians have recently been appointed to the staff of Mercy Hospital, Scranton. **Charles M. Haas, M.D.**, will serve as an associate pathologist and **Paul Metzger, M.D.**, will join the staff as a full time physician in the emergency room.

*A Thomas Jefferson University professor reports that male infertility problems can be corrected with a drug normally prescribed for women to induce ovulation. In his study, Jerome Check, M.D., found that nine of ten men selected for treatment with clomiphene citrate impregnated their wives within seven months of beginning to take the medication. Dr. Check, instructor in obstetrics and gynecology and assistant professor of medicine at Jefferson Medical College, has been treating men with the medication, which is often given to women when the cause of their inability to ovulate is unknown, for the past two years. "Today, one couple of every five or six in the general population is infertile and roughly 40 percent of the time the problem is with the male. About half of these men can be improved with clomiphene citrate," Dr. Check says.*

**Jeffrey Weiner, M.D.**, Meadowbrook, has been appointed associate medical director of the Health Maintenance Organization of Pennsylvania. Dr. Weiner will be directly responsible for the development of utilization programs and computerized techniques. He is a member of the Montgomery County Medical Society, the Pennsylvania Medical Society Advisory Committee on Family Practice, and the American Medical Association, and a charter member of the American Academy of Family Practice.

The following physicians were recently elected to fellowship in specialty organizations: **Frederick J. Munson, M.D.**, Allentown, fellow of the American College of Radiology; **Henry K. Sagel, M.D.**, York, and **Ook Jai Lee, M.D.**, Coraopolis, fellows of the American College of Obstetricians and Gynecologists; **Joseph E. Pirog, M.D.**, Altoona, fellow of the American College of Pathologists; **Bhupinder K. Varma, M.D.**, Hershey, fellow of the American Academy of Pediatrics; **Paul S. Friedman, M.D.**, Philadelphia, distinguished fellow of the American College of Nuclear Medicine; **Burton Mass, M.D.**, Elkins Park, fellow of the American College of Chest Disease; and **Sheila Brown, M.D.**, Bethlehem, fellow of the American College of Anesthesiologists.

Recently certified in their various specialties are the following physicians: **Feizel Zavahir, M.D.**, Altoona, in pediatrics; **Jeffrey D. Hare, M.D.**, Bethlehem, in occupational medicine; **Brendan O'Brien, M.D.**, Allentown, in surgery and orthopedics; **Usha D. Singh, M.D.**, Latrobe, in pathology; and **Jay Soo Jung, M.D.**, Allentown, in anesthesiology.

**Neil I. H. Park, M.D.**, was elected recently to fellowship in the American College of Obstetricians and Gynecologists. Dr. Park is associated with the Windber Hospital and Wheeling Clinic.





**Richard H. Gross, M.D.**, a general and thoracic surgeon, has been appointed to the board of directors of Paoli Memorial Hospital. Dr. Gross is assistant professor of surgery at Hahnemann Medical College. He is a fellow of the American College of Surgeons and the Philadelphia Academy of Surgeons and he is a member of the board of directors of the American Cancer Society of Chester County.

**Jan Schneider, M.D.**, has been appointed professor and chairman of the department of obstetrics and gynecology at the Medical College of Pennsylvania effective January 1, 1978, according to **Robert E. Cooke, M.D.**, president of the college. Dr. Schneider, a graduate of the London Hospital Medical College of the University of London, England, and the recipient of a master's degree in public health from the University of Michigan, will be leaving his posts as professor of obstetrics and gynecology at the University of Michigan Medical School and professor of maternal and child health in the School of Public Health.



DR. SCHNEIDER

DR. SCHUMACHER

**L. Richard Schumacher, M.D.**, was recently appointed director of ambulatory care and director of medical care evaluation at York Hospital. He will also serve as associate director of medical education. In his new position, Dr. Schumacher will be responsible for the supervision and coordination of the out-patient clinics and the medical care evaluation programs and he will assist in the supervision of the physician education programs. Dr. Schumacher was most recently chief of medicine at the Doylestown Hospital.

**Thomas P. Foley, M.D.**, was recently promoted to associate professor of pediatrics at the University Health Center of Pittsburgh. Dr. Foley is a member of the University of Pittsburgh School of Medicine faculty and director of the clinical research center of Children's Hospital of Pittsburgh.

Two physicians were recently certified as diplomates in their respective specialties: **Thomas F. Bednarek, M.D.**, Kingston, was designated a diplomate of the American Board of Radiology; and **William S. Gordon, M.D.**, Harrisburg, was recertified by the American Board of Family Practice.

**Howard G. Hughes, M.D.**, and **Michael J. Leicht, M.D.**, have received appointments as associates in the department of emergency medicine at Geisinger Medical Center. The physicians will teach, work with the Susquehanna Poison Center, and administer to emergency patients. Dr. Hughes, a graduate of Wilkes College with a master's degree from Pennsylvania State University, received his medical degree from Jefferson Medical College. Dr. Leicht was graduated from Drexel University and Temple University School of Medicine.

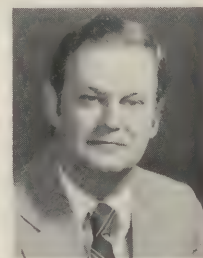
**David G. Ansel, M.D.**, has been named director of the section of ear, nose, and throat at the Daroff Division, Albert Einstein Medical Center, Philadelphia. Dr. Ansel received his medical degree from Yale Medical School and did post-graduate work at Johns Hopkins Hospital, Baltimore, and Barnes Hospital, St. Louis. He recently completed two years of service at the Philadelphia Naval Hospital.

The board of trustees of Westmoreland Hospital recently announced the appointment of **Hugh E. Chavern, M.D.**, as director of the Community Mental Health Center. Dr. Chavern is a clinical assistant professor of psychiatry at the University of Pittsburgh School of Medicine and psychiatric consultant to the Veterans Administration.

**Lewis W. Bluemle, Jr., M.D.**, was recently inaugurated president of Thomas Jefferson University. Dr. Bluemle, of Williamsport, was formerly president of the University of Oregon Health Sciences Center, Portland, and president of the State University of New York's Upstate Medical Center at Syracuse. He is recognized as an authority in the field of liver and kidney diseases and was one of the pioneers in the development of artificial kidneys.



DR. BLUEMLE



DR. MULHOLLAND

**S. Grant Mulholland, M.D.**, noted urologist, epidemiologist and surgeon, has been appointed Nathan Hatfield Professor of Urology and chairman of the department at Thomas Jefferson University. Dr. Mulholland has been an assistant and associate professor of urology at the University of Pennsylvania School of Medicine since 1970. He is an assistant urologist at Penn's Graduate Hospital, an assistant surgeon at Children's Hospital, a consultant to the Veterans Administration Hospital in Philadelphia, and a member of the department of urology of the Hospital of the University of Pennsylvania. Dr. Mulholland is best known among his colleagues for his clinical and research endeavors in the field of infection.

**Robert W. Leipold, M.D.**, director of the department of family medicine at Geisinger Medical Center, was recently elected vice president of the Pennsylvania Primary Health Care Association. The organization is composed of primary health care centers and other institutions interested in primary care throughout the state.





## Take time to agree on details when forming group

LEIF C. BECK, LL.B.  
VASILIOS J. KALOGREDIS, J.D.  
Bala Cynwyd

*... physicians entering into a joint practice must take the time to explore and agree upon the details that will govern their relationship.'*

In two recent articles we set forth some primary considerations for physicians contemplating the establishment of an effective group practice. The first article dealt with division of income alternatives. The second examined philosophies of practice, incorporation versus partnership, and practice income and expenses.

Other matters of importance to be considered by doctors contemplating practicing together will be described in detail in this article. After all items have been resolved, they should be reduced to a formal written agreement. If the physicians decide to remain unincorporated, a partnership agreement must be signed; if incorporation is chosen, employment and buy-sell agreements are necessary.

Advisors with experience in dealing with professionals are often helpful in guiding physicians through the types of questions raised in these articles. We must stress, however, that only the physicians involved can make the final decision about what is best for them, for only they understand their individual and joint purposes, philosophies, practices, and personalities.

### Initial capital contributions

When a group practice is established through the merger of existing practices, each physician has certain equipment, furniture, and other assets to contribute to the new practice. The dollar values of each doctor's asset contributions are usually unequal. This raises a question of fairness among the parties. In addition, the

new venture requires an influx of cash, both to purchase newly required assets and quite often to meet expenses for the first couple of months.

In a partnership situation, it is often desirable to credit each partner's "capital account" with the value of the assets he is contributing. Generally, it is sufficient to credit them at "book value"—the original cost minus depreciation. When one physician has accelerated his depreciation for tax advantage far ahead of the other doctor or doctors, we often recommend that the capital accounts be based on what would have been the book values had each partner previously depreciated his assets on a "straight line" method. This may entail a depreciation over a longer than normal tax term.

In a partnership, these capital accounts are treated as permanent reflections of each partner's initial contributions to the practice. They are not likely to be paid over to a partner in cash or other assets unless and until he leaves the group practice. At that time, he is entitled to a payment equal to his capital account balance as of the date of leaving.

Such a treatment is generally fair as long as each partner has reasonably contributed approximately the same dollar amount. In situations in which one or more of the physicians has contributed substantially larger values of

assets, he should be reimbursed for his contribution. Several approaches can be taken to see that he is made whole. His share of income may be increased to recognize that some income comes from the use of these assets and particularly from the freedom from having to otherwise lease the assets. Another approach is to have the physician lease the assets to the group practice. The assets are no longer contributions; the doctor retains ownership and the group pays rent for the assets.

In other situations, it is best to strive for equalization among the partners, even if this entails a cash payment from one partner to another so that the capital accounts begin on an equal plane. This often occurs when a senior doctor takes on a young physician who does not have assets to contribute to the practice. This is also the fairest approach in most corporate situations in which it is often preferable for each physician to have an equal percentage of the corporate stock. A disparity may best be made up with cash payment.

Cash flow is often tight during the first few months of a new practice. Much depends on the treatment of accounts receivable from prior practices. As cash is required, however, it is best for the partners to contribute in the same ratio in which they plan to divide income. We believe that physicians should seek to keep cash contributions to a minimum. If any must be made, it is best to repay them as soon as the practice begins to produce cash. It is often better to borrow some of the cash and pay it back quickly rather than

*The authors are the principle consultants of Management Consulting for Professionals, Inc., Bala Cynwyd.*



have the physicians put out-of-pocket money into the practice. Physicians should practice medicine with minimum direct investments (except for extreme situations, such as radiology, in which large asset purchases

performed the work that generated the receivables deserve an income advantage. The "new partners" will often buy into the receivables by accepting a lower share of income for a period of time.

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*'... physicians should seek to keep cash contributions to a minimum. If any must be made, it is best to repay them as soon as the practice begins to produce cash.'*

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may be required). Because physicians derive their incomes from services and not from capital investments, they should not tie up too much money in the practice.

### Accounts receivable

The proper handling of patient accounts receivable often causes difficulty in a group practice situation. Two problems frequently arise. How should the receivables generated by a physician's work *before* he joined the venture be handled? How should he share in the group's receivables if he *leaves* the group practice?

When doctors merge several existing practices, they may decide to hold back and collect the receivables independently of the new venture. The philosophy behind this approach is that these items represent potential payments for services previously provided and, since the services do not flow from the group practice, neither should the income inure to it. In such situations, the new venture may continue to bill the old patients as a convenience to each physician, separately crediting the receipts to the doctors' personal accounts.

When one or more physicians join a single continuing practice, it is more common for the practice to continue receiving the payments as if there had been no interruption. When an unincorporated practice merges with a corporate practice, with the corporation to survive, it is often advisable for the physician who was incorporated prior to the merger to receive additional salaries to reflect the receivables owed to the corporation for pre-merger work. The unincorporated physician collects his pre-merger receivables outside the corporation.

An advantage of having receivables flow into the joint practice is that the money helps to meet initial cash flow needs. In such a case, the partners who

Another major concern with receivables arises when a partner leaves the group practice because of death, permanent disability, retirement, or other reasons.

Generally, a partner should be entitled to his proportionate share of the group's receivables when he leaves the group. This share should, of course, be reduced for the uncertainties and costs of collection. A departing partner's share is often reduced by 10 or 15 percent to reflect these factors. Quite often a partner's "separation entitlement" will be stated in terms of a certain number of months continued income (much of it tied to accounts receivable). In such a case, a specific percentage share of the group's accounts receivable are not taken into account, although the amount of continued income from the practice includes this as a factor.

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*'An advantage of having receivables flow into the joint practice is that the money helps to meet initial cash flow needs. . . . the partners who performed the work that generated the receivables deserve an income advantage.'*

---

Care should be taken that the partner who leaves is not paid out of receivables long before the continuing partners have actually collected the income. This requires a close analysis of the practice's collection experience. If much of the potential income is in litigation (as may be the case for orthopedic surgeons or radiologists), then the period for paying a departing partner might best be longer than for a family practitioner.

These typical arrangements for a partnership require a certain degree of accurate bookkeeping. We are amazed at the number of group practice members who are unaware of their collection ratios, their accounts receivable outstanding, and other basic management information. All

practices should have this data. Of particular importance is a working definition of accounts receivable. A practice should maintain a steady program and set policy of writing off "dead accounts" so that partners remaining in a group are not strapped with large payments for uncollectible accounts.

When a practice is dissolved and no doctor maintains it, physicians customarily split the receivables as they come rather than one partner "buying" the receivables from the other.

### Vacations and illnesses

Any agreement among physicians should state how much vacation and meeting time absence each is entitled to in a given year. This should be included in a partnership agreement or working rules in a partnership setup or in a physician's employment contract in a corporation.

The amount of vacation time taken by group members must depend on how well the remaining doctors can handle the burden during any such absences. A primary reason for joint practice is the opportunity to stagger working schedules and allow such absences. Most group practices can easily accommodate as few as four and as many as eight weeks of vacation per

year per member.

Another real advantage of group practice is the security provided in case of absence due to illness or disability. We encourage practices to provide as much absence time as possible without disrupting the remaining partners' ability to handle the practice.

The amount of time given to receive continued income should be tied to the accounts receivable experience and to a determination of a reasonable amount of time for the remaining physicians to bear the burden without seeking additional help. To cut off a disabled partner from his income share earlier than that would deprive him of a strong advantage of group practice. If the income share continues



for too long, however, the "healthy" partners are unduly penalized.

Several months of normal income share, followed by a smaller share of income as the absence continues, is often a fair solution. For example, a practice may provide two months of full income and four months of half income if the illness continues. This system recognizes that the effect on the remaining partners is gradual (because of accounts receivable, ability to work a little harder for a short period of time, and the like) and that the cost of hiring a replacement (if one is available) would be less than the sick man's full income share.

In other cases, after providing for perhaps two or three months of full income, an agreement may call for additional income to the disabled partner if it is available after paying practice expenses and the normal income shares for the healthy partners. This can work well. It protects the healthy partners from taking a cut in income while providing the disabled partner some income from the practice.

If a partner's absence continues beyond the allowable period (often six to twelve months) his sharing of income often ceases and he becomes an inactive partner. We generally recommend that he be allowed the opportunity to return to the partnership if he recovers during some extended period (perhaps one or two years). If he cannot return to active practice during that period, then his relationship with the partnership should be terminated. The group cannot, in all fairness, keep a place open for him indefinitely. It must recognize the uncertainty of his return and subsequent productiveness and also be provided the opportunity to seek a replacement within a reasonable amount of time.

It is advisable to provide for these contingencies prior to the event. To wait until something like this happens can only result in hard feelings and embarrassment.

#### **Retirement, death, and withdrawal**

A group's formal agreement should specifically set forth what a person is entitled to if he leaves the practice for any reason. This entitlement usually includes: a return of his capital (in a

corporation, the stock price); his share of income until the date of termination; and his share of accounts receivable (which may be tied to some sort of salary continuation).

Very few medical practices have any greater value. Good will is a factor in very few medical practice situations. Proof of this is seen in various legal and tax decisions and in the practical inability to sell medical practices. Most medical practices have value only to the extent that the physician actually and personally provides the services. There is little income continuation value in the patient charts, the medical practice's name, and the like in the majority of situations.

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*'(A) . . . real advantage of group practice is the security provided in case of absence due to illness or disability. . . . practices (should) provide as much absence time as possible without disrupting the remaining partners' ability to handle the practice.'*

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In light of this, we strongly disagree with the insurance salesmen's efforts to suggest a higher price value in order to get professionals to buy life insurance for a larger payout. This additional value, funded by life insurance, is often little more than a bootstrap argument having no relation to reality. We believe that each partner should buy whatever life insurance he needs or wants personally, without being tied to the partnership or to his associates.

#### **Rights of the senior doctor**

When a senior physician takes on a younger doctor (often with no private practice experience) it is necessary to set forth some protection for the senior physician. It is not unusual, for example, for the senior physician to have the right to treat the junior physician as if he had terminated the relationship if there is a separation at any time within the first five years of the association. This permits the senior doctor to retain the office and phone number, have first pick of employees, keep the practice name, and the like. Because the senior man has developed the practice, the resolution is generally agreeable and fair to both parties. After the initial five year period, both physicians have contributed sub-

stantially to the growth of the practice and the senior physician is no longer entitled to this benefit.

We generally do not recommend that non-competition clauses be inserted in employment or partnership agreements. The clauses are often of questionable legal validity and do not seem appropriate in the majority of medical practice situations. There are circumstances, however, in which it is reasonable to provide some protection for a senior physician. For example, in proper situations a senior physician's agreement with a new doctor might include a provision by which the young doctor agrees to resign from the staffs of the hospitals being served by the practice upon termination of the

agreement. If such resignation is not forthcoming, the younger physician must pay a substantial dollar penalty to the senior doctor. This does not preclude the young physician from practicing where he desires, but does provide that he should pay the senior physician for this right. This provision is not common, but it is used and relevant in unique situations in which there may be a limited need for a particular type of specialist in an area.

We hope these thoughts prove helpful to doctors who are considering establishing a group practice and to those already practicing in that form. It should be remembered that physicians entering into a joint practice must take the time to explore and agree upon the details that will govern their relationship. Many physicians now practicing in groups should take the time to do this, particularly if it was not done at the beginning of the relationship. Even though these considerations begin on a friendly and often casual basis, it is most important that written documents be prepared to reflect the understandings of the partners. The written document is often needed when the parties involved are not on such friendly terms. The use of competent and expert legal assistance in this area can be most helpful. □



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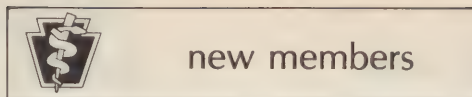
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## obituaries

• Indicates membership in the Pennsylvania Society at time of death.

• **Arthur W. Allen**, Hazelton; University of Pennsylvania School of Medicine, 1922; age 80; died August 9, 1977. He was a past president of the Hazelton branch of the Luzerne County Medical Association.

• **Ernest L. Armstrong**, Erie; University of Western Ontario School of Medicine, 1918; age 84; died August 10, 1977.

• **Michael P. Balmuth**, Pittsburgh; University of Cincinnati School of Medicine, 1969; age 33; died August 29, 1977.

• **Louis Brody**, Philadelphia; Jefferson Medical College, 1919; age 82; died August 1, 1977.

• **James C. Campbell**, Mt. Lebanon; Hahnemann Medical College, 1942; age 62; died August 11, 1977. He had practiced family medicine in Mt. Lebanon for thirty years.

• **Clarence C. Campman**, Pulaski; University of Pittsburgh School of Medicine, 1912; age 89; died September 2, 1977. He was a diplomate of the American Board of Internal Medicine and a member of the American College of Cardiologists. He had been an active member of the Mercer County Medical Society, which honored him in 1962 for fifty years of service. Dr. Campman served from 1945 to 1948 on the Pennsylvania Medical Service Board, which established the Blue Cross health insurance plan.

• **John R. Cope**, Greensburg; George Washington University School of Medicine, 1964; age 39; died August 25, 1977. He practiced medicine in Greensburg and was a staff doctor at Westmoreland Hospital. He had served as a volunteer physician in Vietnam and was the plant physician for Westinghouse Corporation, Waltz Mills.

• **Louis J. Decina**, Philadelphia; Hahnemann Medical College, 1938; age 65; died August 6, 1977. He had been chief of staff of Community Hospital in Philadelphia from 1943 until its closing and was most recently chief of St. Luke's and Children's Hospital's industrial clinics.

• **Samuel Ellis**, Bryn Mawr; University of Pennsylvania School of Medicine, 1907; age 93; died August 20, 1977. He had practiced medicine in the Philadelphia area for 70 years.

• **Basil J. Giletto**, Philadelphia; Jefferson Medical College, 1937; age 66; died August 12, 1977. He had been an obstetrician/gynecologist in the Philadelphia area for 40 years and was an associate professor in the same field at Jefferson Medical College.

• **Arthur M. Harmuth**, Pittsburgh; University of Pittsburgh School of Medicine, 1952; age 53; died August 26, 1977. He had been a pediatrician on the staffs of Children's and Magee-Women's hospitals.

• **Fred G. Helwig**, Allentown; George Washington University School of Medicine, 1936; age 66; died August 10, 1977. He founded the diabetes clinic at Allentown Hospital and the Lehigh Valley Diabetes Association. He taught clinical diabetes at Temple University and served on the commission on diabetes for the Pennsylvania Medical Society.

• **Robert J. Hitchens**, Watertown; Temple University School of Medicine, 1947; age 54; died August 19, 1977.

• **John C. Kistler**, Allentown; Hahnemann Medical College, 1921; age 83; died August 5, 1977. He had been president of the board of trustees of Allentown State Hospital from 1948 to 1955 and had practiced general medicine in Allentown for 55 years.

• **Manfred O. Koellner**, Norristown; University of Graz School of Medicine, Styria, Austria, 1954; age 49; died August 20, 1977. He had been director of the Valley Forge Medical Center and a staff member of Montgomery and Sacred Heart hospitals, Norristown.

• **Daniel J. O'Connell**, Naples, Florida (formerly of Jeannette); Georgetown University School of Medicine, 1927; age 74; died August 5, 1977. He was a former president of the Jeannette District Memorial Hospital medical staff.

• **Leonard J. Quetsch**, Washington; Loyola University School of Medicine, 1951; age 53; died September 14, 1977. He had established the department of thoracic surgery at Washington Hospital and was a founder-member of the Pennsylvania Association for Thoracic Surgery. He was former president of the Washington County heart and tuberculosis and respiratory disease associations.

• **John W. Shadle**, Butler; University of Pennsylvania School of Medicine, 1927; age 76; died August 18, 1977. He had been a practicing physician in Butler for fifty years.

• **Camillus H. Spalletta**, Scranton; Jefferson Medical College, 1932; age 70; died August 24, 1977. He had practiced general medicine in Scranton for 44 years.

• **Charles H. Stone**, Coatesville; University of Pennsylvania School of Medicine, 1909; age 92; died August 11, 1977. He operated a medical and surgical practice in Coatesville for 58 years.

• **Irving O. Thomas**, Wilkes-Barre; Jefferson Medical College, 1927; age 75; died September 15, 1977. He had recently been honored by the Luzerne County Medical Society for having served as a physician for fifty years.

• **George F. Wheeling**, Windber; Jefferson Medical College, 1923; age 80; died August 11, 1977. He served from 1955 to 1975 as medical director of the Windber Hospital and Wheeling Clinic, taking the place of his father who had held that position from 1916 to 1955. He was a former president of the Cambria County Medical Society and was named physician of the year by that group in 1976.

• **Gary E. Bell, Jr.**, Johnstown; University of Pittsburgh School of Medicine, 1951; age 54; died August 24, 1977.

• **Edward W. Caughey**, Duquesne; Temple University School of Medicine, 1941; age 62; died August 28, 1977.

• **John F. Coyne**, Sharon; University of Pennsylvania School of Medicine, 1949; age 55; died September 4, 1977.

• **John C. Ewing**, Pittsburgh; University of Pittsburgh School of Medicine, 1929; age 73; died August 4, 1977. He had been a general surgeon at Western Pennsylvania Hospital until his retirement in 1968, and was chief surgeon for the Pennsylvania Manufacturers Association.

• **Edward W. Heckert**, Pittsburgh; Marquette University School of Medicine, 1948; age 56; died August 14, 1977. He was an assistant professor of medicine at the University of Pittsburgh School of Medicine, and chief of the heart clinic at the Veterans Administration Hospital, Oakland.

• **Thomas F. McTear**, Philadelphia; Jefferson Medical College, 1940; age 64; died September 29, 1977. He was chief of medicine and president of staff of St. Mary's and St. Joseph's hospitals and had established the first intensive care unit at St. Mary's.

• **Joseph D. Waissman**, Colver; University of Mexico School of Medicine, 1968; age 47; died August 12, 1977.



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**Contraindications:** Patients with known hypersensitivity to the drug.

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**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**Precautions:** In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psycho-

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tropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relation-

ship has not been established clinically.

**Adverse Reactions:** Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

**Usual Daily Dosage:** Individualize for maximum beneficial effects. **Oral—Adults:** Mild and moderate anxiety and tension, 5 or 10 mg *t.i.d.* or *q.i.d.*; severe states, 20 or 25 mg *t.i.d.* or *q.i.d.* **Geriatric patients:** 5 mg *b.i.d.* to *q.i.d.* (See Precautions.) **Supplied:** Librium® (chlordiazepoxide HCl) Capsules, 5 mg, 10 mg and 25 mg—bottles of 100 and 500; Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25, and in boxes containing 10 strips of 10; Prescription Paks of 50, available singly and in trays of 10. Libritabs® (chlordiazepoxide) Tablets, 5 mg, 10 mg and 25 mg—bottles of 100 and 500. With respect to clinical activity, capsules and tablets are indistinguishable.



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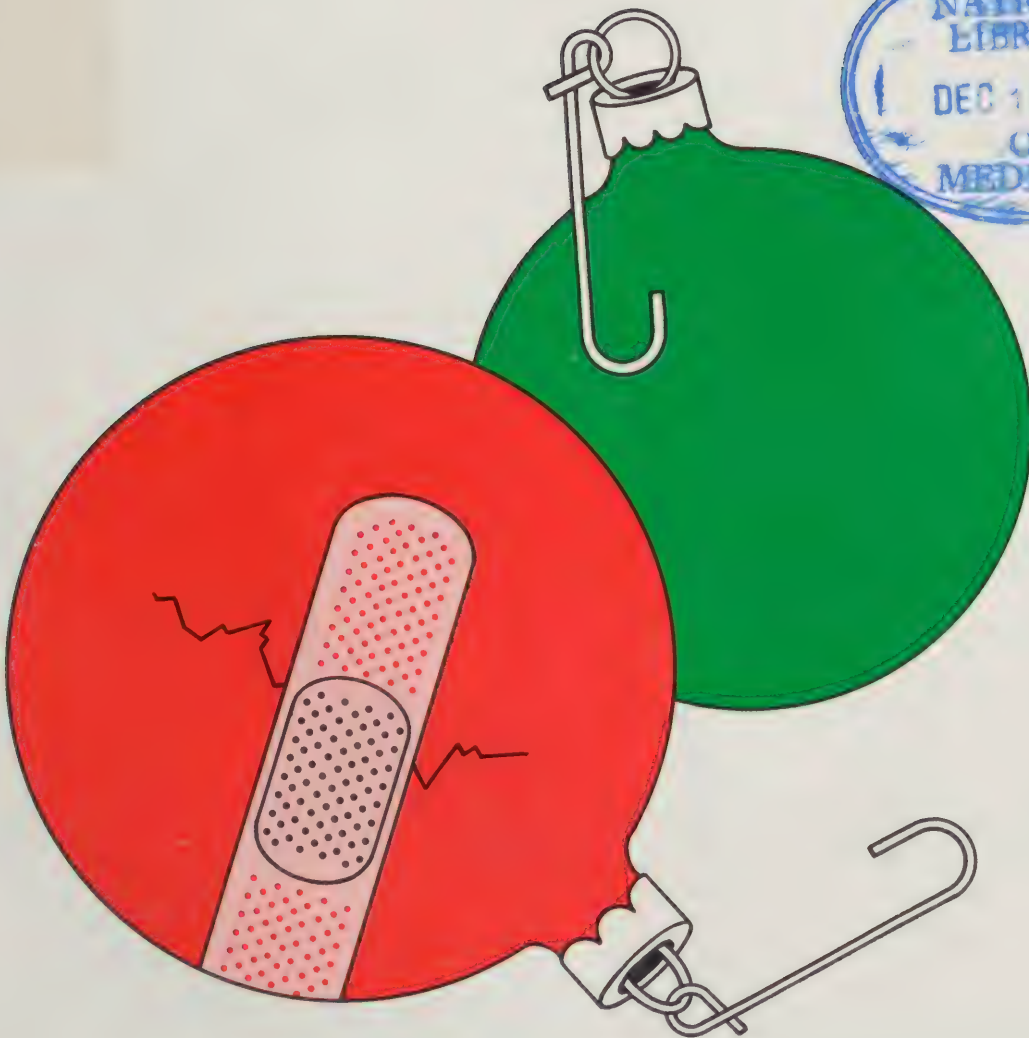
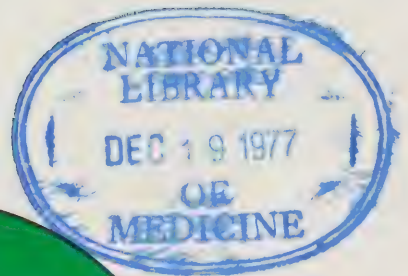
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# Pennsylvania Medicine

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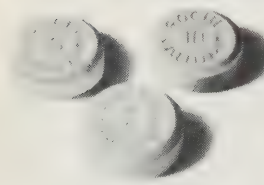
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Another important aspect of the clinical character of Valium is safety. Though drowsiness, ataxia and fatigue are possible, these and more serious side effects are rarely a problem. Of course, as with all CNS-acting drugs, patients taking Valium should be cautioned against driving, operating dangerous machinery or the simultaneous ingestion of alcohol.

Unquestionably, many psychotherapeutic agents, including other benzodiazepines, have antianxiety effects. But one fact remains: you get a certain kind of patient response with Valium. It's a response you want. A response you know. A response you trust as part of your overall management of anxiety and psychic tension.

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**Indications:** Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

**Contraindicated:** Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**Precautions:** If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

**Side Effects:** Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.



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#### INSURANCE COMPANY ACTIVATED

With income from assessments nearing the \$7 million mark, the Society's Board of Trustees voted unanimously November 18 to activate the Pennsylvania Medical Society Liability Insurance Company (PMSLIC) and implement the September 15 agreement with Argonaut Insurance Company. The agreement, which has a closing date of December 1, 1977, cancels all litigation between the State Society and Argonaut, and provides that PMSLIC will take over Argonaut's book of business and begin issuing policies effective January 1, 1978. Assessments collected through November 22 totalled \$6.61 million. Over 9,500 members have paid the mandatory assessment for a total of \$2.26 million, while an additional \$4.35 million has come from some 3,700 members paying the selective assessments required of those seeking PMSLIC coverage. The PMSLIC Board of Directors has asked the Pennsylvania Insurance Department to issue the required Certificate of Authority by December 1.

#### TRANSITION PERIOD BEGINS

Donald J. Fager Associates has been selected to manage the company during the transition period. The New York City firm manages the New York Medical Society Liability Insurance Company. Inquiries about assessments or the transition from Argonaut to the PMS Liability Insurance Company can be directed to PMSLIC, Suite 1728 Fidelity Building, 123 South Broad Street, Philadelphia, PA 19109; telephone (215) 545-6600. Malpractice insurance questions should be directed to Frank B. Hall and Company, 2700-Two INA Building, Philadelphia, PA 19103; telephone (215) 568-1700.

#### MANDATORY ASSESSMENT STILL BEING COLLECTED

All Society members who pay dues are required to pay the mandatory assessment, which is still being collected. Active members pay \$250; senior actives, \$125; and residents, \$25. Non-dues paying members (affiliate, associate, military, and disabled) are not required to pay the mandatory assessment. The selective assessment payment, in an amount based on the risk classification, is required of all Argonaut policyholders and others who seek PMSLIC coverage.

#### PMSLIC MAILES POLICY APPLICATIONS

PMSLIC has mailed policy application kits to all Argonaut policyholders and all members who paid the selective assessment. Besides the application, the kits contain information about the company's officers and the forms of coverage available. Applications should be returned to PMSLIC, c/o Frank B. Hall, no later than December 10, 1977 in order to guarantee undisturbed insurance coverage.

#### SOCIETY CHANGES AUTO LEASING FIRM

The Board of Trustees has named McCullagh Leasing, division of Commercial Credit Corporation, as the Society endorsed auto leasing firm effective December 1, 1977. It replaces Controlled Medical Leasing in the Society's program. Details will be announced in a general mailing after Christmas. The Society's Memberloan Program administered by Commercial Credit Corporation reports loans totalling more than \$525,000 in the first five months of operation. The average loan is \$14,000. For further information call toll-free (800) 638-0660 and ask for PMS Memberloan.



## NEGOTIATIONS ON CLINICAL LAB RULES BEGIN

The Society has begun negotiations on regulations for the Clinical Laboratories Act with the state Bureau of Laboratories. David W. Kistler, M.D., vice chairman of the Council on Education and Science, and Thomas L. Leaman, M.D., director of the Department of Family Medicine at the Milton S. Hershey Medical Center, met with bureau officials November 22. The Society seeks modification of the Act's regulations so that a majority of physicians' offices will be exempt from registration with the Department of Health.

## INFLUENZA VACCINE RECOMMENDATIONS RELEASED

The Pennsylvania Department of Health has released influenza immunization recommendations based on information released by the Public Health Service Advisory Committee on Immunization Practices. Details will appear in the January issue. Annual vaccination is recommended for adults and children of all ages who have such chronic conditions as: heart disease of any etiology, particularly with mitral stenosis or cardiac insufficiency; chronic bronchopulmonary diseases, such as chronic bronchitis, bronchiectasis, tuberculosis, emphysema, and cystic fibrosis; chronic renal disease; and diabetes mellitus and other chronic metabolic disorders. Those over 65 years of age also should receive annual vaccinations. Vaccine and dosage recommendations are as follows:

Influenza vaccine dosage by age, 1977-78

Age	Product Type	Dose Volume (ml)	Total CCA Units*	Number of Doses
18 years and older	Whole-virus or split-virus	0.5	400	1
6-17 years	Split-virus	0.5	400	1
3-5 years	Split-virus	0.25	200	2**
6-35 months	Split-virus	0.15	120	2**

\*Representing equal amounts of A/Victoria/75 and B/Hong Kong/72

\*\*4 weeks or more between doses; both doses essential for good protection

## PHYSICIANS TO PAY LOWER WORKMEN'S COMP RATES

The State Society Council on Medical Service was successful in convincing the Pennsylvania Workmen's Compensation Rating Bureau to establish a new classification for doctors. Rates are reduced from \$1.15 to \$.60 per \$100 of payroll. This means an across the board decrease for all physicians. The Society sponsored workmen's compensation insurance program, administered by the Dodson Group, expects to bring costs even lower for those in the plan through its annual dividend.

## CO-OP ISSUES CATALOGUE

The Pennsylvania Medical Cooperative has issued its fall-winter catalogue along with the announcement by H. Robert Davis, M.D., Co-op president, that 1977 sales are 30 percent above 1976.

## COMMISSION CRITICIZES HSA GUIDELINES

The Society's formal comments on HEW's health planning guidelines, published September 23, 1977, were sent to the Department of Health, Education, and Welfare November 18. The Commission on Health Planning reviewed the guidelines and called them "inflexible, irrelevant numerical standards."

# Pennsylvania Medicine



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DECEMBER 1977

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## PENNSYLVANIA MEDICINE

20 Erford Road  
Lemoyne, Pennsylvania 17043  
Telephone (717) 238-1635

## PUBLICATION COMMITTEE

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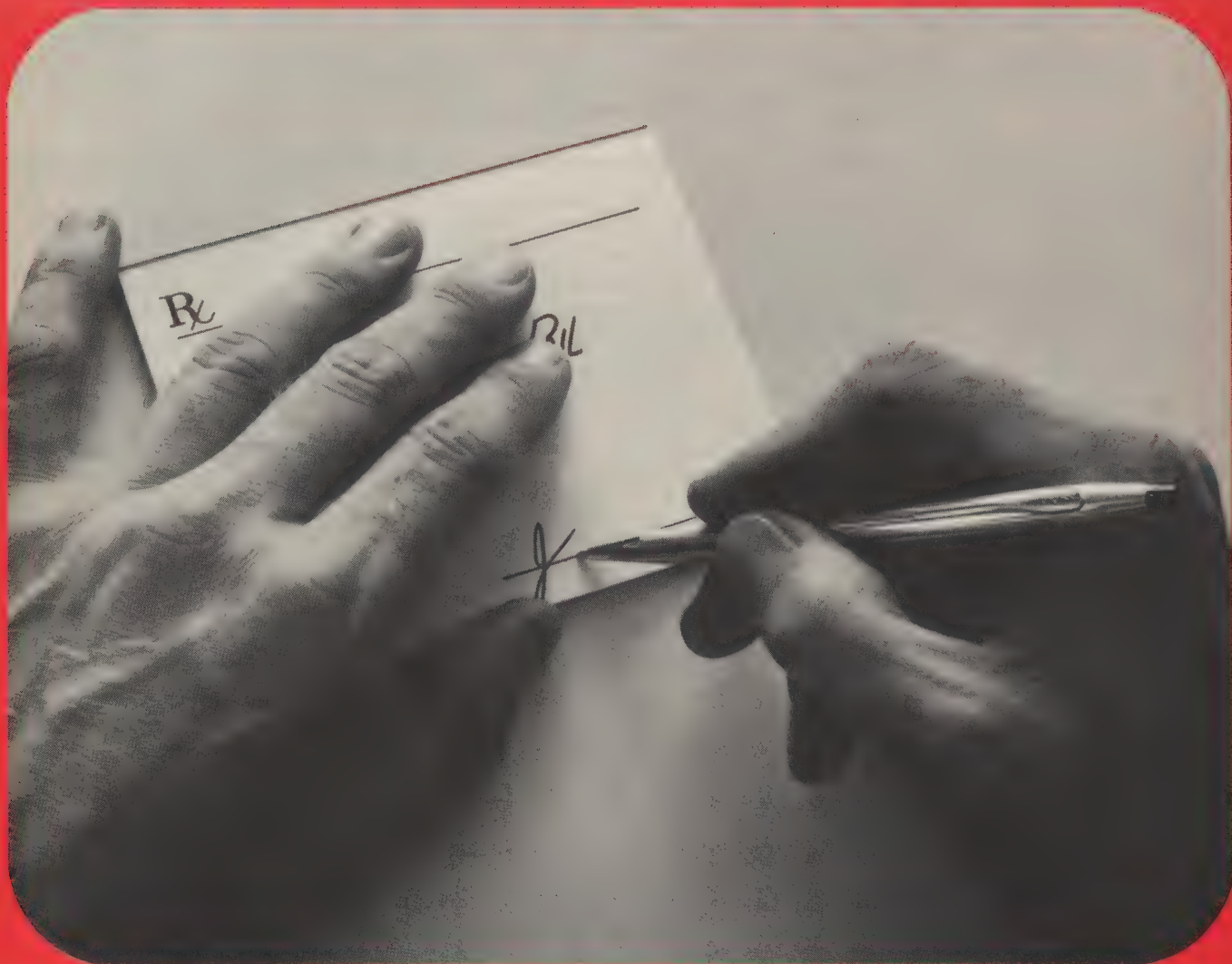
## CONTRIBUTING EDITORS

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John L. Berardinelli, M.D., Altoona  
Mario N. Fabi, M.D., Scranton  
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Edward F. Sickel, M.D., Harrisburg

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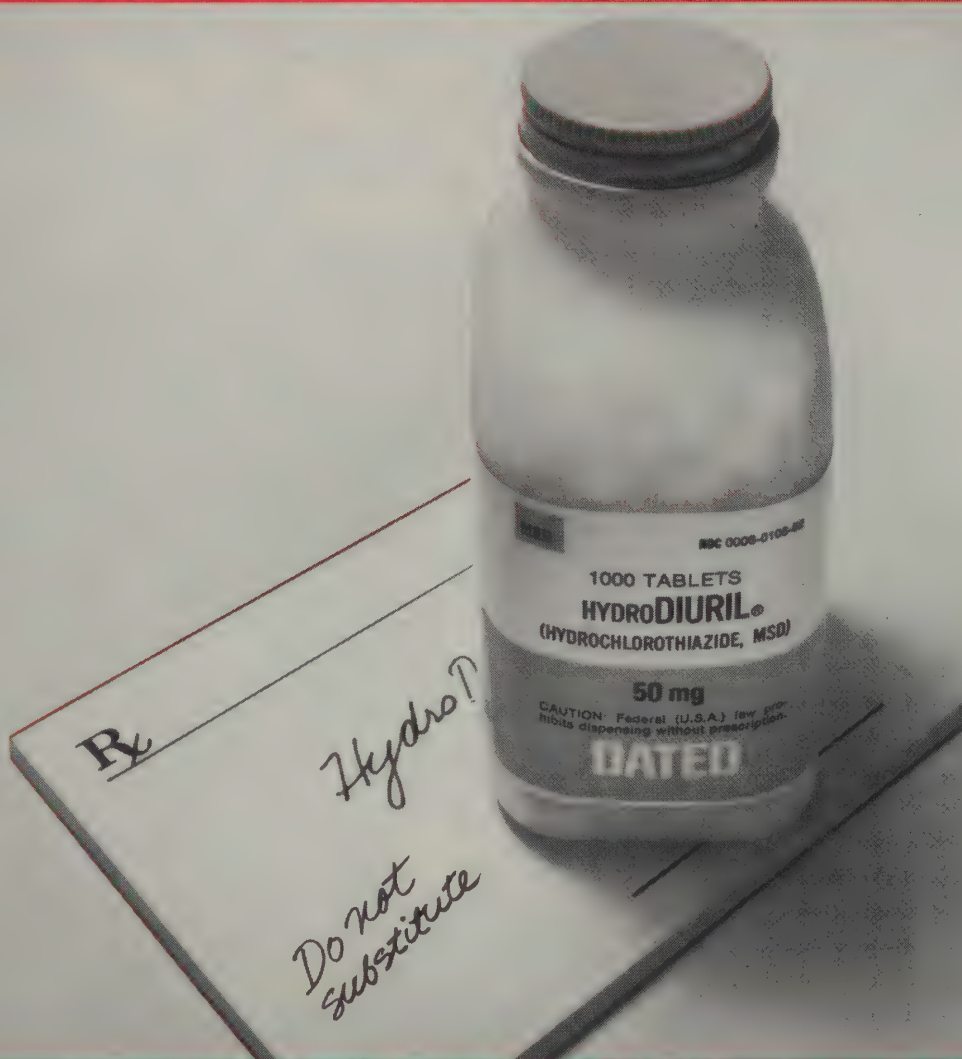
**Use in Pregnancy:** Thiazides cross placental barrier and appear in cord blood; in pregnancy, weigh anticipated benefit against possible hazards to fetus, including fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions that have occurred in adults.

**Nursing Mothers:** Thiazides appear in breast milk; if use of drug is deemed essential, patient should stop nursing.

**Precautions:** Perform periodic determination of serum electrolytes to detect possible electrolyte imbalance. Observe all patients for clinical signs of fluid or electrolyte imbalance, namely, hyponatremia, hypochloremic alkalosis, and hypokalemia. Serum and urine electrolyte determinations are particularly important when patient is vomiting ex-

cessively or receiving parenteral fluids. Medication such as digitalis may also influence serum electrolytes. Warning signs, irrespective of cause, are dryness of mouth, thirst, weakness, lethargy, drowsiness, restlessness, muscle pains or cramps, muscular fatigue, hypotension, oliguria, tachycardia, and gastrointestinal disturbances such as nausea and vomiting. Hypokalemia may develop, especially with brisk diuresis, in severe cirrhosis, with concomitant corticosteroid or ACTH therapy, or with inadequate oral electrolyte intake. Hypokalemia can sensitize or exaggerate response of heart to toxic effects of digitalis (e.g., increased ventricular irritability). Hypokalemia may be avoided or treated by use of potassium supplements, such as foods with a high potassium content. Any chloride deficit is generally mild and usually does not require specific treatment except under extraordinary circumstances (as in liver disease or renal disease). Dilutional hyponatremia may occur in edematous patients in hot weather; appropriate therapy is water restriction, rather than administration of salt except in rare instances when the hyponatremia is life threatening. In actual salt depletion, appropriate replacement is the therapy of choice. Hyperuricemia may occur or frank gout may be precipitated in certain patients. Insulin requirements in diabetic patients may be increased, decreased, or unchanged; latent diabetes mellitus may become manifest. Thiazides may increase responsiveness to tubocurarine. Antihypertensive effects of the drug may be enhanced in post-sympathectomy patients. May decrease arterial responsiveness to norepinephrine; this diminution is not sufficient to preclude effectiveness of the pressor agent for therapeutic use. If progressive renal im-

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pairment becomes evident, consider withholding or discontinuing diuretic therapy. Thiazides may decrease serum PBI levels without signs of thyroid disturbance. Calcium excretion is decreased by thiazides. Pathologic changes in the parathyroid gland with hypercalcemia and hypophosphatemia have been observed in a few patients on prolonged therapy; thiazides should be discontinued before testing for parathyroid function.

**Adverse Reactions:** *Gastrointestinal System*—Anorexia; gastric irritation; nausea; vomiting; cramping; diarrhea; constipation; jaundice (intrahepatic cholestatic jaundice); pancreatitis; sialadenitis.

*Central Nervous System*—Dizziness; vertigo; paresthesias; headache; xanthopsia.

*Hematologic*—Leukopenia; agranulocytosis; thrombocytopenia; aplastic anemia.

*Cardiovascular*—Orthostatic hypotension (may be aggravated by alcohol, barbiturates, or narcotics).

*Hypersensitivity*—Purpura; photosensitivity; rash; urticaria; necrotizing angitis (vasculitis) (cutaneous vasculitis); fever; respiratory distress including pneumonitis; anaphylactic reactions.

*Other*—Hyperglycemia; glycosuria; hyperuricemia; muscle spasm; weakness; restlessness; transient blurred vision.

**Note:** When used with other antihypertensive drugs, careful observations for changes in blood pressure must be made, especially during initial therapy. Dosage of other antihypertensive agents must be

reduced by at least 50 percent as soon as this drug is added to the regimen. As blood pressure falls under the potentiating effect of this agent, further reduction in dosage, or even discontinuation, of other antihypertensive drugs may be necessary.

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## House begins streamlining of Society structure

Among the issues studied when the House of Delegates set the Society's policy and charted a course of action for the coming year was the organizational structure.

Five committees—those on objectives; medicine, religion, and bioethics; discipline; relations between medicine and osteopathy; and relationships with allied professions—were dissolved. The House paved the way for establishing a new commission of the Council on Education and Science to pursue the goals of the Committee on Medicine, Religion and Bioethics.

The House provided for greater flexibility for the Society's administrative councils by changing the Bylaws section dealing with these activities. It then referred to the Board of Trustees for consideration a resolution calling for the establishment of an additional council in the area of economic activities to assume certain of the responsibilities of the Council on Medical Service.

Also referred to the Board for implementation were proposals to change the names of the Council on Governmental Relations, to the Council on Legislative Activity; and the Council on Medical Ser-

vice, to the Council on Socio-economic Affairs.

The Board will continue its study of the Society's structure in 1978 and, as a result of the adoption of Resolution 77-24, will re-

appraise sections of the Bylaws dealing with terms of office for trustees and realignment of councilor districts. The Board will report on these matters to the 1978 House of Delegates.



THE 1977 HOUSE OF DELEGATES



VICE PRESIDENT LOVETTE, PRESIDENT ELECT BLADY, AND PRESIDENT KELLY



DELEGATES REGISTER AT ANNUAL SESSION





# New officers begin terms; Board reorganizes

Changes in the Society's chain of command occurred October 26 at the 1977 meeting of the House of Delegates as John V. Blady, M.D., Philadelphia surgeon, was sworn in as president for 1977-78. John B. Lovette, M.D., of Johnstown, moved up to president elect after serving a year as vice president. Matthew Marshall, Jr., M.D., Pittsburgh urologist, was elected vice president by acclamation.

Other election results are as follows: G. Winfield Yarnall, M.D., Harrisburg, reelected secretary; D. Ernest Witt, M.D., Bloomsburg, and Donald E. Harrop, M.D., Phoenixville, reelected speaker and vice speaker of the House of Delegates; Kenneth L. Cooper, M.D., Williamsport, reelected trustee of the Seventh District; and David W. Clare, M.D., of Pittsburgh, reelected trustee of the Tenth District. Gerald L. Andriole, M.D., of Hazleton, was elected to a five year term as trustee from the Twelfth District. He replaces Orlo G. McCoy, M.D., of Canton, who did not seek reelection. Samuel F. Cohen, M.D., of Norristown, was elected to the Society's Judicial Council.

Dr. Marshall's election as vice president means that he will move up to president elect at the next annual meeting of the House and succeed to the office of president in 1979. He served as president of the Pennsylvania Medical Care Foundation from 1972 to 1975 and prior to that as chairman of the Society's Medical Care Appraisal Project.

An advocate for peer review for the quality and appropriateness of medical care, Dr. Marshall has been a member of the Society's Council on Medical Service since 1965, and served as chairman in 1968-69. He has been secretary of

the Hospital Utilization Project since 1962.

Dr. Marshall has been a member of the State Society's House of Delegates since 1960, was president of the Allegheny County Medical Society in 1967, and has been a member of the

Millville, as chairman; and William C. Ryan, M.D., of Somerset, as vice chairman.

The Board reelected John F. Rineman, executive vice president, as treasurer; David A. Smith, M.D., of Harrisburg, as medical editor of PENNSYLVANIA



Dr. Marshall, elected vice president, will be installed as Society president in 1979.

Pennsylvania Delegation to the AMA since 1969.

Also elected were five delegates to the American Medical Association. They are: Henry H. Fetterman, M.D., Allentown; John B. Lovette, M.D., Johnstown; Matthew Marshall, Jr., M.D., Pittsburgh; Robert N. Moyers, M.D., Meadville; and R. Robert Tyson, M.D., Philadelphia.

Five alternate delegates elected are: Robert J. Carroll, M.D., Pittsburgh; Lawrence D. Ellis, M.D., Pittsburgh; George Ross Fisher, M.D., Philadelphia; Wayne W. Helmick, M.D., Rochester; David J. Keck, M.D., Fairview; and John L. Kelly, M.D., Media.

The Society Board of Trustees in a reorganization meeting immediately following the adjournment of the House of Delegates reelected George A. Rowland, M.D., of

NIA MEDICINE; and Pepper, Hamilton and Scheetz, of Philadelphia and Harrisburg, as legal counsel.

Delegates also elected district censors. They are, by county: Adams: W. North Sterrett, M.D.; Allegheny: William D. Stewart, M.D.; Armstrong: Donald Minter, M.D.; Beaver: John G. Hallisey, M.D.; Bedford: Robin G. Torres, M.D.;

Berks: Brian A. Wummer, M.D.; Blair: John Hurst, M.D.; Bradford: Arthur B. King, M.D.; Bucks: Stanley F. Peters, M.D.; Butler: Robert C. McCorry, M.D.; Cambria: Warren F. White, M.D.; Carbon: vacancy;

Centre: H. Thompson Dale, M.D.; Chester: Michael B. Dooley, M.D.; Clarion: Charles C. Huston, M.D.; Clearfield: Fred Pease, M.D.; Clinton: George J. Trieres, M.D.; Columbia: C. Perry Cleaver, M.D.; Cleaver, M.D.;

Crawford: David D. Kirkpatrick, M.D.; Cumberland: Hans S. Roe, M.D.; Dauphin: Robert P. Dutlinger, M.D.; Delaware: Ar-



thur S. Reynolds, M.D.; Elk-Cameron: Robert J. Dickinson, M.D.; Erie: Robert L. Loeb, M.D.;

Fayette: Veronica Binns, M.D.; Franklin: Albert W. Freeman, M.D.; Greene: vacancy; Huntingdon: vacancy; Indiana: Richard N. Freda, M.D.; Jefferson: Nicholas F. Lorenzo, M.D.;

Lackawanna: Norman S. Berger, M.D.; Lancaster: William C. Phippen, M.D.; Lawrence: Gerald H. Weiner, M.D.; Lebanon: John D. Walmer, M.D.; Lehigh: Robert

J. Beitel, Jr., M.D.; Luzerne: vacancy;

Lycoming: Franklin G. Wade, M.D.; McKean: Bruno P. Sicher, M.D.; Mercer: Anderson W. Donan, M.D.; Mifflin-Juniata: Donald E. Basom, M.D.; Monroe: vacancy; Montgomery: vacancy;

Montour: William Curry, Jr., M.D.; Northampton: Walter J. Filipek, M.D.; Northumberland: Nicholas Spock, M.D.; Perry: James O. Rumbaugh, Jr., M.D.; Philadelphia: Charles M. Thompson, M.D.; Potter: Francisco B. Villa, M.D.;

Schuylkill: Gabriel M. Lizak, M.D.; Somerset: Alexander Solosko, M.D.; Susquehanna: vacancy; Tioga: William A. Coolidge, M.D.; Union: Joseph Weightman, M.D.; Venango: Kenneth H. Heasley, M.D.;

Warren: William S. Walters, M.D.; Washington: John C. McGinnis, M.D.; Wayne-Pike: vacancy; Westmoreland: Leslie S. Pierce, M.D.; Wyoming: John S. Rinehimer, Jr., M.D.; and York: Donald R. Gross, M.D.



Dr. Blady is installed Society president and Dr. Lovette receives the badge of president elect from Board Chairman Rowland.



Dr. Andriole, above, is a newly elected member of the Board of Trustees. Dr. Harrop and Dr. Witt, above right, remain speaker and vice speaker of the House of Delegates. Delegates cast ballots early on the final day of Annual Session, below right.





# House limits PMS role in Blue Shield

Relationships between the State Society and Pennsylvania Blue Shield are due for a change as a result of action taken at the 1977 Annual Session of the House of Delegates.

Acting on a recommendation from the Board of Trustees, the House set the following policy: In the future, no one in an elected leadership position in PMS, i.e., trustees and councilors and officers, shall serve on the Blue Shield Board of Directors.

The House also approved a recommendation that the Society's Board of Trustees discontinue making appointments of members at large to the corporate membership of Blue Shield. It further asked Blue Shield to develop alternative methods of soliciting nominees for election to the Blue Shield corporate membership in addition to the direct solicitation from county medical societies.

The Board of Trustees made its recommendations in a report to the House based on legal counsel's explanation of recent court actions.

The report said in part:

"There is physician involvement in the Blue Shield corpora-

tion and its Board. No one could argue the value of physician input into the policymaking process of any health care insurance program; qualified physician input is needed and should be provided for. Legal counsel pointed out to the Board that the Federal Trade Commission (FTC) is concerned that organized medicine not control that input.

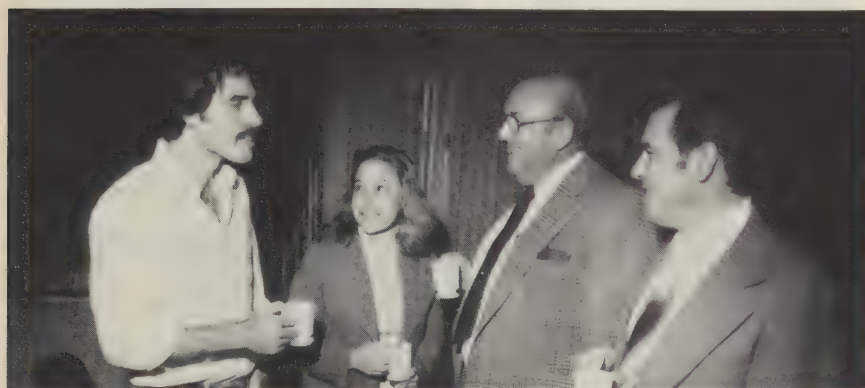
"There are two basic ways for a participating physician to become a member of the Blue Shield corporation. The first is to be elected by his peers. Each participating physician is entitled to make nominations for election to the Blue Shield corporation. Each year Blue Shield solicits nominations from the various county medical societies for the names of physicians that might be interested in running. The county medical societies then forward the names to the Blue Shield nominating committee and the ballots are drawn. Even though the medical societies are not intended to be an exclusive source, county medical societies provide the majority of the names for the corporate membership election ballot.

"The second way for a physician

to gain a position in the corporation is to be appointed as one of the members at large to the corporate membership of Pennsylvania Blue Shield. PMS is presently entitled to appoint a total of fourteen. The member at large positions are provided for in the Blue Shield Bylaws and are based on a one member at large for each 1,000 participating providers, or a fraction thereof, in a particular category, e.g., physicians, dentists, etc.

"The Board of Blue Shield is charged with implementing the policies of the corporation. The Blue Shield Board is elected from the corporation.

"Recent decisions by the United States Supreme Court have resolved any doubts concerning the applicability of the antitrust laws to the learned professions. The courts have determined that the antitrust laws apply to the practice of medicine, and that they particularly apply when the conduct under scrutiny fixes or stabilizes prices. Several courts have held health care prepayment plans like Pennsylvania Blue Shield immune from antitrust enforcement because they are within the scope of the McCarran Ferguson Act which exempts from the antitrust laws the business of insurance to the extent that it is regulated by the state. The same courts have refused to extend that exemption to the medical societies that deal with insurers. In fact, the interaction of medical societies and Blue Shield Plans is the subject of a specific investigation undertaken by the Federal Trade Commission which is reportedly concerned with the Blue Shield plans' control over prevailing fees. In short, we can expect increasing scrutiny over all PMS activities, and particularly its relationship with Pennsylvania Blue Shield."



GEORGE A. ROWLAND, M.D., PMS Board chairman, has initiated a program with the Pennsylvania State University College of Medicine, Hershey, entitled "Introduction to Professional Organizations." Students who take the nine-week elective course meet regularly at Society headquarters to hear lectures by staff members on the functions of professional organizations. Shown with Dr. Rowland are medical students Jim Sweetland, State College, and Robin Albert, Roslyn, New York, and Ronald M. Bachman, the Society's director of economic affairs.



# PMS Credit Union holds organizational meeting

Under the guidance of the Council on Professional Relations and Services, the organizational meeting of the Pennsylvania Medical Society Credit Union was held November 3. Board and committee officers were elected, bylaws approved, and articles of incorporation developed for submission to the state's Department of Banking. State sanction of the articles and launching of the union are expected by mid-December.

Membership in the credit union is open to all State Society members, Auxiliary members, employees of members, of the State Society, and of county medical societies, and employees of affiliated organizations, such as the Pennsylvania Medical Cooperative and the Pennsylvania Medical Care Foundation. Spouses and immediate families of those listed are also eligible for membership.

Because formation of the credit union requires close attendance by all board members, representatives of each membership group were chosen from the central Pennsylvania area. Future board and committee positions will be open to member representatives throughout the state.

Charter members elected to the credit union board are: William A. Shaver, M.D., Council on Professional Relations and Services, president; David H. Small, of the Society staff, first vice president; Mrs. Raymond C. Grandon, past president of the Auxiliary, second vice president; Mrs. Carol Dolack, R.N., CMA, past president of the Pennsylvania Society, American Association of Medical Assistants, secretary; L. Riegel Haas, of the State Society staff, treasurer; and Thaddeus Lekawa, M.D., and Donald G. Crawford, M.D., of the Council.

Credit Committee members are: Donald G. Crawford, M.D., chairman; Donna F. Wenger, of the



CREDIT UNION CHARTER MEMBERS MEET

State Society staff, secretary; and Mrs. Donald H. Haselhuhn, of the Auxiliary.

Members of the Supervisory Committee are: G. Winfield Yar-

nall, M.D., State Society secretary, chairman; Mrs. Raymond C. Grandon, secretary; and David A. Smith, M.D., medical editor of PENNSYLVANIA MEDICINE.

## Study shows consumer greed motivates suits

Ohio consumers perceive "greed" or the "desire to get something for nothing" as the primary motivation behind the rising number of malpractice claims, according to a survey sponsored by the Ohio State Medical Association and conducted by two Ohio State University professors of consumer behavior.

The survey, involving 1,500 randomly chosen Ohio citizens, was based on the premise that since the practice of medicine as such has not changed drastically, increasing malpractice litigation

must be caused by environmental factors.

The Ohio State Medical Association has published the results of the study in two books: *Consumer Attitudes Toward Health Care and Medical Malpractice*, which is designed for the health care professional, and *Consumers Speak About Health Care*, which is written for patients.

For more information contact the Ohio State Medical Association, Department of Communications, 600 S. High St., Columbus, OH 43215.

## PaMPAC

Pennsylvania Medical Political Action Committee

### A good investment!

- **Regular PaMPAC Membership is still ..... \$35**  
(\$10 goes to AMPAC through a joint fundraising effort)
- **Sustaining Membership is still ..... \$100**  
(\$50 goes to AMPAC through a joint fundraising effort)

**PaMPAC P. O. Box 295 Lemoyne, Pa. 17043**

If your practice is incorporated, PAMPAC and AMPAC voluntary political contributions should be written on a personal check. Contributions are not limited to the suggested amount. Neither the AMA nor PMS will favor or disadvantage anyone based upon the amounts of or failure to make PAC contributions. Copies of PAMPAC and AMPAC reports are filed with the Federal Election Commission and are available for purchase from the Federal Election Commission, Washington, D.C. Contributions are subject to the limitations of FEC Regulations, Sections 110.1, 110.2 and 110.5. (Federal regulations require this notice).



# Society's 1977 loans aid 139 medical students

According to the annual report of the State Society's Educational and Scientific Trust, the Committee on Aid to Education granted in September a total of \$181,550 in loans to 139 medical students. Of this amount, \$164,550 was given to students attending Pennsylvania schools.

Medical education costs rose again for the 1977-78 school year. Tuition ranges from \$4,000 at the three state-related schools to \$6,100 at state-aided schools.

Despite enactment on October

additional relief to funding problems. An amendment to the Public Health Service Act, which provides relief for medical students who borrowed funds prior to October 12, 1976, became law on August 1, 1977. These students are now eligible for loan forgiveness for practice in designated physician shortage areas.

Thus all 93 members of the

Class of 1977 who borrowed a total of \$272,790 from the Trust during their four years in medical school are again eligible to have 85 percent of their Trust and other debts repaid over a three-year period of practice in shortage areas.

The total assets of the Trust on December 31, 1976 reached \$2,009,891, of which \$1,623,575 is invested in student loans.

## Dr. Kelly keynotes medical staff workshop

William J. Kelly, M.D., then State Society president, called for an increase in the effectiveness of peer review in opening remarks at the AMA hospital medical staff leadership workshop in Philadelphia on September 23.

"Unless we make peer review work, the public will determine that the practice of medicine is too critical to be left up to doctors.

"If we expect . . . to continue to enjoy professional freedom we must . . . require a basic change in our attitude toward medical staff organization and activities."

According to Dr. Kelly, such a change would require:

- the surrender of a certain amount of individual medical sovereignty to the medical staff;
- determination of leadership posts on the basis of capability rather than "seniority and ceremony";

- the availability of independent legal counsel that is experienced in health and administrative law;

- regular revision of hospital medical staff bylaws under the guidance of professionals not affiliated with the hospital; and

- improved communications between organized medicine and hospital medical staffs.

Several "experiments" in Pennsylvania have demonstrated the effectiveness of such communication. The Philadelphia and Allegheny county medical societies, for example, have strong ties with hospital medical staffs; the Allegheny County Medical Society provides two voting slots on its board of trustees for the hospital medical staff committee; in other parts of the state, county societies have made the medical staff president a voting member of the society board.

"All of these are beginning steps, but they must be extended. We must find ways for organized medicine to assist hospital medical staffs.

"Every hospital has its problems, but those institutions that enjoy a collaborative working relationship among the board of trustees, the chief executive officer, and the hospital medical staff are those which truly best serve the interests of the community."

**Tax deductible donations to assist medical students may be sent now for 1977 income tax deduction purposes. Send your check to the Educational and Scientific Trust, 20 Erford Rd., Lemoyne, PA 17043**

12, 1976 of the Health Professions Assistance Act of 1976, which authorizes a new, insured medical student loan program, implementation did not occur in time for the 1977-78 school term.

Some relief was given by the Federal Guaranteed Student Loan Program, of which the Pennsylvania Higher Education Assistance Agency is a part. PHEAA and the lending institutions were able to provide maximum loans of \$5,000 to many students for the current year.

Federal legislation provided

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# TRIAMTERENE CONSERVES POTASSIUM WHILE HYDROCHLOROTHIAZIDE LOWERS BLOOD PRESSURE

# DYAZIDE<sup>®</sup>

Each capsule contains 50 mg. of Dyrenium<sup>®</sup> (triamterene, SK&F Co.) and 25 mg. of hydrochlorothiazide.

## MAKES

## SENSE

Before prescribing, see complete prescribing information in SK&F Co. literature or PDR. A brief summary follows:

### Warning

This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

**\* Indications:** When the combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium sparing action of triamterene is warranted. (See Box Warning.) Routine use of diuretics in healthy pregnant women is inappropriate; they are indicated in pregnancy only when edema is due to pathological causes.

**Contraindications:** Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

**Warnings:** Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K<sup>+</sup> levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K<sup>+</sup> intake. Associated widened QRS complex or arrhythmia requires prompt additional therapy. Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available.

**Precautions:** Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids).

Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum K<sup>+</sup> frequently; both can cause K<sup>+</sup> retention and elevated serum K<sup>+</sup>. Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis.

'Dyazide' interferes with fluorescent measurement of quinidine.

### Adverse Reactions:

Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions;

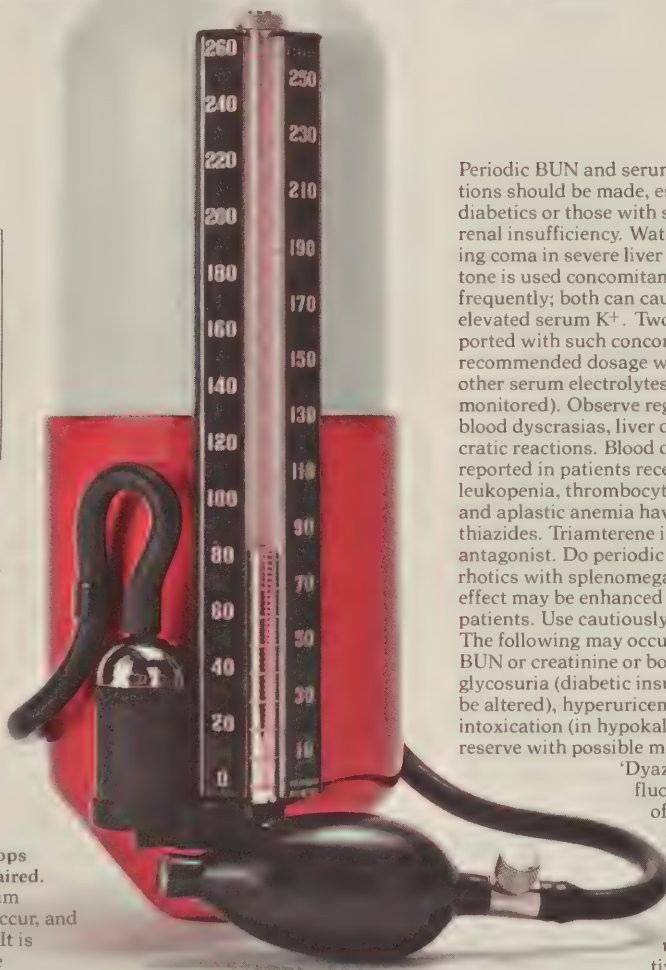
nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

**Supplied:** Bottles of 100 and 1000 capsules; Single Unit Packages of 100 (intended for institutional use only).

**FOR LONG-TERM CONTROL  
OF HYPERTENSION\*  
SERUM K<sup>+</sup> AND BUN SHOULD  
BE CHECKED PERIODICALLY.  
(SEE WARNINGS SECTION.)**

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# Insurance company approved by House of Delegates

The State Society's House of Delegates unanimously endorsed the establishment of the Pennsylvania Medical Society Liability Insurance Company (PMSLIC) at the 1977 Annual Session in Lancaster October 24-26.

Delegates unanimously approved the \$250 mandatory assessment for active members (\$125 for senior active members, \$25 for residents). Also supported unanimously was the selective assessment of policyholders, who will pay from \$385 for Class I insureds to \$2,625 for Class V insureds.

The House acted on 45 resolutions presented by the component societies. Resolutions and their disposition are summarized below.

## Summary of Resolutions

**77-1 (Berks):** Establishes a legal division staffed with personnel responsible only to the Society. REJECTED.

**77-2 (Dauphin):** Reinstates associate members as full members eligible to all the rights and privileges of membership and proportionate representation to PMS and the AMA. REFERRED TO BOARD

**77-3 (Mercer):** State specialty societies to appoint physicians to write standards of informed consent for their specialty. REFERRED TO INTERSPECIALTY COMMITTEE

**77-4 (Philadelphia):** Asks Blue Shield to study inequities in payments due physicians and establish payment schedules on an updated and equitable basis. REFERRED TO COUNCIL ON MEDICAL SERVICE; REPORT 1978

**77-5 (Westmoreland):** Asks the AMA to assist PSROs in locating corporate liability insurance. (Substitute Resolution: Requests AMA to assist PSROs in securing corporate liability insurance which is not limited or restricted by any requirement other than that of being a qualified PSRO). ADOPTED SUBSTITUTE

**77-6 (College of Ob/Gyn):** Asks Blue Shield to consult advisory committee of each specialty society before declaring operative procedures obsolete and unreim-

bursable. (Substitute Resolution: Encourages Blue Shield to consult with Council on Medical Service and its advisory committees prior to making such decisions). ADOPTED SUBSTITUTE

**77-7 (College of Ob/Gyn):** Asks Blue Shield to contact specialty societies for lists of individuals to serve as advisors and to limit terms of such advisors. (Substitute Resolution: Urges Blue Shield to select practicing physicians qualified in their specialty to serve as medical advisors). ADOPTED SUBSTITUTE

**77-8 (Lehigh):** Asks Blue Shield and other insurance carriers to find new mechanisms to establish concurrent and ongoing fee updates. REFERRED TO COUNCIL ON MEDICAL SERVICE; REPORT 1978

**77-9 (Allegheny):** Substitute Resolution cites TRIS as an example of the burdens caused by federal regulations on manufacturers. Asks the AMA to sponsor legislation requiring the federal government to share liability for loss incurred by individuals or companies complying in good faith with public health or safety regulations that are subsequently withdrawn or reversed. ADOPTED SUBSTITUTE

**77-10 (Erie):** State Board to invest local county medical societies with effective legal and disciplinary powers. (Substitute Resolution: PMS to continue discussions with the State Board to investigate means of joint action in developing effective mechanisms to deal promptly with disciplinary problems). ADOPTED SUBSTITUTE

**77-11 (Delaware):** Congratulates William Y. Rial, M.D., upon his election as Speaker of the AMA House of Delegates. ADOPTED

**77-12 (Delaware):** Commends the editor, Publication Committee, contributing editors, and staff of PENNSYLVANIA MEDICINE for their continued excellence. ADOPTED

**77-13 (Delaware):** County society members encouraged to belong to the AMA but not compelled to do so. ADOPTED

**77-14 (Delaware):** Reaffirm the policy that only PMS members receive Argonaut coverage. ADOPTED

**77-15 (Delaware):** Society to consider the feasibility of establishing in house legal

counsel responsible only to PMS Board of Trustees. REJECTED

**77-16 (Delaware):** PMS Board requested to report on the status of countersuits filed in Pennsylvania. (Report from legal counsel submitted to House by Board of Trustees satisfied intent of this resolution). FILED

**77-17 (Delaware):** Insurance Commissioner asked what regulations have been implemented to reduce the cost of malpractice insurance claims and the procedures required for adjusting claims in Pennsylvania. ADOPTED

**77-18 (Philadelphia):** Opposes rules by Blue Shield and other insurance carriers which term selective procedures unnecessary or prohibited and further oppose agreements which deny a physician the right to bill a patient for care not covered under the agreement. (Substitute Resolution: Carriers should not establish rules and regulations which arbitrarily identify selected procedures as unnecessary without appropriate professional medical review). ADOPTED SUBSTITUTE

**77-19 (Eugene B. Rex, M.D., Otolaryngology):** Establishes a professional liability committee within each specialty to review cases and to make recommendations to the involved physician, the defendant's lawyer, the insurance carrier, and the arbitration panel. Cases of gross negligence to be reported to the President of the appropriate specialty academy. Establishes a medical-legal committee staffed by a trial lawyer to represent members interested in these matters. REFERRED TO BOARD

**77-20 (Lehigh):** Creates an additional council to assume certain responsibilities of the Council on Medical Service. (House changed Bylaws to give PMS Board flexibility to change names and accountabilities of administrative councils). REFERRED TO BOARD

**77-21 (Westmoreland):** Supports withdrawal from the market of anorexiant for use in treatment of obesity. (Substitute Resolution: Obesity is a medical problem centering on sound nutrition and adequate exercise, etc.). ADOPTED SUBSTITUTE

**77-22 (Montgomery):** Determine how much litigation non-PMS member Argonaut policyholders may attract; if appropriate provide a premium correction to regular policyholders; and revise county assignment of Argonaut malpractice incidents. REJECTED



## which considers, acts on 45 resolutions

**77-23 (Berks):** PMS to write guidelines for the duties of physicians' assistants; county societies to review educational training of physicians' assistants and protocol under which they serve. (Amendment: PMS to write guidelines for the duties of physicians' assistants and clarify status; also to initiate regulation of physicians' assistants). **ADOPTED AS AMENDED**

**77-24 (Allegheny):** Board of Trustees to study terms of office of trustees and designation of Councilor Districts and report back to the House of Delegates. **ADOPTED**

**77-25 (Montgomery):** PMS to inform the AMA that proposed direct dues billing for AMA members be offered to states on an optional basis. **ADOPTED SIMILAR SUBSTITUTE**

**77-26 (Montgomery):** Society should assess physicians for dues for those years they held Argonaut Insurance but not Society membership. **REJECTED**

**77-27 (Montgomery):** Denies Argonaut Insurance to non-members. Calls for a census of non-PMS members owning Argonaut policies to determine the extent of litigation they attract and, if appropriate, a premium correction occur to regular policyholders. Asks revision of county assignment of Argonaut malpractice incidents. **FILED AND REJECTED**

**77-28 (Montgomery):** Asks return of interest on monies collected for state arbitration panels to the arbitration fund. **FILED**

**77-29 (Montgomery):** Asks that, for precise statistical recording, alleged or real malpractice incidents be attributed to the county where they occur. **ADOPTED**

**77-30 (Montgomery):** AMA delegation to introduce resolution to withhold support of AMA's Comprehensive Health Care Insurance Act of 1977. **REJECTED**

**77-31 (Dauphin):** Condemns the contract between the United Auto Workers and Blue Shield regarding vision and hearing care which bars payment to physicians who are non-participating physicians in Blue Shield because such policy restricts the patients' freedom of choice of physician. (Amendment: Deleted call for study of legal avenues to combat this action). **ADOPTED AS AMENDED**

**77-32 (Delaware):** PMS to prepare proper

legislation or administrative amendments to insure that the interest income generated from medical malpractice arbitration fees are returned to the arbitration fund. **ADOPTED**

**77-33 (Delaware):** Society to consider restructuring the present 12 PMS Councilor Districts to coincide with the 12 PSRO areas. **REJECTED**

**77-34 (Delaware):** Requests the governor to urge the legislature to finalize the report of the 10.06 joint committee (to oversee Act 111) and distribute it to all interested parties. **ADOPTED**

**77-35 (Delaware):** Asks Leroy Gehris, M.D., to continue to report activities of societies in the Second Councilor District; reports of individual Councilors continue to appear in the *Official Reports Book*. **ADOPTED**

**77-36 (Delaware):** Urges that PMSLIC Board composition be on a territorial basis. (Substitute Resolution: PMSLIC to have representation from the various risk classes, the geographic distribution of PMSLIC insureds, and members of the Pennsylvania Medical Society). **ADOPTED SUBSTITUTE**

**77-37 (Delaware):** PMS to report the number of individual claims that have been peer reviewed, to report the number of claims by county, number of claims by class and the number of incidents by county for the period 1971-1976 in the Argonaut program. **ADOPTED**

**77-38 (Montgomery):** PMS create an agency to study C.A.T. **REFERRED TO COMMISSION ON HEALTH PLANNING**

**77-39 (Northumberland):** PMS to fight DPW proposal for additional paperwork on MA patient visits by advocating or par-

ticipating in a paper strike until such regulation is rescinded. **REJECTED**

**77-40 (Butler):** Commends Pennsylvania Insurance Commissioner for his diligence which has resulted in lower medical costs to the citizens of Pennsylvania. (Substitute Resolution: Commends Pennsylvania Insurance Commissioner for his diligence in attending to the insurance needs of the citizens of the Commonwealth of Pennsylvania). **ADOPTED SUBSTITUTE**

**77-41 (Academy of O & O):** Oppose the Blue Shield UAW vision and hearing care program. See action on 77-31. **REJECTED**

**77-42 (Philadelphia):** Re-examine and re-evaluate community mental health centers because their costs per patient visit far exceed those of a private practicing psychiatrist even though personnel treating most patients are not physicians. **ADOPTED**

**77-43 (Delaware):** Society no longer to employ Frank B. Hall as insurance broker or administrator. **WITHDRAWN**

**77-44 (Clinton):** Asks that affirmative action plans to bring minority members into the profession prepare aspiring students to meet general requirements for admission to medical school and not lower standards to accommodate students. (Amendment: PMS to support programs that prepare minority premedical students prior to admission to meet the general requirements for admission). **ADOPTED AS AMENDED**

**77-45 (Clinton):** Seeks the help of the AMA and Pennsylvania's congressional delegation to oppose the proposed HEW regulations implementing the national Health Planning and Resources Development Act of 1974 (P.L. 93-641) because they are arbitrary, rigid, and lacking input from both providers and consumers at the local level. **ADOPTED**

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## Noncompliance—more than educational deficiency

The medical education of physicians emphasizes the accurate assessment of symptoms in order that a correct diagnosis and appropriate therapy may be given. Unfortunately this is really only the beginning for many physicians.

Too often patients fail to follow a prescribed therapeutic regimen. Compliance, or lack of it, apparently is not related to sex, age, social standing, education, or intelligence, and thus it is difficult to predict which patients will be noncompliant. Traditionally the physician assumed (and logically so) that if a patient is concerned enough to visit the doctor, he will adhere to the recommended therapy. Studies have shown this to be untrue.

Many physicians believe that insufficient knowledge of the disease, its course and prognosis, and the reason for and method of treatment is solely responsible for the problem. Sackett et al. (*Lancet* 1:1205, 1975) reviewed this premise in a study of hypertension and found that education does not have a positive influence on therapeutic compliance.

The complexity of therapy also may lead to noncompliance. Generally the more medications in a regimen, the lower the rate of compliance. Patients become confused when a number of drugs must be taken in different time frames. Tendency to alter the schedule or omit drugs increases with variance from the patient's routine.

The cost and side effects of drugs may hinder compliance. When drugs are expensive, and especially when refills are required, the patient may discontinue prescribed therapy. Few medications are with-

out side effects. Although some may seem minor to us as physicians, they are both unexpected and irritating to patients who are not forewarned.

What can be done to improve compliance? Recommend educational material. Even though knowledge has not proved to be a major factor, patients should have an accurate assessment of their condition. Try to keep the therapy simple; prescribe a few drugs that may be taken on a compatible schedule, write the instructions, and be sure your patient understands.

Prescribe generically when practical to lessen expense. Be alert for side effects, warn patients of them, and ask specific questions to determine if they are occurring.

Most importantly, be aware that the physician's attitude and the viability of the physician-patient relationship contribute to an attitude of compliance. When the physician supplies the motivation for therapy by showing concern for the patient's well-being, encouraging and asking questions, and emphasizing the importance of following the regimen, noncompliance will be reduced.

Hippocrates wrote, "The art has three factors, the disease, the patient, the physician. The physician is the servant of the art. The patient must cooperate with the physician in combating the disease." The thoughtful physician communicates the art and empathy that is so necessary in securing the patient's cooperation.

David A. Smith, M.D.  
Medical Editor

## Medicare report laxity

*Reprinted from the Wilkes-Barre Times Leader Evening News Record*

A number of regional physicians were on the list last March when the Department of Health, Education, and Welfare issued an inexcusably flawed report of doctors said to have done more than \$100,000 in medicare business during 1975.

Now, six months later, HEW has gotten around to putting out a corrected list which sets the record straight — on the basis of reviews which should have been made before the first listing was published.

A few rather grudging apologies have been offered by HEW. Secretary Joseph A. Califano said in a statement accompanying the revised list: "I regret any inconvenience for physicians whose records were

incorrectly reported on our original list." In fact, considerably more than "inconvenience" was involved.

The basic idea of letting the public know which physicians have made an excessively good thing of medicare fees is sound. Taxpayers and patients have a right to such information. It is a matter of simple fairness, however, to make sure the information is accurate before giving it out.

This the agency conspicuously failed to do prior to issuance of the March 14 report. As a result, it was just plain wrong about some of the doctors it listed. Reputations were unjustly tarnished, and some physicians suffered harsh consequences.



The erroneous listing, which included the names and addresses of a number of wronged physicians, was apparently the inept work of some nameless bureaucrat in HEW, or several of them. Would it not be proper for Califano to name the individual or individuals who made the error? And what, if anything, has been the penalty for the gross negligence?

The big lesson to be drawn from this episode is, obviously, that HEW — or any other agency —



in my opinion

## What price the physician's assistant?

The September 19 issue of *Medical World News* carried an interview by Washington correspondent Mike Mealey entitled "Califano on 'Profligate Doctors'" that made me sit up quickly.

HEW's head, Joseph A. Califano, Jr., is a declared antagonist of the American practicing physician, whom he calls the prime mover in all that's extravagant about the cost of medical care. He insists that the physician is almost the sole villain in a sea of healing arts which would flow serenely from Washington to the hinterlands were his prodigal ways to be altered.

Califano didn't earn \$500,000 in his last year of legal practice by acting dull. He must know that the cost of medical care is pumped up by a surging flow of Federal money into the system that inflates the cost of every medical service from the orderly's to the engineer's. And yet the chief of HEW piles this excess on the backs of the patient-seeing doctors, while his boss in the White House shores him up.

"The President is totally behind the statement I made to the AMA last June in San Francisco," said Califano. Califano said then that physician greed and fiscal ineptitude threaten to bankrupt America's health care system. He continued in the Mealey interview: "The days of the doctor with a little black bag are over, medicine is big business . . . the days of the doctors of profligacy are going to come to an end."

Blackguarding of practicing physicians en masse seems to be one of the secretary's solutions to the problem of skyrocketing medical costs.

In offering this essay I risk the displeasure of many of you who have embraced the physician's assistant program with great and laudable enthusiasm, both as formal teachers and as field mentors. Physicians'

should be sure of its facts before holding people up to public calumny. What has occurred also points to serious shortcomings in HEW's procedures for keeping tabs on how much is paid out, and to whom. The amount of error in the March 14 list revealed an intolerable degree of laxity which will adversely affect the credibility of HEW in the future operations and announcements of the far-flung agency over which Mr. Califano presides.

assistants have been welcome and useful over the short run during the physician shortage in underserved areas. The long range view, however, cries for our attention.

I have long been an opponent of the physician's assistant concept on anything but a temporary basis, calling it an invitation to neocultism, a poorly conceived notion that is doomed to mediocrity and failure, an intent that is gratuitously unfair to physicians' assistants and to the patients they serve.

What happens to the 40-year-old physician's assistant, 15 years in position, when his physician mentor retires or dies? Does he leave his calling to become a housepainter? An orderly? An insurance salesman? Of course not. He seeks another physician mentor and, while he may succeed, most likely he will not. In these later times the greatly increased numbers of young physicians will make his wares less desirable, and the plea for aid in physician-deprived areas will be answered by—physicians.

I foresee in the next decade a large body of middle aged, disillusioned physicians' assistants with children to educate, mortgages to satisfy, livings to be earned, turning to politicians with the question, "Where do we go from here?"

Not if Mr. Califano or someone who thinks like him is ascendant (and there will, alas, always be a Stafford Cripps or a Wilbur Cohen or an Aneurin Bevan to tell us how to make medicine better). The *Medical World News* interview has recorded Califano's message. "We have to get the paramedicals working, to crack the principle that we pay for services only when a doctor is present. . . . We have to break the hammerlock that doctors have on paramedicals."

And when that day comes, when the physician is no longer supervisory of all medical care, when the hammerlock is broken, will we look back with regret at our role in continuing the physician's assistant program? I think so.

Sam Faris, M.D.  
Glenside

*Dr. Faris is a Montgomery County delegate to the PMS House of Delegates, past president of the Montgomery County Medical Society, and editor of the county society's bulletin.*





## MDs in the news

**Charles E. Cleland, M.D.**, and **Elizabeth Cleland, M.D.**, were honored recently as "Persons of the Year" by the Kane Chamber of Commerce, McKean County. Among those attending the testimonial dinner was **David J. Keck, M.D.**, Eighth District Trustee, who, as a representative of the Pennsylvania Medical Society, commended the Clelands for their service as past presidents of the McKean County Medical Society and as delegates to the State Society House of Delegates. The honored couple has been active in Kane community life since 1933 and brought Kane international publicity with their famed "Ragweed for Harry" allergy program. Dr. Charles is a member of the American Academy of Allergy and is a founding member and past president of the Pennsylvania Allergy Society, of which Dr. Elizabeth is also a member. Dr. Charles is also a charter fellow of the American Academy of Family Physicians and former chief of staff of the Kane Community Hospital.

**Paul J. Poinsard, M.D.**, **Simon Kramer, M.D.**, and **Joseph F. Rodgers, M.D.**, were recently elected officers of the Thomas Jefferson University Hospital medical staff for the 1977-78 year. Dr. Poinsard, the newly elected president, is a professor and director of postgraduate education in the department of psychiatry and human behavior at Jefferson Medical College and is on the staff of the Institute of Pennsylvania Hospital. Dr. Kramer, professor and chairman of the department of radiation therapy and nuclear medicine at Jefferson University Hospital, is the new vice president. Dr. Rodgers, who was elected to the post of secretary-treasurer, is a clinical associate professor of medicine at Jefferson Medical College.

**Fred E. Murdock, M.D.**, DuBois, was honored recently by the Pennsylvania Medical Society for 50 years of service to the profession. Dr. Murdock was graduated from the University of Iowa College of Medicine in 1927 and

served as a medical missionary in Puerto Rico from 1928 to 1935. His practice in DuBois was begun in 1936 and has been frequently interrupted by medical missionary assignments in many parts of the world.

Two physicians at the University of Pittsburgh School of Medicine recently became officers of the American College of Surgeons. **Mark M. Ravitch, M.D.**, was elected first vice president and **William F. Donaldson, M.D.**, was elected regent of the organization. Dr. Ravitch, an authority on the use of staples in general and thoracic surgery, joined the staff of the University Health Center in 1969. He was formerly professor of surgery at Johns Hopkins University and the University of Chicago. He is vice president of the southwestern Pennsylvania chapter of the ACS. Dr. Donaldson, clinical professor of orthopedic surgery at Pitt's School of Medicine and medical staff president at Presbyterian-University Hospital, joined the staff in 1951. He is a special consultant on orthopedic surgery and

vice chairman of the board of trustees for the *Journal of Bone and Joint Surgery*.

**Edward J. Resnick, M.D.**, Penn Valley, was recently elected president of the Philadelphia Orthopedic Society. Dr. Resnick is associate professor of orthopedic surgery at Temple University Medical Center and is on the staffs of St. Christopher's Hospital for Children and Shriners Hospital for Crippled Children. He is a fellow of the American Academy of Orthopedic Surgeons and the American College of Surgeons. He is secretary of the Philadelphia County Medical Society.

**Richard P. Bindie, M.D.**, has been appointed director of the department of pathology of Pottsville Hospital and Warne Clinic. He was named associate pathologist of the hospital in 1971, a position in which he continued until his new appointment. Dr. Bindie is secretary of the Schuylkill County Medical Society and a member of the Pennsylvania Association of Clinical Pathologists.



THE PORTRAIT of the late Dr. Leroy W. Krumperman, professor and chairman of the department of anesthesiology at Temple University Hospital and Medical School, was recently presented to the School of Medicine. Viewing the portrait by area artist Albert Hampson are **Thomas C. Deas, M.D.**, Wynnewood, professor of anesthesiology and chairman of the Krumperman Portrait Committee; **Hugo Smith, M.D.**, Chestnut Hill, associate dean of the School of Medicine; Dr. Marvin Wachman, president of Temple University; Mrs. Dorothy Halsey, Dr. Krumperman's sister; and sons Leroy, Jr., M.D., and Kurt.





**Albert P. Seltzer, M.D.**, Philadelphia, was recently honored by the dedication of the Dr. Albert P. Seltzer Ear, Nose, and Throat Clinic at St. Luke's and Children's Medical Center. Dr. Seltzer is emeritus professor of otorhinolaryngology at the University of Pennsylvania School of Medicine, emeritus chief of otorhinolaryngology at the Albert Einstein Medical Center, and chief of ear, nose, and throat and plastic surgery at St. Luke's and Children's Medical Center.



DR. SELTZER



DR. WHITE

**Peter White, M.D.**, Philadelphia, was recently appointed director of Presbyterian Medical Center's 100-physician department of medicine. In addition to directing the professional and administrative activities of the department, Dr. White will work closely with the School of Medicine of the University of Pennsylvania in developing educational programs for medical students based at Presbyterian. Dr. White received his undergraduate degree from Yale University in 1951 and his medical degree from Penn four years later. He is a member of several professional associations, including the American Federation for Clinical Research and the American Society of Hematology, and he is a fellow of the American College of Physicians.

**David Rosenthal, M.D.**, was recently named director of physical and rehabilitation medicine at Suburban General Hospital, East Norriton. Dr. Rosenthal is an assistant professor of rehabilitation medicine at Temple University School of Medicine.

**Nino deProphetis, M.D.**, a surgeon for thirty years on the staffs of

Crozer-Chester Medical Center, Up-land, and Sacred Heart Hospital, Chester, was recently cited by the Christopher Columbus Memorial Association, Chester, for continuing service to the community. Dr. deProphetis was born in Arsita, Italy, and settled in Chester in the 1920s. His undergraduate and medical degrees were received from the University of Pennsylvania. He was the first chief of surgery at Sacred Heart Hospital and has served as a general surgeon at Riddle Hospital, Middletown, and Taylor Hospital, Ridley Park. Dr. deProphetis is a fellow of the American College of Surgeons and the American College of Physicians, and a diplomate of the American Board of Surgery.

The Philadelphia Society of Facial Plastic Surgeons recently elected a new slate of officers for 1977-78. They are: **Frank I. Marlowe, M.D., F.A.C.S.**, president; **Philip Rosenfeld, M.D., F.A.C.S.**, president elect; **Louis D. Lowry, M.D., F.A.C.S.**, vice president; **Fred J. Stucker, M.D., F.A.C.S.**, secretary; **Charles S. McConnell, M.D., F.A.C.S.**, treasurer; and **Emil P. Liebman, M.D., F.A.C.S.**, corresponding secretary.

*A trip to the moon is the farthest thing from most people's minds. But for James Bagian, M.D., an intern at Geisinger Medical Center in Danville, such a trip just might take place. Dr. Bagian recently underwent physical tests at the National Aeronautics and Space Administration's Johnson Space Center in Houston to confirm his candidacy for a mission specialist position with the space shuttle program. The doctor's unusual qualifications may have spurred NASA's interest: in addition to his medical degree from Jefferson Medical College, Dr. Bagian received a bachelor of science degree in mechanical engineering from Drexel Institute of Technology and took part in a clinical rotation program with the Naval Air Test Center at Patuxent River, Maryland.*

Brigadier General **John Boyd Coates, Jr., M.D.**, of Phoenixville, was recently installed as the 143rd president of the Chester County Medical Society. Other officers installed by the Society are: **Thomas S. Johnston, M.D.**, president elect; **E. Thomas Deutsch, M.D.**, vice president; **Norman A. Goldstein, M.D.**, secretary; and **Pascal J. Imperato, M.D.**, treasurer. **William A. Limberger, M.D.**, past president of the Pennsylvania and Chester County Medical Societies, was honored by the county society for his 50 years in medicine.

A Temple University Medical Center physician has been named the Woman Physician of the Year by the Polish American Medical Society "MEDICUS." **Irene Koprowska, M.D.**, Wynnewood, professor of pathology and director of the cytology laboratory at Temple, was chosen as the first recipient of the award in recognition of her lifetime contribution as a scientist, physician, and humanitarian. Dr. Koprowska, a graduate of the School of Medicine of Warsaw University, Poland, joined the staff of Temple University Medical Center in 1970 after serving as professor at Hahnemann Medical College.

**William M. Cooper, M.D.**, has been appointed to the newly created post of assistant vice chancellor for continuing education in the School of the Health Professions at the University of Pittsburgh. Dr. Cooper became associated with the School of Medicine in 1948, and has since served as clinical professor of medicine, director of continuing education, and dean for continuing medical education. He has been director of continuing education at the University Health Center since 1974. Dr. Cooper was graduated from Hahnemann Medical College and received postgraduate medical training at Shadyside Hospital and the University of Pittsburgh School of Medicine. He is a member of the International Society of Hematology, the American Society of Hematology, and the American College of Physicians.

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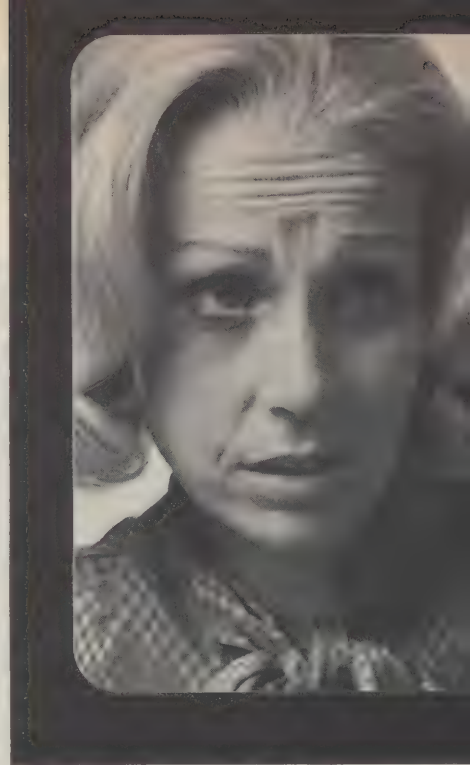
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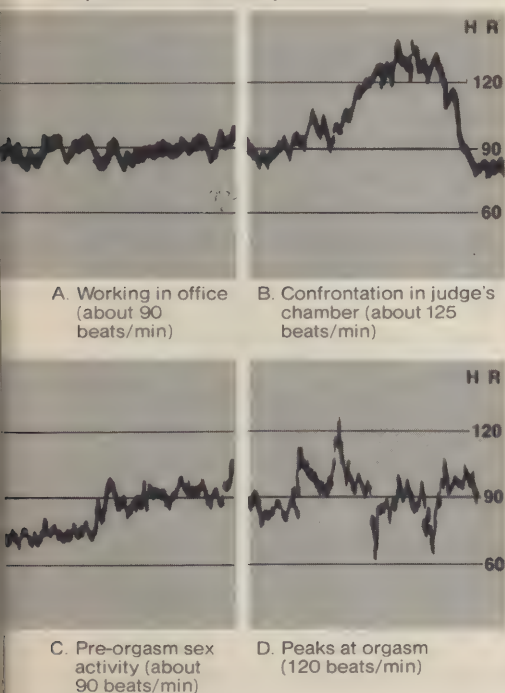
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# Society backs AMA NHI plan, Dr. Blady testifies

State Society president John V. Blady, M.D., in October 12 testimony before the Region III HEW hearings on national health insurance in Philadelphia, called for equal access for all citizens to quality health care through a uniform and comprehensive health insurance plan.

In presenting the State Society's position, Dr. Blady outlined the

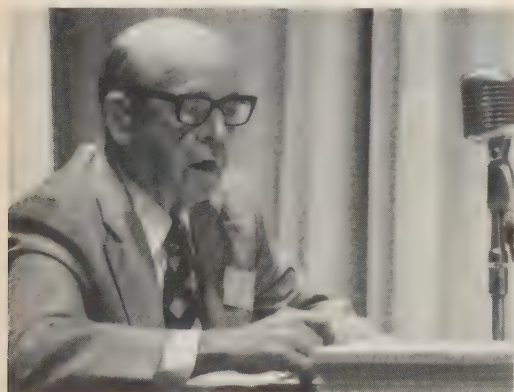
those who change employment or become unemployed; and

• *protection against the cost of catastrophic illness without limit, the single most important need in the area of benefit coverage.*

Such an insurance program should rely on the private sector to the greatest extent possible, said Dr. Blady. "It is on this solid base of administrative and insurance

insurance plan. . . . While efforts must be directed to implementing effective cost controls, the real problem has always been to achieve economies without compromising quality and erecting barriers to availability.

"Since it is difficult for the public to make judgments on the quality of care, physicians, as the patients' advocates, must have the



JOHN V. BLADY, M.D., president of the Pennsylvania Medical Society, presented testimony on national health insurance at a hearing in Philadelphia October 12. The hearing was one of a series conducted by the Department of Health, Education, and Welfare throughout the nation. Later in October, the Society's House of Delegates reaffirmed the Society's position of support for the plan backed by the American Medical Association.

benefits that should be included in such a plan:

- 365 days of hospital inpatient care;
- 100 days of inpatient care in a skilled nursing care facility;
- all emergency and outpatient services;
- all physician care (diagnostic, therapeutic, and preventive) regardless of where it is provided (in other health services);
- all home health services;
- all dental care for children;
- emergency dental care for everyone;
- ambulance service;
- institutional and outpatient psychiatric care;
- well-baby care;
- immunization;
- physical examinations;
- x-ray and laboratory services;
- anesthesiology services;
- continuity of coverage for

expertise that a national health insurance plan should be implemented."

Financing and governmental control are also of concern to the Society, according to Dr. Blady. "Sound financing is a basic requirement for any national health insurance plan. The tendency of government health programs is to soar out of control. . . . To finance a plan . . . the federal government's role should be limited to paying premiums for the aged and persons unemployed or medically indigent.

"Protection against abuse should be built into the system so that the tendency to 'use it because it's free' is curbed. Co-insurance and deductibles are among the options available to restrict frivolous utilization.

"We must be realistic in projecting the cost of any national health

responsibility to determine and maintain standards of quality health care in any health insurance plan . . . Controls . . . should be based on the principles of peer review of the PSRO law."

Dr. Blady endorsed HB-1818, the Comprehensive Health Care Insurance Act of 1977, but explained the restrictions of any national health plan.

"... will this . . . or any other plan create a dramatic improvement in the health of Americans? The answer is no. Much of our health status is an individual responsibility.

"... we must recognize that national health insurance is not a cure-all, but it can be a method by which everyone, regardless of income, will have access to quality medical care . . . and guaranteed protection against catastrophic medical costs."



## State societies hold fall meetings; officers elected

Three state societies held meetings in recent weeks. Scientific programs and business sessions were on the agendas.

### Psychiatric Society

Members of the Pennsylvania Psychiatric Society attended the society's fall meeting on October 21 in Lancaster.

The one-day program, entitled "Mental Health Under the Carter Administration," included a presentation by Mildred Mitchell-Bateman, M.D., a member of the President's Commission on Mental Health.

Following Dr. Mitchell-Bateman's overview of the current workings of the Commission, a simulated public hearing of the Commission was held. Participants then divided into small group discussions on areas of interest ranging from delivery of services to special population needs.

The meeting concluded with a summation of the individual activities of the small groups and a perspective by Dr. Mitchell-Bateman.

### Neurosurgical Society

The Pennsylvania Neurosurgical Society's fall meeting was held in conjunction with the scientific meeting of the Mid-Atlantic Neurosurgical Society on November 4 in Philadelphia. Specialists heard presentations by nationally respected leaders in neurosurgery and were given opportunity for group discussions on the procedures presented.

The membership of the Pennsylvania society also elected its officers for the coming year. They are: James Argires, M.D., president; R. G. Selker, M.D., president

elect; M. R. Katz, M.D., secretary/treasurer; and councilors William Bouzarth, M.D., Arthur B. King, M.D., and Laibe A. Kessler, M.D. Officers assumed their responsibilities at the conclusion of the meeting.

### College of Nuclear Medicine

The annual meeting of the Pennsylvania College of Nuclear Medicine was held on Saturday, October 22, 1977. Edward A. Eikman, M.D., chief of the Nuclear Medicine Service, Veterans Ad-

ministration Hospital, Tampa, Florida, spoke on the quality assurance and practice certification program of the American College of Nuclear Physicians. Dr. Eikman's presentation was followed by a discussion of the ramifications of such a program.

The membership was advised of the results of the elections of officers for 1977-78. New officers are: Jose O. Morales, M.D., president (incumbent); Michael Dooley, M.D., vice president; David Brill, M.D., secretary; and Milton Friedlander, M.D., treasurer.

### NBC plans medical 'supershow'

"Medicine in America" is the topic of a three-and-a-half hour television presentation scheduled for broadcast by NBC at 8 p.m. Wednesday, January 4.

The program will be telecast on the following stations: KYW-TV

Philadelphia; WBRE-TV Wilkes-Barre; WGAL-TV Lancaster; WIIC-TV Pittsburgh; WICV-TV Erie; and WJAC-TV Johnstown.

The economics and quality of medical care will be the central concern of the special.



*THREE LEVELS of Auxiliary leadership—county, state, and national—participated in the annual meeting of the Pennsylvania Medical Society Auxiliary in Lancaster October 24-26. Shown above, left to right, are: Mrs. William R. A. Boben, who was installed as president; Mrs. C. Edward Pohl, who welcomed officials on behalf of the Lancaster County Auxiliary; Mrs. Spencer J. Servoss, Auxiliary immediate past president; and Mrs. Chester L. Young, president of the AMA Auxiliary.*



# Joint practice commission publishes case book

Physicians and nurses who are now collaborating as colleagues to provide patient care have revealed their personal and professional lives in a book of short narratives published by the National Joint Practice Commission (NJPC), an interprofessional organization established by the American Medical Association and the American Nurses Association.

As evidenced by the 24 case studies presented in the volume, entitled *Together: A Casebook of Joint Practices in Primary Care*, the emergence of the nurse practitioner as a primary nursing care provider has added a new dimension to the traditional physician-nurse relationship.

The physicians and nurses depicted in the book have gone into joint practice in the belief that real and significant benefits would accrue to the patients and to their professional practices, and proof of these benefits is to be found in each case.

In *Together*, nurse practitioners are shown working in expanded roles with physician colleagues; both nurses and physicians are exploring the boundaries of team practice. Several positive results are seen throughout the book:

- Patient satisfaction increases and waiting time is shortened.
- Malpractice suits seem to decrease.
- The size of the practice can increase while quality of care is maintained.
- The practice achieves a balance because of joint decision making and well-defined roles.
- Nurses' and physicians' clinical judgments are sought by patients and shared in the joint practice effort.
- Overlapping functions occur but are positive, noninterfering factors.
- Health education services

provided by the nurse practitioner permit the physician to spend more time in medical practice.

The future of an expanded role for nurse practitioners also is illustrated in the book. Nurses are shown treating nonacute illnesses, making rounds or visiting patients in hospitals and nursing homes, providing life saving care and treatment in crisis situations, teaching patients and their families about health care, and collaborating with physicians.

One case of particular interest to Pennsylvania doctors is "Something New In Williamsport," the story of how the typical rural problem of finding new physicians to take the place of those who retire was solved in Lycoming County by establishing a residency program in family practice at Williamsport Hospital.

Arthur Taylor, M.D., a local physician, was anxious to begin the training program, but found that in order to manage the increased demands on his time, he would have to change his concept of health care delivery.

*He was aware that the Pennsylvania Nurse Practice Act permitted nurses with more than conventional training to perform certain tasks previously confined to physicians. So he recruited a nurse practitioner, partly to free himself, but also to serve as a role model for the young physicians who soon would be coming through the program.*

Dr. Taylor's search for a nurse practitioner resulted in his association with Wanda Hendershot, a former staff nurse, practical nursing teacher, and clinical instructor.

*In the office, patients are seen by either Doctor Taylor or Ms. Hendershot, often at random. "We consider ourselves a team," she says, "and any one of the team members*

*may see the patient on any given visit. We don't feel we are fragmenting care, because we communicate regularly with one another."*

Doctor Taylor agrees. "She knows my routine," he says. "After Wanda examines a patient, if she feels he needs a cardiogram, a chest x-ray, or blood tests for me to make a diagnosis, she will order them. When it come to therapy, we put our heads together."

Doctor Taylor discovered one bonus of his collaboration with a nurse practitioner was being able to have her make visits away from the office. "I haven't been to a nursing home in nearly a year. Wanda visits my nursing home patients, then comes back and reports to me. We are able to make occasional house calls too."

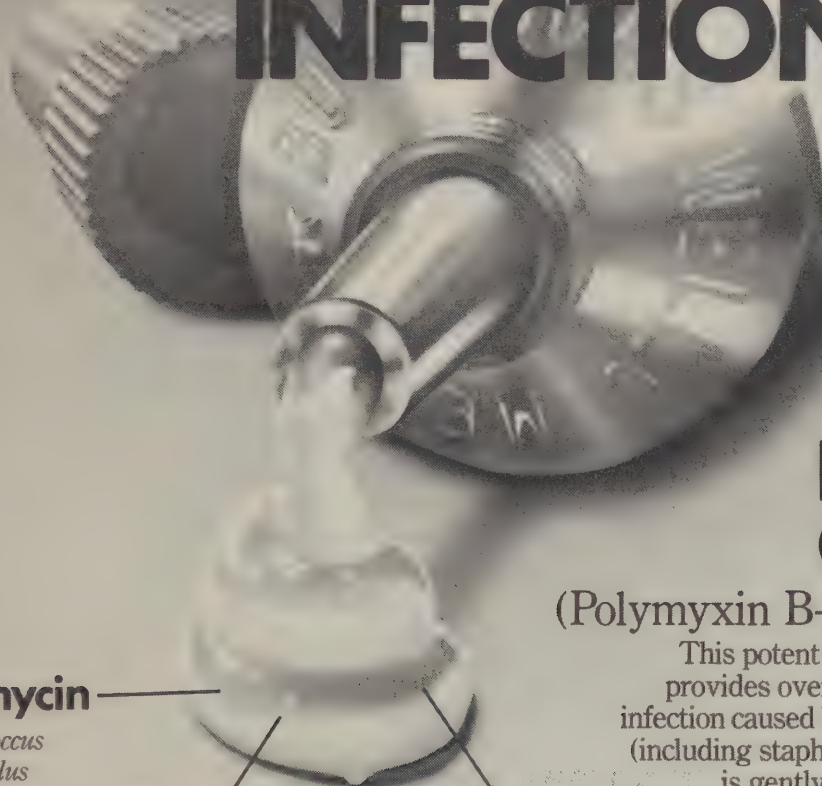
The nurse practitioner concept has become increasingly acceptable to the young new doctors rotating through Williamsport Hospital. One of these is Leo M. Hartz, M.D., a junior resident who grew up in eastern Pennsylvania. "We came out of medical school with the idea that the doctor didn't necessarily have to spend time with all of the patients in his practice in order to give quality medical care. A physician's services can be extended by others . . . as long as they are well trained, they can be of great help. . . . there's a consensus among the residents that we would have a nurse practitioner—either formally trained or someone we trained ourselves—working with our patients."

Grants from The Robert Wood Johnson Foundation to prepare the manuscript and publish it enabled the NJPC to launch the first national investigation into where and how joint practices exist and function in primary care settings.

The 258-page book is available at \$5.95 from NJPC/EFIC, 7383 Lincoln Ave., Chicago, IL 60646.



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affected, especially if the patient has impaired renal function or is receiving other aminoglycoside antibiotics concurrently, not more than one application a day is recommended.

When using neomycin-containing products to control secondary infection in the chronic dermatoses, it should be borne in mind that the skin is more liable to become sensitized to many substances, including neomycin. The manifestation of sensitization to neomycin is usually a low grade reddening with swelling, dry scaling and itching; it may be manifest simply as failure to heal. During long-term use of neomycin-containing products, periodic examination for such signs is advisable and the patient should be told to discontinue the product if they are observed. These symptoms regress quickly on withdrawing the medication. Neomycin-containing applications should be avoided for that patient thereafter.

**PRECAUTIONS:** As with other antibacterial preparations, prolonged use may result in overgrowth of nonsusceptible organisms, including fungi. Appropriate measures should be taken if this occurs.

**ADVERSE REACTIONS:** Neomycin is a not uncommon cutaneous sensitizer. Articles in the current literature indicate an increase in the prevalence of persons allergic to neomycin. Ototoxicity and nephrotoxicity have been reported (see Warning section).

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# Management of vascular injury

GARY G. NICHOLAS, M.D., F.A.C.S.

WILLIAM E. DeMUTH, M.D., F.A.C.S.

Hershey

Vascular trauma presents a unique opportunity to the surgeon. He is most commonly presented with a young patient who, until the moment of injury, had a normal vascular system. The immediate diagnosis and aggressive management of vascular injuries increases the number of successful reparative operations. In one series, delay in treatment of 12 hours or more led to a successful reconstruction in 50 percent of cases; reconstruction succeeded in 90 percent of cases when performed within 6 hours of injury.

Prompt management of acute vascular injuries prevents disabling, limb threatening late sequelae, such as false aneurysms, arteriovenous fistula, and chronic ischemia. When caring for a patient with an acute vascular injury, the order of priority must be: resuscitation of the patient, attention to salvage of the injured limb and, finally, restoration of the injured limb to normal.

The following case report illustrates a number of the problems encountered in caring for patients with major arterial trauma.

## Case report

S.B. (HMC #104688) is a 23 year old female, gravida 3, para 2, who was seven months pregnant when she was transferred to the Hershey Medical Center nine hours after having been shot through both knees with a 30/30 rifle.

The high velocity missile that injured the patient's legs caused massive tissue loss. She was hypovolemic with a blood pressure of 98/60, a pulse of 116, and fetal heart rate of 160. The left foot and leg were pale white in color and cool to the touch. The right foot was cool and pedal pulses were initially unobtainable, but returned with volume expansion. The wound in the left popliteal space was approximately 12 x 15 cm. The skin, subcutaneous tissue, and muscle were absent and the borders of the wound were devitalized. An 8 cm segment of the popliteal artery, vein, and nerve was absent.

The patient was taken directly to the operating room. The saphenous vein obtained from the opposite leg was used as an interposition graft to repair both the popliteal artery and the vein. Nerve ends were marked with silk suture. The wound was widely debrided and vascular grafts were covered with the one remaining head of the gastrocnemius muscle,

which was transferred from the lateral to medial femoral condyle. Fasciotomy was performed to decompress all compartments of the right calf. No skin closure was attempted.

A posterior tibial pulse was reestablished. The wound of the other popliteal space was debrided and allowed to remain open. Secondary wound closure was accomplished four days later using split thickness skin grafts.

The patient was fitted with a left short leg brace for treatment of her foot drop. When discharged three weeks after her injury, she was ambulating without difficulty.

## Comment

Coverage of any vascular graft is imperative; in this instance the gastrocnemius muscle was used. Aggressive debridement and secondary closure are the two principles that aid in prevention of infection. Clinical and laboratory evidence indicates that venous reconstruction rather than ligation improves the success rate of arterial reconstruction. Fasciotomy is necessary in over half of patients with popliteal vascular injuries; it should be performed without hesitation if swelling is present.

The diagnosis of acute arterial injury may be all too obvious or very subtle. A large, soft tissue defect in the vicinity of a major artery associated with bright red bleeding permits rapid diagnosis of arterial injury. In other instances, the diagnosis may be made only by the angiographic finding of a

*Dr. Nicholas is an associate professor in the department of surgery at The Milton S. Hershey Medical Center of The Pennsylvania State University, Hershey. Dr. DeMuth is a professor of surgery in the department.*



small defect in a vessel wall. Ischemia of the affected part distal to the site of injury is a common diagnostic finding. Cadaveric pallor and pain suggest acute limb threatening ischemia.

Pulses distal to the site of injury are usually absent but as many as 20 percent of patients may have pulses distal to an area of major arterial trauma. A large, tense hematoma may reflect underlying arterial injury. Pulsation of a hematoma, especially in combination with a palpable thrill or audible bruit, is evidence of arterial trauma.

In some patients a high index of suspicion will prompt the physician to obtain an angiogram and make the correct diagnosis even when the clinical signs of arterial injury are absent. Physicians should suspect arterial injury when evaluating a patient with a fracture of the first rib, a dislocation of the knee, or a supracondylar fracture of the humerus or femur.

Vascular injury may occur following penetrating or blunt trauma. In penetrating injuries from high velocity missiles, such as rifle bullets, the vessels may be injured by direct penetration or by the kinetic energy released as the missile passes through tissues adjacent to the vessel. Because of the extensive tissue injury surrounding the path of a high velocity missile, interposition grafting is much more common in vascular injuries resulting from military weapons of high velocity. In civilian practice over 80 percent of arterial injuries can be managed by end-to-end anastomosis.

Blunt vascular injury most frequently results in compression or con-

tusion of the vessel. Compression is usually of minor consequence unless the pressure is severe and prolonged, in which case distal intravascular thrombosis may occur. Contusion typically results in disruption of the intima and a portion of the media of the vessel wall. The disrupted portion of vessel wall will usually prolapse into the vessel lumen and initiate local thrombosis in the vessel.

The initial management of the patient with a major vascular injury must be directed to resuscitation when shock is present. Over half of patients with arterial injuries will be in shock when first seen. Large bore intravenous catheters should be placed in noninjured extremities to allow infusion of balanced salt solution and whole blood. High dose intravenous antibiotics and tetanus toxoid should be given immediately. The specific method of management will obviously depend on the site of injury.

Ninety percent of acute arterial injuries occur in the extremities. Hemorrhage is best controlled by direct pressure. Tourniquets are dangerous and may precipitate the loss of a previously salvageable limb. Associated fractures should be reduced and splinted. Frequently this will restore normal circulation to what appeared to be an ischemic limb.

Vascular injuries in the neck are complicated by the possible compromise of the airway. External hemorrhage is managed by direct pressure and if any sign of airway obstruction is noted, endotracheal intubation is performed.

Major vascular injuries within the abdominal cavity may be initially controlled by the use of the antigravity suit. Immediate operation is essential if shock is present. Patients with injuries of the thoracic aorta will frequently exhibit a transient stability of the cardiovascular system. During this stable period, hemorrhage is generally confined to the mediastinum. Rapid diagnosis is essential if these patients are to reach the operating room prior to free rupture of the expanding hematoma into the hemithorax.

Avoidance of delay in diagnosis of acute arterial injuries allows the surgeon the best opportunity to perform a successful vascular reconstruction. If shock is present or the site of arterial injury obvious, one should not delay life and limb saving treatment to obtain angiographic confirmation. In those cases in which the diagnosis is in doubt because of lack of clinical signs, but a high index of suspicion exists, angiography should be performed. If this aggressive policy is followed, mortalities may be kept to a minimum and late complications of vascular injuries can be avoided. □

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## Planning means heirs share estate, not government

DONALD L. DeMUTH, M.B.A., C.P.A.  
JOHN M. JONES, M.B.A., J.D.  
EDWARD H. ACHORN, M.Adm., C.P.A.  
Harrisburg

"There appears to be a growing feeling among knowledgeable associates of Howard R. Hughes that the eccentric billionaire left no will to guide the disposal of his great estate. In Washington today, a federal tax expert said that more than three quarters of Mr. Hughes' estate would go for federal taxes if no will had been left. The current size of his holdings is estimated at \$1.5 billion, and the tax bill would be well above \$1 billion." (*New York Times*, April 7, 1976, page 1.)

Often a physician will notice such headline news, vow to review his estate with an advisor, and then fail to honor his pledge.

Why doesn't he secure estate planning advice? No one likes to anticipate his own death and, because no direct benefit results, it is often easy to shrug off estate planning with, "There will be plenty for them when I'm gone." This is often, but not always, true.

An astonishing number of doctors go to great lengths to save several hundred or thousand dollars in income tax, but do not make even a simple effort to save tens of thousands of dollars in estate tax.

Estate taxation is probably the most misunderstood form of taxation. Federal estate tax is levied on the transfer of the decedent's property and is paid by his estate. Inheritance (state) tax, which is often confused with estate tax, is paid by the recipients of the decedent's property and is typically much smaller.

The difference between *probate* estate and *taxable* estate is also commonly misunderstood. Probate estate includes only property which is transferred at death by a will. It does not include proceeds of life insurance policies owned by the decedent or

property held in trusts over which he held power.

Taxable estate includes all property that is owned or any property to which he has right or interest. Thus owned life insurance policy proceeds and trusts with retained powers are taxable. In estate taxation, it is the taxable estate that is important.

Items that are taxed for estate purposes include:

- cash (including savings and checking accounts and certificates of deposit);
- home and vacation residences (even if jointly owned);
- stocks and bonds;
- office (if owned);
- investment real estate;
- objects of art;
- coin and stamp collections;
- antiques;
- partnership or business interests;
- property in certain trusts;
- life insurance proceeds (if you or your estate is either beneficiary or owner);
- certain pensions and annuities;
- property held as a joint tenant; and
- gifts made within three years of death.

Many of these items are understandably taxed as part of an estate, but let's consider those which are not quite so obvious.

*I thought property jointly owned by my wife and me, joint bank accounts*

*Mr. DeMuth is assistant professor of accounting and finance, Mr. Jones is assistant professor of business law and insurance, and Mr. Achorn is assistant professor of accounting and management at The Pennsylvania State University's Capitol Campus, Middletown.*

*and our home, was half owned by each and only half would be included in each estate.*

False. The person who earned or inherited the property or earned the money used to acquire the property is the owner for purposes of estate taxation. For example, if a physician buys a home, makes mortgage payments, and places all practice earnings in a joint bank account, both the home and the money are taxed in his estate. This is true despite the fact that the home and the bank accounts are jointly owned by the physician and his spouse.

An important exception to this rule resulted from the Tax Reform Act of 1976. If the physician gives the spouse one-half the jointly owned property for which he paid the entire amount and then files a gift tax return, he can effectively include half the property in his estate and half the property in his spouse's estate. This may be especially beneficial in the case of real estate. Half the home, for example, may be transferred to the spouse before it appreciates, probably without involving a gift tax resulting from the transfer.

One caveat for effective transfer of real estate for estate tax benefit is a complex legal arrangement costing a few hundred dollars in legal fees and transfer costs. A physician should not proceed with the transfer until an attorney or consultant knowledgeable in gift and estate taxation matters reviews the situation and advises accordingly.

*I thought that when I put property in trust it no longer belonged to me. How can this property be taxed to me?*

If a physician makes an irrevocable trust (a trust which cannot be altered by the person who created it) and he is



not the trustee, then the assets of that trust are not included in his estate.

If the trust is revocable (giving the doctor the power to terminate, control or manage the trust and to change beneficiaries), assets are included in the physician's taxable estate upon his death.

*Do you mean to say that if I make gifts within three years of my death, they will not only be taxed in my estate at their market value at the time of my death, but the gift taxes I paid will also be included?*

Yes. The IRS assumes that any gift within three years of death is "in contemplation of death," i.e., the motive for making the gift is to avoid estate taxation. Thus the value of the gift at the time of death (not on the date of receipt) is taxed.

The physician may make a gift of \$3,000 per year (\$6,000 if married and giving jointly with spouse) to each recipient without limit and without including the gifts in his estate. A married doctor with four children, for example, could give to each child (or any other person) \$6,000 annually for a total of \$24,000 among the four children. The amount of these gifts is not included in his estate.

While the amount of gift tax paid is included in the estate for tax purposes, it is subtracted from the doctor's estate tax to determine the amount of tax actually payable. The purpose of this is to push the physician into a higher estate tax bracket.

*What do you mean the life insurance proceeds are included in my estate if I'm the owner or my estate is the beneficiary? My wife is the beneficiary. The money will go straight to her!*

While it is true that life insurance proceeds are paid directly to the named beneficiary, the proceeds are included in the estate for taxation purposes. A life insurance trust can be used to avoid estate taxation of life insurance proceeds. Such proceeds are not subject to income taxation.

*What pensions and annuities are included in my estate? How can I avoid being taxed?*

Qualified pension and profit sharing plans of professional corporations and Keogh plans and individual retirement accounts of unincorporated practices that are distributed in installments escape estate taxation.

When distributed in lump sums these accounts are included in the estate for estate taxation purposes, but qualify for a favorable ten year forward average income taxation of the lump sum to the recipient of the retirement benefits.

To achieve the best combination of estate and income taxation savings the physician should name a beneficiary other than his estate or executor for his retirement and profit sharing plans. The beneficiary should be permitted to choose lump sum or installment payments and should be encouraged to consult an attorney or advisor to determine the most advantageous method of receiving payments from a taxation standpoint.

*What steps can I take to reduce the tax on my estate?*

**Small estates**—In 1977 any estate of \$120,000 or less will avoid estate taxation no matter who inherits the property. The amount escaping estate taxation increases each year until 1981 when it is in excess of \$175,000.

In addition to the \$175,000, the physician may give his spouse the greater of \$250,000 or one-half the gross estate (taxable estate before deductions) and pay no estate tax. This does not solve all estate planning problems, however, for the spouse would owe \$83,000 of estate tax upon her death, assuming that she didn't remarry and spent only the earnings of the estate.

**Marital deduction and residuary trusts**—A common method of reduc-

ing the estate tax on both estates is for the doctor to place half of his estate in a trust to which his spouse is beneficiary and from which she may receive income and principal at his death. This is called a marital deduction trust.

Instead of placing the property in a marital deduction trust, he may obtain identical tax results by giving the property directly to his spouse and the remaining portion to another trust. The remainder of the trust, known as a residuary "sprinkling" trust, passes to the children upon the spouse's death or remains in trust until the children attain a specified age. The trustee is empowered to distribute the income and principal among the spouse and children at his discretion.

Table I compares the total estate tax paid by each method.

The marital deduction and residuary trusts are often beneficial for young or middle aged physicians with taxable estates over \$175,000 whose wives have no substantial property or cash.

**Reduced joint tax**—A recent legal decision of particular interest to the older or retired physician involves a clause designed to permit an estate to pass to a spouse in the amount which would cause joint estate taxes to be as small as possible. To explore the applicability of such a clause to the individual situation, the physician should refer his attorney to *Smith*, 66 TC No. 42 (1976).

**Orphan's exclusion**—If a physician's children lose both parents and

**TABLE I**  
Comparison of Estate Taxes with Direct Bequeathal and with Trusts\*

Estate tax	Taxable estate	Federal estate tax		
		Physician	Spouse	Total
Bequeathed	\$200,000	None	\$ 8,000	\$ 8,000
directly	250,000	None	24,000	24,000
to spouse	300,000	None	41,000	41,000
	350,000	None	58,000	58,000
	400,000	None	75,000	75,000
	450,000	\$ 5,000	90,000	95,000
	500,000	17,000	103,000	120,000
1/2 to	\$200,000	None	None	None
marital deduction	250,000	None	None	None
trust or directly	300,000	None	None	None
to spouse and	350,000	None	None	None
1/2 to residuary trust	400,000	\$ 8,000	\$ 5,000	\$13,000
	450,000	16,000	11,000	27,000
	500,000	24,000	16,000	40,000

\* Assumes death in 1981 or later.



he provides for it in his will, the doctor may exclude \$5,000 for each year that each child is under 21 if the children or a trust for their benefit receives the property. If the children are 10 and 12 when orphaned, for example, the 10 year old could receive \$55,000 (11 years until 21  $\times$  \$5,000 exclusion) and the 12 year old could receive \$45,000 (9 years  $\times$  \$5,000) tax free.

**Charitable deduction**—Gifts to charitable organizations are exempt from estate taxation.

**Noncharitable gifts**—A physician may give \$3,000 annually per person (or \$6,000 if joint gifts) without gift tax or estate tax ramifications. If gifts are made in excess of \$3,000 per person each year (\$6,000 for joint gifts), he reduces the amount of property that can be bequeathed without paying estate tax. If the physician gives over \$120,000 in 1977, increasing to \$175,000 in 1981, he currently will be taxed on these gifts.

Why should the physician consider making gifts before his death? There are several good reasons: (1) any future appreciation of the gift is removed from the physician's estate; (2) if the gift is made to someone in a lower income tax bracket, apprecia-

tion of the property is taxed at the lower rate; and (3) if the gifts are taxed, the gift tax paid is not included in the doctor's estate if he dies more than three years after the gift is made.

From a taxation viewpoint good gifts are items which have little or no income but good possibility for price appreciation. Such gifts include low income growth stocks and objects of art.

Bad gifts are stocks selling at less than purchase price, installment obligations owned by the doctor, and property on which investment credit has been taken and is still subject to recapture. The doctor should discuss all possibilities with his advisor before making a gift.

**Gifts to minors**—Many physicians choose to give cash, securities, or other property to their minor children or grandchildren in order to remove the property from taxable estate and have the earnings of the property taxed to the minors. The most common methods to accomplish this are Uniform Gifts to Minors and trusts.

The Uniform Gifts to Minors Act is typically used to make a gift of cash in savings accounts or securities to children or grandchildren. No legal work

is involved and the physician need only instruct the bank teller or stockbroker to make the gift and the act will be completed. Several important points should be remembered: (1) the physician cannot renege on the gift; (2) the minor must receive the income and principal by the time he reaches 21 for the income to be taxed to the minor; and (3) the spouse rather than the doctor should be the custodian of the gift to avoid estate taxation should the physician die before the minor has absolute control of the gift.

To keep the income out of his income tax bracket and the gift out of his taxable estate, the physician may create a gift to a trust for the benefit of a minor which the minor must receive or have the right to demand. Trust income may be held in the trust until the minor turns 21. Income is still taxed to the minor in the year earned.

A joint bank account with a minor does not constitute a gift because the income and principal belong to the physician in the eyes of the IRS. There is no gift until the minor withdraws the money.

**Life insurance trust**—We have mentioned that a life insurance trust may be used to eliminate the proceeds of life insurance policies from the physician's taxable estate. If the physician is the owner or beneficiary or his estate is beneficiary of the life insurance policies, the proceeds are included in his estate for tax purposes. Because life insurance proceeds are often a significant portion of a doctor's estate, he may wish to create an irrevocable trust to own his life insurance policies.

The primary advantages of such a trust are:

- Life insurance proceeds are not included in taxable estate, nor are they part of the spouse's estate if the trust is owner and beneficiary.

- Attorney's fees are often based on a percentage of property passing through a will. Property in an *existing* trust (e.g., life insurance proceeds) does not pass through a will.

- Property passing through a will is public information. Details of trust property are not subject to such scrutiny.

- Only the insurance premium is a gift. If the cash value in a whole life

**TABLE II**  
**Properties and Documents of Importance to Beneficiary**

Safe deposit boxes and keys

Bank accounts (bank, account number)

Stocks and bonds (number of shares or bonds, certificate numbers)

Will location

Life insurance (company, policy number, face amount, loans, agent)

Other insurance (company, policy number, coverage, agent)

Car title

Choice of funeral home and cemetery

Credit cards (company, card number, location)

Real estate (location of deed, mortgage payment book)

Loans (lender, unpaid balance, monthly payment)

Partnership or corporation buy-sell agreement

Record of purchase date and price of all investments, antiques, coins, stamps, home, and other items of value

Names, addresses, and phone numbers of friends and relatives to notify.



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insurance policy is sizable, the physician may choose to borrow the cash value and give the policy to the trust.

- The assets passing through a will may be placed in the life insurance trust, which acts as a "pour over" trust created for the same purpose.

The chief disadvantage of creating an irrevocable life insurance trust is that it cannot be amended, altered, or revoked. Even when divorced the physician cannot remove his former spouse from beneficiary status. He may stop paying premiums, but to change beneficiaries he must buy a new (and probably costlier) life insurance policy and create a new trust.

**Flower bonds**—For the elderly or terminally ill who have taxable estates, "flower bonds" are an excellent

device to save estate tax. The US Treasury issues certain bonds which can be redeemed at maturity rather than market value to satisfy federal estate tax.

As an example, it is now possible to buy Treasury bonds with a 1990 maturity value of \$10,000 and a 3½ percent coupon interest rate for \$7,700. If the bond owner dies, his estate can use the bonds, which cost \$7,700, to pay \$10,000 of estate tax.

The estate must pay capital gains tax on the difference between the redemption value and the cost. In addition, all flower bonds yield significantly less interest than investments of comparable risk and thus should not be considered by healthy young and middle aged practitioners.

**Other considerations**—Partnerships and incorporated groups should be certain that a buy-sell agreement is made when all members are healthy and on good terms. From an estate planning viewpoint, it is important that the agreement is effective at all times.

Because estate planning efforts are made most often for the benefit of the spouse, she should be aware of the location of important documents. Table II lists items with which the beneficiary should be familiar.

The physician who carefully coordinates his estate planning efforts with his attorney and advisors will assure that his intentions are carried out and that his heirs—not Uncle Sam—will benefit from his estate. □



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Thiamine HCL (B-1) .. 25 mg.  
Riboflavin (B-2) ..... 2 mg.  
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**AVAILABLE:** Bottles of 100, 500, 1000.

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Each time-release capsule contains:  
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## Treating sexual dysfunctions in male patients

JOYCE D. KALES, M.D.

ENOS D. MARTIN, M.D.

GREGORY FRANCHINI, M.D.

Hershey

*This article is the second in a series coordinated by members of the departments of psychiatry of Pennsylvania's medical schools. The series is intended to help physicians in general practice to assess and manage the emotional needs of their patients. The first three articles constitute a mini-series on human sexuality. This month Dr. Kales and associates discuss the sexual history and the diagnosis and treatment of male sexual dysfunctions. The next article will examine female sexual dysfunctions.*

The practicing physician should be alert to sexual dysfunctions presented as functional complaints or, more directly, as complaints of impotence, premature or retarded ejaculation, sexual arousal dysfunction, orgasmic dysfunction, or vaginismus.

By taking a sexual history in a skilled and comfortable manner so that the sexual concerns of his patients are not disregarded or dismissed, the physician is often able to determine the organic or emotional cause of the disorder and suggest therapeutic treatment of the dysfunction.

### The sexual history

During visits for general physical and premarital examinations, menstrual complaints, pregnancy, the post-partum period, or contraceptive advice, it is logical to obtain sexual information that can be used prophylactically and therapeutically for sexual dysfunction.

Complaints of depression, anxiety, or chronic insomnia, the presence of multiple somatic complaints of undetermined cause, alcoholism, and the post-coronary period are all situations that require a thorough sexual history.

When the physician's inquiry is skillful and nonjudgmental and when he appears comfortable and desensitized to the topic, the patient usually will not be reticent in discussing sex-

ual matters. The physician may choose to practice taking a sexual history with colleagues of both sexes to assess areas of hesitation and to gain greater experience.

During the sexual interview, it is most productive to proceed from less sensitive questions to those of greater sensitivity. Open ended questions about the general marital relationship, for example, will naturally lead to more specific questions about the attitudes, nature, frequency, satisfaction, and problems associated with the patient's sexual history. If general areas of dissatisfaction with a partner are indicated, one may ask specifically "How have these difficulties affected the sexual relationship and general closeness between you?"

For the male partner, it is important to know if there are difficulties with erection or ejaculation or a lack of interest in sex. The following questions are helpful:

1. When and under what cir-

*Dr. Kales is director of the division of community and social psychiatry and of the sex education program and sexual dysfunctions clinic of the department of psychiatry of The Milton S. Hershey Medical Center. Drs. Martin and Franchini are associates in the department of psychiatry at Hershey.*



cumstances did the symptom first occur?

2. What is the patient's reaction to the symptom?

3. What is the partner's reaction to the symptom?

4. In what situations does the symptom recur?

For the female, in addition to the above questions, it is important to determine whether she feels appealing to her partner; whether she initiates, freely engages in, or merely tolerates lovemaking; and whether she is orgasmic frequently, infrequently, or never. In addition, the integration of contraceptive practices into the sexual relationship should be determined.

Several specific guidelines should be remembered during the sexual interview:

- be attentive to direct and indirect questions that indicate sexual concerns;
- do not impose your own values on the patient;
- acknowledge the patient's anxiety when it interferes with the interview;
- avoid undue familiarity; and
- maintain confidentiality.

### General causes of dysfunction

Two distinct neurophysiological components make up human sexual response. The first is genital vasocongestion which produces penile erection in the male and vaginal lubrication and swelling in the female. The second is a series of involuntary clonic contractions of the genital musculature which constitute orgasm.

Any factor which adversely affects the blood vessels or the nerves involved in either of these sexual response phases can result in a sexual dysfunction.

Diabetes mellitus is the most common organic cause of impotence in males, with adult onset diabetics frequently becoming impotent within five to ten years. Impotence may, in fact, appear before any other clinical evidence of diabetes. The pathogenic mechanism in this case is presumed to be based on neurologic and vascular alterations.

Other medical conditions and certain drugs are often associated with sexual difficulties. Sexual response

may be impaired by any condition which causes pain or irritation during intercourse or interferes with intromission, such as severe arthritis, lower back problems, extreme obesity, or local infection.

Vascular problems, e.g., trauma to genital blood vessels, Leriche syndrome, leukemia, sickle cell anemia, and Peyronies disease, have been implicated in male dysfunctions. Damage to the neurologic system may affect erection and ejaculation but does not necessarily affect libido. Multiple sclerosis, diabetes, and neurologic degenerative diseases may result in dysfunction because of their effects on the lower neurologic system.

A decrease in libido and diminished erectile ability may be caused by any physical disorder, surgical procedure, or medication that depresses the effective androgen level. Hypopituitary disorders or feminizing testicular tumors, for example, may lead to a decrease in available androgens. Surgical removal of the pituitary, adrenals, or gonads leads to decreased androgen supply; the introduction of estrogen compounds may antagonize the action of androgens, leading to chemical castration.

Certain liver disorders, such as hepatitis, cirrhosis and mononucleosis, impair the liver's ability to properly conjugate estrogens, thus resulting in an increased level of estrogen with its anti-androgen effects.

Alcohol and most other central nervous system depressant drugs diminish rather than enhance sexual ability. Alcohol and barbiturates are similar in that they may provoke desire, particularly in inhibited persons, but they ultimately impair response. The use of narcotics may also depress sex drive and result in erectile difficulty.

Anticholinergic (probanthine and atropine), antiadrenergic (Rauwolfia alkaloids and methyldopa), and ganglionic blocking agents may impede erection and ejaculation by depressing the parasympathetic and sympathetic nervous systems. Reserpine and methyldopa, two antihypertensive agents, may also produce a decrease in libido as a consequence of the depression sometimes induced by these drugs. A possible side effect of thioridazine, a phenothiazine drug, is

to alter ejaculation, resulting in a "dry orgasm." Nicotine, because of its effect of peripheral vasoconstriction, can also contribute to impotence.

Sexual dysfunctions may also stem from psychological conditions, faulty attitudes derived from the family or culture, or ignorance of normal bodily functions and physiology. It is estimated that 75 to 90 percent of sexual dysfunctions are caused by psychosocial factors. Healthy sexual response is easily disrupted by negative feelings or by psychological conflicts.

Sexual dysfunction may be due to neurotic conflicts originating in early childhood but the roots of sexual dysfunction are not always so deep seated. In many instances, the cause of sexual dysfunction is more immediate, such as performance anxiety, tension due to poor communication, and misconceptions about sexual behavior.

Performance anxiety is a state of fear which may develop following an episode or two of sexual dysfunction. The anticipatory thoughts of "Is it going to happen again?" "Will I be able to do well?" cause the individual to become overly anxious about sexual performance, which in turn may result in a more chronic sexual dysfunction.

In situations in which sexual dysfunction is primarily or solely due to more immediate causes, sex education, supportive counseling, and the prescription of brief behavioral tasks are extremely effective, often within a short period of time.

When sexual dysfunctions are due to long standing neurotic conflicts, with or without superimposed immediate precipitating factors, more intensive psychodynamically oriented therapy augmented by the assignment of behavioral tasks is indicated.

### Common male dysfunctions

Table I lists the causes of common male sexual dysfunctions and suggested diagnosis and treatment.

**Impotence**—Impotence is often transient and situational: it may occur with fatigue; with psychological conditions such as fear of performance, guilt, anger, or depression; or with medical or drug related conditions.

**Diagnosis**—It is estimated that 10 percent of all cases of impotence have

(Continued on page 42)



# COLBY PROCLAIMS WOMAN SUFFRAGE

Sigs Certificate of Ratification  
at His Home Without  
Women Witnesses.

MILITANTS VEXED AT PRIVACY.

Wanted Movies of Ceremony,  
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WASHINGTON, Aug. 26, 1920—



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Instrument of Peace,'  
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## HISTORIC LANDMARK

Meeting Gives Standing  
Ovation as Executive  
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"If we fail to use it," he declared  
to the solemn final meeting of the  
delegates, 'we shall betray all of  
those who have died in order that  
we might meet here in freedom and  
safety to create it.'

"If we seek to use it selfishly—for  
the advantage of any one nation or  
any small group of nations—we  
shall be equally guilty of that be-  
trayal."

### Fervent Interpolation

The President, speaking in the  
auditorium of the War Memorial  
Opera House, built in memory of  
sons of the Golden Gate city who  
gave their lives in the first World  
War, in which he himself served,  
seemed to give unconscious expres-  
sion to the solemn feeling of the  
occasion when, at the outset of his  
speech, he interpolated the words,  
half a hope, half a prayer:

"Oh, what a great day this can  
be in history!"

Just before the plenary session  
the President accompanied the

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Roosevelt Approves Message Intended to Benefit 30,000,000  
Persons When States Adopt Cooperating Laws—He Calls  
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WASHINGTON, March 10,  
1971—The Senate approved

WASHINGTON, Aug. 14, 1935—  
The Social Security Bill, providing  
a broad program of unemployment  
insurance and old age pensions  
and counted upon to benefit  
20,000,000 persons, became law  
today when it was signed by Presi-  
dent Roosevelt in the presence of  
those chiefly responsible for  
bringing it through Congress.

Mr. Roosevelt called the measure  
"the cornerstone of my economic  
program," which is being  
meets complete  
right to

# SIGNED the Draft Ends Now

WASHINGTON, Jan. 27,  
1973—"With the signing of  
the peace agreement in  
Paris today, and after re-  
ceiving a report from the  
Secretary of the Army that





# PATIENT PACKAGE INSERTS: A CONCEPT WHOSE TIME HAS COME?

*The consumer's right to know is an irreversible and desirable trend of the Seventies. It extends, and properly, to a patient's right to know more about his or her prescription medications. One way, gaining favor, is through patient package inserts. Wisely-prepared and properly distributed when medically indicated, they could markedly improve patient knowledge and drug therapy—laudable goals by anyone's standards.*

*The PMA endorses these goals and will work with government, the health professions and consumers to achieve them.*

## **The Advantages**

The concept holds promise of benefits: better patient understanding of the product prescribed, better adherence to the treatment plan, and more awareness of possible side reactions.

Every doctor has had patients who fail to finish antibiotic regimens because they feel better. Some patients assume that if one tranquilizer or analgesic is good, two may be twice as good. Still others fail to report dizziness while on antihypertensive therapy—and so on.

Problems like these might arise less often if the patient received written information in addition to verbal instructions. Some studies suggest that patients are more receptive to such materials, and they more often understand the verbal instructions and follow them, when inserts are used.

## **The Disadvantages**

There are also some potential problems. Obviously, the inserts must be clearly phrased, without extraneous or complex detail. How much information

is enough? How can it be kept current? Should all patients receive the same information? Should inserts be included with all drugs? Should only potential problems be listed or are patients better off with a "fair balance" presentation that describes usefulness as well as drawbacks?

These and similar questions require answers, since model inserts have yet to be properly developed and tested. Despite the need for these studies, the FDA is proceeding prematurely with inserts on selected products. We think the Congress is the only place where the matter can be given the proper legal status and direction, particularly since it represents a conceptual change in the legal, medical and social framework of the nation's prescription drug information system.

## **The Solution**

The PMA believes that carefully-devised pilot studies of various kinds of inserts are needed. They should be developed and implemented with full participation by doctors, pharmacists, consumers, communications experts and the drug industry. Such studies will provide reliable pathways to follow, so that inserts will be useful aids to medical practice.

And particularly we think that you should be closely involved in this debate and in these studies and decisions. Otherwise, people with less experience and qualifications may control the purposes, content and use of a tool with considerable promise for improved patient care. It could make a difference in your practice tomorrow, and more importantly, in the health of your patients.

**PMA**

THE PHARMACEUTICAL MANUFACTURERS ASSOCIATION  
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## Male sexual dysfunction

(Continued from page 39)

a pathophysiological cause. Reports indicate, however, that an organic component may be present in as many as half of males with psychogenically based impotence.

The distinction between organic and functional impotence is sometimes difficult to determine. A nocturnal cycle of penile erections has been found to occur in correlation with rapid eye movement (REM) sleep, which is a time of intense autonomic activity and dreaming. The presence of morning or "REM" erections several times a week is a strong indication that a complaint of impotence is psychogenically based.

If erections are obtained with masturbation or with partners other than a wife, it is likely that impotence is psychologic and occurs situationally.

Glucose tolerance tests, testosterone levels, and hepatic function tests should be obtained. A careful survey of drugs, particularly antihypertensives (methyldopa, Rauwolfia compounds), sedatives, hypnotics, alcohol (including beer), and nicotine should also be taken. The possibility of an underlying depres-

sion should be assessed by an evaluation of the patient's mood, appetite, and sleep patterns, and the presence of suicidal impulses.

**Treatment**—When impaired potency is due to a medical condition or drug, treatment of the condition or alteration of the drug to one which does not interfere with the erectile mechanism is indicated.

An active and direct approach to alcoholism and the excessive use of sedatives and hypnotics is appropriate, for patients frequently fail to recognize the connection between abuse of these substances and their sexual dysfunction.

Depression should be appropriately treated with antidepressant medication. As the depression is alleviated, sexual interest and potency frequently return.

The neurologically impaired patient may require penile prosthetic devices which operate on a hydraulic principle and may be surgically implanted to assist sexual functioning. Alternative expressions of affection and sexual activity can be substituted for coitus.

For impotence which is functional or psychogenic, support should be given for efforts to gradually restore

the sexual relationship and to decrease performance anxiety. The sensate focus exercises or "mutual pleasuring" described by Masters and Johnson should be prescribed for several weeks before coitus is attempted. The exercises should be practiced for 15 to 30 minutes several nights each week. Sufficient time should be set aside during which the couple will not be interrupted or hurried.

This prescription involves having the couple refrain from intercourse and orgasm for several days or weeks, during which time they periodically take turns gently caressing each other's bodies, in the first sessions avoiding and in the later sessions including the genitals.

The partners communicate in a positive manner the sensations they enjoy and the ways in which they prefer to be caressed. For example, "I like a more heavy massage" is more readily accepted than "Don't do that—it tickles!"

The prohibition of intercourse eliminates performance anxiety as does the therapeutic prescription that the couple "give and receive pleasure" rather than put on a performance.

The man may have an erection during exercises which involve pleasuring

**TABLE I**  
**Male Sexual Dysfunctions**

Condition	Causes	Diagnosis	Treatment
Impotence	Organic:		
	Diabetes mellitus	Glucose tolerance test	Treat underlying medical condition
	Vascular, endocrine, neurologic	Testosterone levels, hepatic function	
	Drug and alcohol	Drug and alcohol survey	Withdraw alcohol, sedatives
Premature ejaculation	Psychogenic:		
	Depression	Assess depression	Treat depression
	Anxiety	Presence of morning erections	Eliminate performance anxiety
		Erections with masturbation or other partner	Sensate focus exercises Vaginal containment
Retarded ejaculation	Psychologic:		
	Lack of control of ejaculatory mechanism	Ejaculation occurs before full arousal of partner	Supportive partner to eliminate performance anxiety
	Lack of awareness of ejaculatory inevitability		Start-stop technique
Retarded ejaculation	Organic:		
	Neurologic disorder	Erection intact but unable to ejaculate intravaginally	Treat underlying neurologic condition
	Drugs		Appropriate change of drugs
	Psychologic:		
	Overcontrol		Eliminate performance anxiety
	Fear of impregnation		Desensitize to ejaculation in presence of partner



ing of the genital area. The physician should emphasize during subsequent visits that the patient's ability to have this erection means his anatomy and physiology are in good working order and will function in a relaxed atmosphere. The physician should also point out that if an erection is lost it can be regained when the woman resumes manual or oral stimulation.

After the man is able to achieve an erection without orgasm, the task proceeds to orgasm produced by manual or oral stimulation outside the vagina. The procedure is as before except that the man may ejaculate if he desires. At this time the woman is encouraged to accept manual stimulation to orgasm also, so that her pleasure is no longer dependent on an erect penis over which there is no voluntary control.

The next stage is vaginal containment without orgasm. The couple engages in the same sort of erotic activity that produced orgasm the previous week. When erectile capacity has been demonstrated, the female partner in the superior position inserts the penis. If erection is lost, the early steps are repeated until confidence is regained and the erection returns. The woman thrusts several times and then withdraws, repeating the procedure several times. If ejaculation is desired at this stage, it should be extravaginal.

In the final task, the man may ejaculate intravaginally. At this stage he is advised in the presence of his partner to be temporarily selfish; to abandon himself to his own feelings. He now will have gained sufficient confidence to leave the exercises. If the man has future transient erectile difficulty he can return to the techniques learned in sex counseling.

The relief of impotence may create anxiety or depression in the man or woman if the dysfunction served an underlying defensive purpose. The woman may fear rejection or feel envy or hostility toward the man for his restored potency. The physician should initiate a discussion of the couple's thoughts and feelings about the prescribed tasks and an exploration of any resistance to carrying out the tasks. For persisting disharmony and overt conflict, referral should be made for marital therapy.

**Premature ejaculation**—When a lack of adequate control of the ejaculatory mechanism occurs, the man's climax is reached so rapidly that lovemaking is unsatisfactory for both partners.

The cause may be emotional conditioning (e.g., too rapid, secretive lovemaking) or lack of perception of the sensation of impending ejaculation, or "ejaculatory inevitability." Performance anxiety again contributes to the underlying problem.

**Treatment**—Treatment for premature ejaculation is relatively simple and usually quite successful. The couple is instructed in the "start-stop" technique, which requires that the female manually stimulate the male to erection and stop when the ejaculatory urge is first felt. When the erection subsides she repeats the procedure, again stopping as soon as the ejaculatory urge is felt.

Because the female partner is so supportive, the male is relieved of the pressure to perform. The procedure is repeated four or five times, and then extravaginal ejaculation is allowed. After four or five similar sessions on a series of days, coitus is attempted with the woman in the female-superior position. Using the start-stop technique, she interrupts movements when the man feels the urge for ejaculation. This is repeated three or four times and then male thrusting and ejaculation is allowed. In this way ejaculatory control is gradually learned.

The "squeeze technique" is an alternative method recommended by Masters and Johnson for treatment of premature ejaculation. Rather than stopping the manual or vaginal stimulation when ejaculation is impending, the woman grasps the erect penis between her forefingers and thumb just below the glans and squeezes firmly until the male loses most of the erection. She then resumes stimulation. The procedures are repeated as with the start-stop technique.

**Retarded ejaculation**—The continuity of the bi-phasic or two stage nature of sexual response breaks down when ejaculation is retarded. The first stage, erection, is obtained with no difficulty but the second stage, ejaculation, is not reached even when coitus is prolonged for one or more hours.

**Diagnosis**—Retarded ejaculation is less common than impotence and is rarely due to organic illness. The exceptions are diseases of the neurologic system, in which reflex erection is preserved but ejaculation is lost, and the use of certain drugs which affect the adrenergic mechanism controlling the emission phase of ejaculation, as in the case of "dry ejaculation" resulting from use of thioridazine (Mellaril). Some antihypertensive drugs may also impair ejaculation.

Retarded ejaculation is usually characterized by a deep-seated emotional problem of "letting go" or by over control of the ejaculatory reflex. Occasionally retarded ejaculation is a result of concern of impregnating the partner and as such is present only during coitus and not during other forms of sexual play or masturbation. A rare form of this condition is seen in patients who have never experienced orgasm by any means but who have normal erections.

**Treatment**—The treatment of retarded ejaculation requires gradual desensitization of the male to ejaculation in the presence of the female partner, first by masturbation with the use of erotic fantasies or literature and then by experiencing erotic fantasies while the female manually or orally stimulates him.

When ejaculation is achieved successfully by these two methods, the patient is stimulated to impending orgasm by the woman and directed to enter the vagina just as he is about to ejaculate. If he is unable to ejaculate or loses his erection, manual stimulation is resumed until the point of orgasm, when vaginal insertion is again attempted. Eventually the patient is able to enter the vagina and achieve intravaginal orgasm with progressively less stimulation.

In summary, in evaluating male sexual dysfunctions, the physician must be aware of the organic causes of the disorder as well as the emotional determinants of sexual performance anxiety, conflict, and lack of sexual information. Treatment of the disorder may then require medical therapy or assignment of sexual tasks to relieve the dysfunction, or referral for marital therapy if the disorder persists. □





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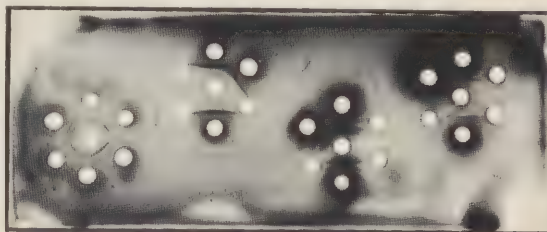
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\* **WRITE FOR REPRINT:** R. B. Greenblatt, M.D.; R. Witherington, M.D.; I. B. Sipahioğlu, M.D.: Hormones for Improved Sexuality in the Male and Female Climacteric. *Drug Therapy*, Sept. 1976.

Is there a true aphrodisiac? How effective are androgens in the management of the male climacteric and male impotence? Article discusses the psychophysiological and hormonal changes in the elderly male and female and therapeutic considerations. The effectiveness of methyltestosterone in the management of male impotence was confirmed by a cross-over, double-blind study using a placebo and Android-25

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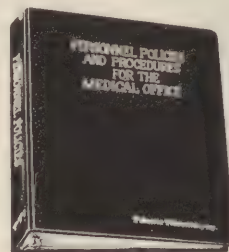
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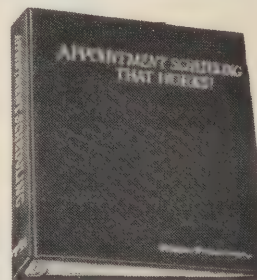


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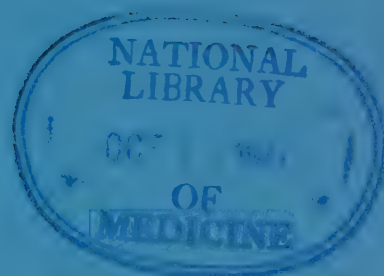
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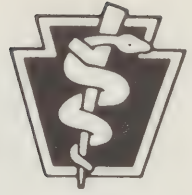
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**SECRETARY/TREASURER**—Roderick R. McLeod, M.D.—R.D. #3, Suite #4, Medical Arts Building, Kittanning, Pennsylvania 16201 (412) 548-8123.  
**EXECUTIVE SECRETARY**—Mrs. Luann Croyle—Medical Arts Building, Suite #1, R.D. #3, Kittanning, Pennsylvania 16201 (412) 548-8123.

### BEAVER COUNTY

**PRESIDENT**—Roy H. Marion, M.D.—628 Market Street, Bridgewater, Pennsylvania 15009 (412) 774-5700.  
**PRESIDENT-ELECT**—Leslie Pallone, D.O.—108 Little Beaver Drive, Beaver, Pennsylvania 15009 (412) 495-7100.  
**SECRETARY/TREASURER**—John H. Shugert, M.D.—262 Connecticut Avenue, Rochester, Pennsylvania 15074 (412) 775-1100.  
**EXECUTIVE SECRETARY**—Mrs. Nancy P. Moyer—350 Adams Street, Rochester, Pennsylvania 15074 (412) 775-3330.  
**PUBLICATION**—The Bulletin of the Beaver County Medical Society.  
**EDITOR**—James B. Jamison, II, M.D.—910 Eighth Avenue, Beaver Falls, Pennsylvania 15010 (412) 843-0200.

### BEDFORD COUNTY

**PRESIDENT**—Charles W. Griffiths, M.D.—R.D. #5, Box 129, Bedford, Pennsylvania 15522 (814) 623-9309.  
**PRESIDENT-ELECT**—J. Albert Eyler, M.D.—112 South Bedford Street, Bedford, Pennsylvania 15522 (814) 623-5417.  
**SECRETARY/TREASURER**—Quintin M. Plado, M.D.—30 North Spring Street, Everett, Pennsylvania 15537 (814) 652-9247.

### BERKS COUNTY

**PRESIDENT**—James F. Welsh, M.D.—Community General Hospital, Reading, Pennsylvania 19601 (215) 777-0121.  
**PRESIDENT-ELECT**—Mark S. Reed, M.D.—The Reading Hospital, West Reading, Pennsylvania 19603 (215) 777-3332.  
**SECRETARY**—Arlington A. Nagle, M.D.—R.D. #1, Womelsdorf, Pennsylvania 19567 (215) 589-2555.  
**TREASURER**—Lewis Pollak, M.D.—332 North Fifth Street, Reading, Pennsylvania 19601 (215) 375-2020.  
**EXECUTIVE DIRECTOR**—Mr. Sherwood C. Young—429 Walnut Street, Reading, Pennsylvania 19601 (215) 376-1544.  
**PUBLICATION**—The Medical Record.  
**EDITOR**—Jonathan L. Stolz, M.D.—18 Junco Drive, Wyomissing, Pennsylvania 19610 (215) 376-4881.

### BLAIR COUNTY

**PRESIDENT**—Thomas T. Skrentny, M.D.—1214—13th Avenue Rear, Altoona, Pennsylvania 16601 (814) 942-8420.  
**PRESIDENT-ELECT**—John G. Sheedy, M.D.—116 Union Avenue, Altoona, Pennsylvania 16602 (814) 944-0829.  
**SECRETARY**—Betty L. Cottle, M.D.—25 Sylvan Drive, Hollidaysburg, Pennsylvania 16648 (814) 695-0659.  
**TREASURER**—Ronald A. Dietrick, M.D.—615 Howard Avenue, Altoona, Pennsylvania 16601 (814) 944-2013.  
**EXECUTIVE SECRETARY**—Mrs. Pauline L. Bowers—2202 Fourth Avenue, Altoona, Pennsylvania 16602 (814) 944-1681.

### BRADFORD COUNTY

**PRESIDENT**—Kenneth K. Meyer, M.D.—Guthrie Clinic Ltd., Sayre, Pennsylvania 18840 (717) 888-5858.  
**VICE PRESIDENT**—Ray F. Garman, M.D.—Guthrie Clinic Ltd., Sayre, Pennsylvania 18840 (717) 888-5858.  
**SECRETARY**—Joseph B. Blood, Jr., M.D.—Guthrie Clinic Ltd., Sayre, Pennsylvania 18840 (717) 888-5858.  
**TREASURER**—Richard Shelling, M.D.—Guthrie Clinic Ltd., Sayre, Pennsylvania 18840 (717) 888-5858.



## BUCKS COUNTY

**PRESIDENT**—Thomas J. Kardish, M.D.—Five Cherry Blossom Drive, Churchville, Pennsylvania 18966 (215) 357-9330.  
**PRESIDENT-ELECT**—Joseph A. C. Girone, M.D.—Lawn Avenue Professional Building, Sellersville, Pennsylvania 18960 (215) 257-2727.  
**SECRETARY**—David P. Morrison, Jr., M.D.—Doylestown Medical Center, 875 North Easton Road, Doylestown, Pennsylvania (215) 348-9373.  
**TREASURER**—Carl M. Shetzley, M.D.—Box 137, Buckingham, Pennsylvania 18912 (215) 794-7471.  
**EXECUTIVE SECRETARY**—Mr. John S. Detweiler—1235 West Broad Street, P.O. Box 500, Quakertown, Pennsylvania 18951 (215) 536-8665.  
**PUBLICATION**—Bucks County Medical Society Newsletter.  
**EDITOR**—Richard E. Fox, M.D.—36 West State Street, Doylestown, Pennsylvania (215) 348-2258.

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## BUTLER COUNTY

**PRESIDENT**—C. Michael Spina, M.D.—Medical Arts Building, 127 East Cunningham Street, Butler, Pennsylvania 16001 (412) 287-5404.  
**PRESIDENT-ELECT**—Paul E. Maust, M.D.—165 Brugh Avenue, #205, Butler, Pennsylvania 16001 (412) 287-6820.  
**SECRETARY/TREASURER**—F. Gregg Ney, M.D.—108 Grosvenor Drive, Butler, Pennsylvania 16001 (412) 283-6666 Ext: 6242.

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## CAMBRIA COUNTY

**PRESIDENT**—Donald D. Mitchell, M.D.—1111 Franklin Street, Johnstown, Pennsylvania 15905 (814) 539-3292.  
**PRESIDENT-ELECT**—Ferdinand L. Soisson, M.D.—353 Market Street, Johnstown, Pennsylvania 15901 (814) 539-0794.  
**SECRETARY**—Igor I. Islamoff, M.D.—128 Walnut Street, Johnstown, Pennsylvania 15901 (814) 536-5146.  
**TREASURER**—William L. Hughes, M.D.—721 Viewmont Avenue, Johnstown, Pennsylvania 15905 (814) 255-3386.  
**EXECUTIVE SECRETARY**—Mr. Michael P. Kohler—Swank Building, Room 325, Johnstown, Pennsylvania 15901 (814) 535-5493.  
**PUBLICATION**—The Medical Comment.  
**EDITOR**—George H. Hudson, M.D.—1084 Bedford Street, Johnstown, Pennsylvania 15902 (814) 536-7140.

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## CARBON COUNTY

**PRESIDENT**—Sami Michael, M.D.—Gnaden Huetten Memorial Hospital, Lehighton, Pennsylvania 18235 (215) 377-4718.  
**PRESIDENT-ELECT**—Richard M. Gladding, M.D.—R.D. #4, Lehighton, Pennsylvania 18235 (215) 377-0200.  
**SECRETARY/TREASURER**—William J. Maroun, M.D.—Gnaden Huetten Memorial Hospital, Lehighton, Pennsylvania 18235 (215) 377-1300.

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## CENTRE COUNTY

**PRESIDENT**—Richard J. McGuire, M.D.—251 Easterly Parkway, State College, Pennsylvania 16801 (814) 237-3122.  
**PRESIDENT-ELECT**—Stanley P. Mayers, Jr., M.D.—648 Wiltshire Drive, State College, Pennsylvania 16801 (814) 865-3447.  
**SECRETARY**—Jane A. M. Strickler, M.D.—P.O. Box 59, Boalsburg, Pennsylvania 16827 (814) 238-0563.  
**TREASURER**—Ling G. Wong, M.D.—728 Westerly Parkway, State College, Pennsylvania 16801 (814) 238-6015.

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## CHESTER COUNTY

**PRESIDENT**—John B. Coates, Jr., M.D.—932 Valley Forge Road, Phoenixville, Pennsylvania 19460 (215) 647-6088.  
**PRESIDENT-ELECT**—Thomas S. Johnston, M.D.—11 North Five Point Road, West Chester, Pennsylvania 19380 (215) 692-8100.  
**SECRETARY**—Norman A. Goldstein, M.D.—808 Valley Forge Road, Phoenixville, Pennsylvania 19460 (215) 933-8896.  
**TREASURER**—Pascal J. Imperato, M.D.—1555 Sugertown Road, Paoli, Pennsylvania 19301 (215) 647-4240.  
**PUBLICATION**—Chester County Medicine.  
**EDITOR**—Isadore Gordon, M.D.—601 North Main Street, Phoenixville, Pennsylvania 19460 (215) 933-2065.

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## CLARION COUNTY

**PRESIDENT**—Lawrence M. Clark, M.D.—137 West Main Street, Clarion, Pennsylvania 16214 (814) 226-5611.  
**VICE PRESIDENT**—William M. McKinley, M.D.—395 Main Street, Brookville, Pennsylvania 15825 (814) 849-7388.  
**SECRETARY/TREASURER**—David L. Miller, M.D.—239 Broad Street, New Bethlehem, Pennsylvania 16242 (814) 275-1122.

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## CLEARFIELD COUNTY

**PRESIDENT**—Amado B. Luge, Jr., M.D.—Clearfield Hospital, Clearfield, Pennsylvania 16830 (814) 765-9573.  
**PRESIDENT-ELECT**—Leonard F. Schickling, M.D.—707 Turnpike Avenue, Clearfield, Pennsylvania 16830 (814) 765-2411.  
**SECRETARY/TREASURER**—Carmela S. Luge, M.D.—914 South Second Street, Clearfield, Pennsylvania 16830 (814) 765-2159.

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## CLINTON COUNTY

**PRESIDENT**—Charles E. Heid, M.D.—535 Guardlock Drive, Lock Haven, Pennsylvania 17745 (717) 748-2522.  
**PRESIDENT-ELECT**—Samuel C. Bower, M.D.—269 Main Street, Mill Hall, Pennsylvania 17751 (717) 726-3616.  
**SECRETARY/TREASURER**—William C. Long, M.D.—53 West Main Street, Lock Haven, Pennsylvania 17745 (717) 748-4063.

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## COLUMBIA COUNTY

**PRESIDENT**—David R. Campbell, M.D.—1741 Fowler Avenue, Berwick, Pennsylvania 18603 (717) 759-1228.  
**VICE PRESIDENT**—Joseph F. Gegwich, M.D.—701 East Front Street, Berwick, Pennsylvania 18603 (717) 752-5056.  
**SECRETARY/TREASURER**—J. Campbell Martin, M.D.—Bloomsburg Hospital, Bloomsburg, Pennsylvania 17815 (717) 784-7121.  
**PUBLICATION**—The Bulletin of the Columbia County Medical Society.  
**EDITOR**—Ali A. Alley, M.D.—109 Mulberry Street, Berwick, Pennsylvania 18603 (717) 275-0351.

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## CRAWFORD COUNTY

**PRESIDENT**—James R. Hamsher, M.D.—176 North Main Street, Meadville, Pennsylvania 16335 (814) 724-1252.  
**PRESIDENT-ELECT**—Edward J. Owens, D.O.—118 Railroad Street, Cambridge Springs, Pennsylvania 16403 (814) 398-4313.  
**SECRETARY**—Robert N. Moyers, M.D.—764 Kennedy Street, Meadville, Pennsylvania 16335 (814) 336-3155.  
**TREASURER**—David W. Dunn, M.D.—764 Kennedy Street, Meadville, Pennsylvania 16335 (814) 336-3155.

## CUMBERLAND COUNTY

- PRESIDENT**—Raymond J. Wiss, M.D.—800 Belvedere Street, Carlisle, Pennsylvania 17013 (717) 249-2183.  
**PRESIDENT-ELECT**—Frank P. Castrina, Jr., M.D.—313 South Hanover Street, Carlisle, Pennsylvania 17013 (717) 249-1929.  
**SECRETARY/TREASURER**—Herbert C. Perlman, M.D.—1104 Fleetwood Drive, Carlisle, Pennsylvania 17013 (717) 243-5925.
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## DAUPHIN COUNTY

- PRESIDENT**—Bernard M. Margolis, M.D.—4601 Devonshire Road, Harrisburg, Pennsylvania 17109 (717) 652-2224.  
**PRESIDENT-ELECT**—Thomas F. Fletcher, Jr., M.D.—Harrisburg Hospital, Harrisburg, Pennsylvania 17101 (717) 782-3200.  
**SECRETARY/TREASURER**—David A. Smith, M.D.—Polyclinic Med. Ctr., Harrisburg, Pennsylvania 17105 (717) 782-4130.  
**EXECUTIVE SECRETARY**—Mr. William B. Harlan—Suite 105 Telegraph Building, Harrisburg, Pennsylvania 17101 (717) 234-1678.
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## DELAWARE COUNTY

- PRESIDENT**—Hunter S. Neal, M.D.—Suite 312, Lankenau Medical Building, Philadelphia, Pennsylvania 19151 (215) M12-0955.  
**PRESIDENT-ELECT**—W. William Nagle, M.D.—Providence and Evans Roads, Media, Pennsylvania 19063 (215) L06-2080.  
**SECRETARY**—Wallace O. Lecher, Jr., M.D.—Box 70, R.D. #3, Glen Mills, Pennsylvania 19342 (215) GL9-0474.  
**TREASURER**—Samuel D. Allen, M.D.—2235 Garrett Road, Drexel Hill, Pennsylvania 19026 (215) CL9-3000.  
**EXECUTIVE SECRETARY**—Mr. John Kotik—28 North Lansdowne Avenue, Lansdowne, Pennsylvania 19050 (215) CL9-3833.  
**PUBLICATION**—The Bulletin of the Delaware County Medical Society.  
**EDITOR**—Rocco I. DeProphetis, M.D.—225 East 24th Street, Chester, Pennsylvania 19013 (215) TR2-2366.
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## ELK-CAMERON COUNTY

- PRESIDENT**—John Delich, M.D.—Andrew Kaul Memorial Hospital, St. Mary's, Pennsylvania 15857 (814) 781-7500.  
**VICE PRESIDENT**—William W. Thompson, M.D.—107 Center Street, Ridgway, Pennsylvania 15853 (814) 772-3841.  
**SECRETARY/TREASURER**—Chau-Hsiung Wu, M.D.—516 Market Street, Johnsonburg, Pennsylvania 15845 (814) 965-2516.
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## ERIE COUNTY

- PRESIDENT**—Douglas B. Nagle, Jr., M.D.—104 East Second Street, Fifth Floor, Erie, Pennsylvania 16507 (814) 459-5000.  
**PRESIDENT-ELECT**—Paul W. Layden, M.D.—1611 Peach Street, Erie, Pennsylvania 16508 (814) 454-2401.  
**SECRETARY**—Joseph H. Carter, M.D.—816 Hilltop Road, Erie, Pennsylvania 16509 (814) 455-6711.  
**TREASURER**—John H. Petre, M.D.—Four East Second Street, Erie, Pennsylvania 16507 (814) 455-6711.  
**EXECUTIVE SECRETARY**—Robert B. Stuart, M.D.—1565 West 38th Street, Erie, Pennsylvania 16508 (814) 864-1765.  
**PUBLICATION**—The Stethoscope.  
**EDITOR**—William F. Brereton, M.D.—104 East Second Street, Fifth Floor, Erie, Pennsylvania 16507 (814) 459-5000.
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## FAYETTE COUNTY

- PRESIDENT**—Cataldo F. Corrado, Jr., M.D.—86 Connor Street, Uniontown, Pennsylvania 15401 (412) 439-3048.  
**PRESIDENT-ELECT**—Roldan G. Medina, M.D.—304-D Morgantown Street, Uniontown, Pennsylvania 15401 (412) 439-2050.

**SECRETARY/TREASURER**—Gertrude Blumenschein, M.D.—105 Medical Arts Building, Uniontown, Pennsylvania 15401 (412) 437-1539.

**EXECUTIVE SECRETARY**—Mr. Walter A. Lion, Jr.—30 Delaware Avenue, Uniontown, Pennsylvania 15401 (412) 437-7565.

**PUBLICATION**—Fayette County Mirror.

**EDITOR**—Phillip E. Reilly, M.D.—125 Belmont Circle, Uniontown, Pennsylvania 15401 (412) 437-9328.

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## FRANKLIN COUNTY

- PRESIDENT**—George W. Baker, Jr., M.D.—130 East Main Street, Fayetteville, Pennsylvania 17222 (717) 352-3463.  
**PRESIDENT-ELECT**—James K. VanKirk, M.D.—634 Lincoln Way East, Chambersburg, Pennsylvania 17201 (717) 264-6185.  
**SECRETARY**—Thomas P. Davis, M.D.—704 Philadelphia Avenue, Chambersburg, Pennsylvania 17201 (717) 264-4997.  
**TREASURER**—William A. Freeman, M.D.—P.O. Box 130, Shipensburg, Pennsylvania 17257 (717) 532-4148.
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## GREENE COUNTY

- PRESIDENT**—Arthur J. Patterson, M.D.—223 East High Street, Waynesburg, Pennsylvania 15370 (412) 627-5474.  
**PRESIDENT-ELECT**—Stanley L. Falor, M.D.—151 South Porter Street, Waynesburg, Pennsylvania 15370 (412) 627-3101.  
**SECRETARY/TREASURER**—Arthur J. Patterson, M.D.—223 East High Street, Waynesburg, Pennsylvania 15370 (412) 627-5474.
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## HUNTINGDON COUNTY

- PRESIDENT**—Charles R. Reiners, M.D.—Bryan Street, Huntingdon, Pennsylvania 16652 (814) 643-4876.  
**SECRETARY**—Thomas R. Meloy, M.D.—803 Washington Street, Huntingdon, Pennsylvania 16652 (814) 643-3460.
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## INDIANA COUNTY

- PRESIDENT**—Michael J. Cavoto, M.D.—590 Indian Springs Road, Indiana, Pennsylvania 15701 (412) 465-2636.  
**PRESIDENT-ELECT**—Anan K. Laorr, M.D.—1177 South Sixth Street, Indiana, Pennsylvania 15701 (412) 349-1414.  
**SECRETARY**—David C. Hughes, M.D.—1047 Lilac Street, Indiana, Pennsylvania 15701 (412) 465-1946.  
**TREASURER**—Chester T. Kauffman, M.D.—49 North Seventh Street, Indiana, Pennsylvania 15701 (412) 463-9258.
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## JEFFERSON COUNTY

- PRESIDENT**—Rodger B. Haglund, M.D.—DuBois Hospital, DuBois, Pennsylvania 15801 (814) 371-7093.  
**PRESIDENT-ELECT**—Richard Thames, D.O.—105 West Mahoning Street, Punxsutawney, Pennsylvania 15767 (814) 938-9550.  
**SECRETARY/TREASURER**—Clifford B. Lull, Jr., M.D.—100 Carmalt Ave., Punxsutawney, Pennsylvania 15767 (814) 371-8358.  
**EXECUTIVE SECRETARY**—Mrs. Wilma Carlson—617 Maple Street, Brockway, Pennsylvania 15824 (814) 371-1801.
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## LACKAWANNA COUNTY

- PRESIDENT**—Stanley W. Boland, M.D.—Noble Road, Clarks Summit, Pennsylvania 18411 (717) 587-5186.  
**PRESIDENT-ELECT**—Charles J. Bannon, M.D.—Medical Arts Building, Scranton, Pennsylvania 18505 (717) 344-1231.  
**SECRETARY/TREASURER**—William A. Black, Jr., M.D.—Scranton Life Building, Scranton, Pennsylvania 18503 (717) 961-2469.  
**EXECUTIVE DIRECTOR**—Warren C. Smith—104 Medical Arts Bldg., Scranton, Pennsylvania 18503 (717) 344-3616



## LANCASTER COUNTY

**PRESIDENT**—John L. Farmer, M.D.—571 West Lemon Street, Lancaster, Pennsylvania 17603 (717) 397-6257.  
**PRESIDENT-ELECT**—Joseph L. Eckenrode, M.D.—834 Marietta Avenue, Lancaster, Pennsylvania 17603 (717) 394-4169.  
**SECRETARY/TREASURER**—Roland A. Loeb, M.D.—Box 1724, Lancaster, Pennsylvania 17604 (717) 394-7234.  
**EXECUTIVE SECRETARY**—Mrs. Janice C. Dunlevy—139 East Walnut Street, Lancaster, Pennsylvania 17602 (717) 393-9588.  
**PUBLICATION**—Lancaster Medicine.  
**EDITOR**—Victor E. Agusta, M.D.—620 North Duke Street, Lancaster, Pennsylvania 17607 (717) 393-1771.

## LAWRENCE COUNTY

**PRESIDENT**—Ludwig R. Koukal, M.D.—11 Fruitland Drive, New Castle, Pennsylvania 16101 (412) 658-9001.  
**PRESIDENT-ELECT**—Eugene G. Isidro, M.D.—Jameson Memorial Hospital, New Castle, Pennsylvania 16101 (412) 658-9001.  
**SECRETARY**—Frank J. Altomare, Jr., M.D.—2563 Blossom Lane, New Castle, Pennsylvania 16105 (412) 658-3511.  
**TREASURER**—Thomas R. Uber, M.D.—329 Temple Building, New Castle, Pennsylvania 16101 (412) 658-4791.

## LEBANON COUNTY

**PRESIDENT**—John R. Groh, M.D.—R.D. #5, Box 230, Lebanon, Pennsylvania 17042 (717) 273-8521.  
**PRESIDENT-ELECT**—Robert G. Heisey, M.D.—Third and Willow Streets, Lebanon, Pennsylvania 17042 (717) 273-8835.  
**SECRETARY**—William A. Shaver, M.D.—618 Cornwall Road, Lebanon, Pennsylvania 17042 (717) 273-3758.  
**TREASURER**—John A. Bamberger, M.D.—621 Chestnut Street, Lebanon, Pennsylvania 17042 (717) 272-8932.

## LEHIGH COUNTY

**PRESIDENT**—Indru T. Khubchandani, M.D.—17th and Liberty Streets, Allentown, Pennsylvania 18104 (215) 433-7571.  
**PRESIDENT-ELECT**—David A. Tilly, M.D.—1746 Allen Street, Allentown, Pennsylvania 18104 (215) 433-3143.  
**SECRETARY**—Walter J. Dex, M.D.—17th and Chew Streets, Allentown, Pennsylvania 18104 (215) 967-3184.  
**TREASURER**—David O. Williams, M.D.—2200 Hamilton Street, Allentown, Pennsylvania 18104 (215) 433-5777.  
**EXECUTIVE SECRETARY**—Mr. Robert R. Parsons—335 North Eighth Street, Allentown, Pennsylvania 18102 (215) 437-2288.  
**PUBLICATION**—The Dr.  
**EDITOR**—Mr. Robert P. Parsons—335 North Eighth Street, Allentown, Pennsylvania 18102 (215) 437-2288.

## LUZERNE COUNTY

**PRESIDENT**—Joseph W. Ehrhart, M.D.—1174 Wyoming Avenue, Forty-Fort, Pennsylvania 18704 (717) 287-6550.  
**PRESIDENT-ELECT**—James G. Galante, M.D.—444 River Street, Forty-Fort, Pennsylvania 18704 (717) 288-3640.  
**SECRETARY**—George E. Hudock, Jr., M.D.—130 South Franklin Street, Wilkes-Barre, Pennsylvania 18701 (717) 824-4621.  
**TREASURER**—Stanley C. Ushinski, M.D.—275 Pierce Street, Kingston, Pennsylvania 18704 (717) 288-8401.  
**EXECUTIVE SECRETARY**—Mrs. Leona O. Franey—130 South Franklin Street, Wilkes-Barre, Pennsylvania 18701 (717) 823-0917.  
**PUBLICATION**—The Bulletin.  
**EDITOR**—Edward R. Janjigian, M.D.—22 Pierce Street, Kingston, Pennsylvania 18704 (717) 287-8331.

## LYCOMING COUNTY

**PRESIDENT**—Galal M. Ahmed, M.D.—Divine Providence Hospital, Williamsport, Pennsylvania 17701 (717) 326-8167.  
**PRESIDENT-ELECT**—Charles F. Cipolla, M.D.—201 East Third Street, Williamsport, Pennsylvania 17701 (717) 322-7210.  
**SECRETARY**—Harry L. Manning, M.D.—699 Rural Avenue, Williamsport, Pennsylvania 17701 (717) 323-8423.  
**TREASURER**—Donald E. Shearer, M.D.—217 Broad Street, Montoursville, Pennsylvania 17754 (717) 368-2296.  
**EXECUTIVE SECRETARY**—Mr. Paul P. John—777 Rural Avenue, Williamsport, Pennsylvania 17701 (717) 323-3786.  
**PUBLICATION**—Lycoming Medicine.  
**EDITOR**—Richard B. Tobias, M.D.—1615 Riverside Drive, Williamsport, Pennsylvania 17701 (717) 323-2009.

## MCKEAN COUNTY

**PRESIDENT**—Thomas Logio, M.D.—Two Thompson Pike, Kane, Pennsylvania 16735 (814) 837-8888.  
**PRESIDENT-ELECT**—S. Gordon Huff, M.D.—Suite 406, Hooker-Fulton Building, 125 Main Street, Bradford, Pennsylvania 16701 (814) 368-7154.  
**SECRETARY**—Thomas J. Burkart, M.D.—Bradford Hospital, Bradford, Pennsylvania 16701 (814) 368-4143.  
**TREASURER**—Robert P. Krall, M.D.—47 Elm Street, Eldred, Pennsylvania 16731 (814) 255-4640.

## MERCER COUNTY

**PRESIDENT**—Theodore L. Yarboro, M.D.—755 Division Street, Sharon, Pennsylvania 16146 (412) 346-4124.  
**PRESIDENT-ELECT**—Matthew G. Brown, M.D.—32 Jefferson Avenue, Sharon, Pennsylvania 16146 (412) 342-0660.  
**SECRETARY/TREASURER**—Robert W. Allen, M.D.—32 Jefferson Avenue, Medical Arts Building, Sharon, Pennsylvania 16146 (412) 981-6732.

## MIFFLIN-JUNIATA COUNTY

**PRESIDENT**—Daniel K. Creighton, Jr., M.D.—101 North Main Street, Lewistown, Pennsylvania 17044 (717) 248-7841.  
**VICE PRESIDENT**—Earl R. Walter, M.D.—South Main Street, Box 428, Milroy, Pennsylvania 17063 (717) 667-2312.  
**SECRETARY**—Donald E. Basom, M.D.—Emergency Room, Lewis-town Hospital, Lewistown, Pennsylvania 17044 (717) 463-1781.  
**TREASURER**—Stephen J. Marthouse, M.D.—134 Highland Avenue, Lewistown, Pennsylvania 17044 (717) 248-3844.

## MONROE COUNTY

**PRESIDENT**—Francis A. Gruszka, M.D.—General Hospital of Monroe County, East Stroudsburg, Pennsylvania 18301 (717) 421-4000.  
**SECRETARY/TREASURER**—John G. Kauderer, Jr., M.D.—239 East Brown Street, East Stroudsburg, Pennsylvania 18301 (717) 421-3872.

## MONTGOMERY COUNTY

**PRESIDENT**—John C. Maerz, M.D.—301 Smith Road, R.D. #1, Schwenksville, Pennsylvania 19473 (215) VE6-4500.  
**PRESIDENT-ELECT**—Harold J. Byron, M.D.—Wyncote House, Wyncote, Pennsylvania 19095 (215) 277-5600.  
**SECRETARY**—Alan L. Dorian, M.D.—1308 DeKalb Street, Norristown, Pennsylvania 19401 (215) 279-8686.  
**TREASURER**—Joseph L. Hunsberger, M.D.—1501 DeKalb Street, Norristown, Pennsylvania 19401 (215) 272-2050.

**EXECUTIVE SECRETARY**—Mr. Arthur Whitehair—1529 DeKalb Street, Norristown, Pennsylvania, 19401 (215) 277-3690.

**PUBLICATION**—The Medical Bulletin.

**EDITOR**—Samuel S. Faris, II, M.D.—239 North Easton Road, Glenside, Pennsylvania 19038 (215) TU4-7328.

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## MONTOUR COUNTY

**PRESIDENT**—John J. Dennehy, M.D.—Geisinger Medical Center, Danville, Pennsylvania 17821 (717) 275-6048.

**PRESIDENT-ELECT**—Ellsworth Browneller, M.D.—Geisinger Medical Center, Danville, Pennsylvania 17821 (717) 275-6453.

**SECRETARY/TREASURER**—Frederick G. Brown, M.D.—Geisinger Medical Center, Danville, Pennsylvania 17821 (717) 275-6393.

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## NORTHAMPTON COUNTY

**PRESIDENT**—George B. Laubach, M.D.—1846 Freemansburg Avenue, Easton, Pennsylvania 18042 (215) 253-4444.

**PRESIDENT-ELECT**—Harry G. Light, M.D.—65 East Elizabeth Avenue, Easton, Pennsylvania 18042 (215) 866-0977.

**SECRETARY**—John H. Hobart, M.D.—2001 Fairview Avenue, Easton, Pennsylvania 18042 (215) 258-9131.

**TREASURER**—Walter K. Peters, M.D.—Bethlehem Steel Medical Center, Bethlehem, Pennsylvania 18018 (215) 867-9017.

**EXECUTIVE SECRETARY**—Mr. William H. Kilpatrick—788 Redfern Lane, Bethlehem, Pennsylvania 18017 (215) 865-2900.

**PUBLICATION**—The Bulletin of the Northampton County Medical Society.

**EDITOR**—Mr. William H. Kilpatrick—788 Redfern Lane, Bethlehem, Pennsylvania 18017 (215) 865-2900.

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## NORTHUMBERLAND COUNTY

**PRESIDENT**—Joseph M. Sienkiewicz, M.D.—50 North Maple Street, Mt. Carmel, Pennsylvania 17851 (717) 339-4010.

**PRESIDENT-ELECT**—Dorothy G. Wilson, M.D.—330 North 12th Street, Sunbury, Pennsylvania 17801 (717) 286-1903.

**SECRETARY**—Winfield S. Gibbs, M.D.—1122 Market Street, Sunbury, Pennsylvania 17801 (717) 286-7586.

**TREASURER**—Ahmed Mazandarani, M.D.—Sunbury Community Hospital, Sunbury, Pennsylvania 17801 (717) 286-5811.

**PUBLICATION**—Northumberland County Medical Society Notes.

**EDITOR**—Winfield S. Gibbs, M.D.—1122 Market Street, Sunbury, Pennsylvania 17801 (717) 286-7586.

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## PERRY COUNTY

**PRESIDENT**—Paul Karlik, Jr., M.D.—207 High Street, Duncannon, Pennsylvania 17020 (717) 834-3525.

**PRESIDENT-ELECT**—William H. Magill, M.D.—Two South Fourth Street, Newport, Pennsylvania 17074 (717) 567-3151.

**SECRETARY/TREASURER**—O. K. Stephenson, M.D.—East Main Street, New Bloomfield, Pennsylvania 17068 (717) 582-2626.

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## PHILADELPHIA COUNTY

**PRESIDENT**—Charles R. Shuman, M.D.—3401 North Broad Street, Philadelphia, Pennsylvania 19140 (215) 221-3563.

**PRESIDENT-ELECT**—John Helwig, Jr., M.D.—Germantown Hospital & Dispensary East Penn & East Wistar Streets, Philadelphia, Pennsylvania 19144 (215) GE8-4944.

**SECRETARY**—Edward J. Resnick, M.D.—3401 North Broad Street, Philadelphia, Pennsylvania 19140 (215) BA9-0100.

**TREASURER**—Peter A. Theodos, M.D.—1930 Chestnut Street, Philadelphia, Pennsylvania 19103 (215) LO7-6210.

**EXECUTIVE DIRECTOR**—Mr. Richard M. Nelson—2100 Spring Garden Street, Philadelphia, Pennsylvania 19130 (215) LO3-5343.

**ASSISTANT EXECUTIVE DIR**—Mrs. Peggy Larcombe—2100 Spring Garden Street, Philadelphia, Pennsylvania 19130 (215) LO3-5343.

**ASSOC. EXECUTIVE DIR**—Mrs. Larry A. Lyons—2100 Spring Garden Street, Philadelphia, Pennsylvania 19130 (215) LO3-5343.

**PUBLICATION**—Philadelphia Medicine.

**EDITOR**—William Weiss, Jr., M.D.—3912 Netherfield Road, Philadelphia, Pennsylvania 19129 (215) 563-5343.

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## POTTER COUNTY

**PRESIDENT**—George C. Poore, M.D.—Mapleview Health Center, Coudersport, Pennsylvania 16915 (814) 274-8626.

**SECRETARY/TREASURER**—George C. Mosch, M.D.—Box 74, Coudersport, Pennsylvania, 16914 (814) 274-8450.

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## SCHUYLKILL COUNTY

**PRESIDENT**—Arthur N. DiNicola, M.D.—28 Sunbury Street, Minersville, Pennsylvania 17954 (717) 544-5555.

**SECRETARY**—Richard P. Bindie, M.D.—150 Avenue "D," Schuylkill Haven, Pennsylvania 17972 (717) 385-2494.

**TREASURER**—Gabriel M. Lizak, M.D.—415 West Market Street, Pottsville, Pennsylvania 17901 (717) 622-7803.

**PUBLICATION**—The Bulletin.

**EDITOR**—Leonard J. Tananis, M.D.—610 Market Street, Pottsville, Pennsylvania 17901 (717) 622-5081.

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## SOMERSET COUNTY

**PRESIDENT**—Leonard S. Tensuan, Jr., M.D.—Mary Street, Somerset, Pennsylvania 15501 (814) 445-8344.

**PRESIDENT-ELECT**—Ross St. Clair Rumbaugh, M.D.—131 Meyers Avenue, Meyersdale, Pennsylvania 15552 (814) 634-0616.

**SECRETARY/TREASURER**—Edwin M. Price, M.D.—612 Logan Place, Confluence, Pennsylvania 15424 (814) 395-3115.

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## SUSQUEHANNA COUNTY

**PRESIDENT**—Paul B. Kerr, M.D.—One Grow Avenue, Montrose, Pennsylvania 18801 (717) 278-3801.

**SECRETARY/TREASURER**—John C. Cavender, M.D.—Hop Bottom, Pennsylvania 18824 (717) 289-4444.

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## TIOGA COUNTY

**PRESIDENT**—William P. Reich, M.D.—Pathology Department, Soldiers and Sailors Memorial Hospital, Wellsboro, Pennsylvania 16901 (717) 724-1631.

**PRESIDENT-ELECT**—Frank A. Thomas, M.D.—24 Walnut Street, Wellsboro, Pennsylvania 16901 (717) 724-3744.

**SECRETARY/TREASURER**—David F. Gillum, M.D.—114 East Avenue, Wellsboro, Pennsylvania 16901 (717) 724-4704.

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## UNION COUNTY

**PRESIDENT**—Thomas O. Savidge, M.D.—R.D. #1, Lewisburg, Pennsylvania, 17837 (717) 523-1185.

**PRESIDENT-ELECT**—George W. Rinck, II, M.D.—126 East Main Street, Middleburg, Pennsylvania 17842 (717) 837-2601.

**SECRETARY**—Irving Williams, III, M.D.—College Park, Lewisburg, Pennsylvania 17837 (717) 523-1142.

**TREASURER**—John W. Arbogast, Jr., M.D.—Three Hospital Drive, Lewisburg, Pennsylvania 17837 (717) 524-0230.

**EXECUTIVE SECRETARY**—Mr. Paul P. John—777 Rural Avenue, Williamsport, Pennsylvania 17701 (717) 323-3786.



## VENANGO COUNTY

**PRESIDENT**—Phillip S. LaVerde, M.D.—174 East Bissell Avenue, Oil City, Pennsylvania 16301 (814) 676-8586.  
**VICE PRESIDENT**—James J. Houser, M.D.—150 Prospect Avenue, Franklin, Pennsylvania 16323 (814) 437-5776.  
**SECRETARY/TREASURER**—Robert M. Pilewski, M.D.—122 West First Street, Oil City, Pennsylvania 16301 (814) 676-8571.

## WARREN COUNTY

**PRESIDENT**—Ronald W. Simonsen, M.D.—341 Bird Avenue, Warren, Pennsylvania 16365 (814) 726-0211.  
**PRESIDENT-ELECT**—Albert J. Turbessi, M.D.—316 Conewango Avenue, Warren, Pennsylvania 16365 (814) 723-1212.  
**SECRETARY**—Ross E. Bryan, Jr., M.D.—514 Third Avenue, Warren, Pennsylvania 16365 (814) 723-7200.  
**TREASURER**—Julius W. Berta, M.D.—1030 East Fifth Avenue Ext., Warren, Pennsylvania 16365 (814) 723-3300.  
**PUBLICATION**—The Bulletin.  
**EDITOR**—Raymond E. Lowe, M.D.—514 Third Avenue W., Warren, Pennsylvania 16365 (814) 723-2550.

## WASHINGTON COUNTY

**PRESIDENT**—S. Charles Badiali, M.D.—829 Jefferson Avenue, Washington, Pennsylvania 15301 (412) 222-5778.  
**PRESIDENT-ELECT**—John F. Weldon, M.D.—51 Craven Drive, Charleroi, Pennsylvania 15022 (412) 258-4800.  
**SECRETARY/TREASURER**—Jon S. Adler, M.D.—530 Robinhood Lane, McMurray, Pennsylvania 15317 (412) 222-5778.  
**EXECUTIVE SECRETARY**—Mrs. Edyth T. Upson—404 Washington Trust Building, Washington, Pennsylvania 15301 (412) 222-1400.  
**PUBLICATION**—The Medical Bulletin.  
**EDITOR**—Ernest L. Abernathy, M.D.—1086 North Main Street, Washington, Pennsylvania 15301 (412) 225-4423.

## WAYNE-PIKE COUNTY

**PRESIDENT**—Marilyn T. Pardine, M.D.—404 Keystone Avenue, Hawley, Pennsylvania 18428 (717) 253-4535.  
**SECRETARY/TREASURER**—Harry D. Propst, M.D.—505 High Street, Honesdale, Pennsylvania 18431 (717) 253-2620.

## WESTMORELAND COUNTY

**PRESIDENT**—Richard M. Doncaster, M.D.—904 Kunkle Avenue, Greensburg, Pennsylvania 15601 (412) 523-8901.  
**PRESIDENT-ELECT**—Eugene W. Herron, M.D.—5832 Lincoln Avenue, Export, Pennsylvania 15632 (412) 327-1180.  
**SECRETARY**—Donald C. Brown, M.D.—Irwin Professional Center, 100 Pennsylvania Avenue, Irwin, Pennsylvania 15642 (412) 864-5759.  
**TREASURER**—Joseph F. Bucci, M.D.—305 Everson Avenue, Scottsdale, Pennsylvania 15683 (412) 887-7051.  
**EXECUTIVE SECRETARY**—Mrs. Carolyn Gilchrest—105 Professional Building, Greensburg, Pennsylvania 15601 (412) 837-5050.  
**OFFICE MANAGER**—Mrs. Margaret Walor—105 Professional Building, Greensburg, Pennsylvania 15601 (412) 837-5050.  
**PUBLICATION**—The Bulletin.  
**EDITOR**—Ray G. Sarver, M.D.—1100 Ligonier Street, Latrobe, Pennsylvania 15650 (412) 539-3535.

## WYOMING COUNTY

**PRESIDENT**—Ernest R. Gerfin, M.D.—Tyler Memorial Hospital, Tunkhannock, Pennsylvania 18657 (717) 836-2161.  
**VICE PRESIDENT**—John F. McIntyre, M.D.—R.D. #1, Tunkhannock, Pennsylvania 18657 (717) 836-2121.  
**SECRETARY/TREASURER**—Clarence M. Mast, M.D.—106 East Main Street, Laceyville, Pennsylvania 18623 (717) 869-1244.

## YORK COUNTY

**PRESIDENT**—J. Joseph Danyo, M.D.—908 South George Street, York, Pennsylvania 17403 (717) 845-2666.  
**PRESIDENT-ELECT**—Kenneth Ehrhart, M.D.—Hanover Hospital, Hanover, Pennsylvania 17331 (717) 637-3711.  
**SECRETARY**—John P. Whiteley, M.D.—York Hospital, York, Pennsylvania 17405 (717) 771-2424.  
**TREASURER**—Robert M. Davis, M.D.—Five Rathton Road, York, Pennsylvania 17403 (717) 854-9115.  
**EXECUTIVE SECRETARY**—Mrs. Kathryn M. Fourhman—P.O. Box 1014, York, Pennsylvania 17405 (717) 845-1095.  
**PUBLICATION**—The Bulletin.  
**EDITOR**—Michael J. Prendergast, M.D.—930 Upland Road, York, Pennsylvania 17403 (717) 843-8378.

The Roster is coded with specialty information in the Component County Society section. The abbreviation which appears to the right of the physician's name is the specialty code. These codes and the specialties which they represent along with the approximate number in each specialty are as follows:

AN	Anesthesiology.....	534
CRS	Colon-Rectal Surgery.....	37
D	Dermatology.....	184
FP	Family Practice.....	3267
GS	General Surgery.....	1256
IM	Internal Medicine.....	2350
NS	Neurological Surgery.....	109
N	Neurology.....	117
OBG	Obstetrics-Gynecology.....	969
OPH	Ophthalmology.....	547
ORS	Orthopedic Surgery.....	451
OTO	Otolaryngology.....	338
PTH	Pathology.....	388
PD	Pediatrics.....	626
PM	Physical Medicine-Rehabilitation.....	79
PS	Plastic Surgery.....	86
PRM	Preventive Medicine.....	112
P	Psychiatry.....	783
R	Radiology.....	786
TS	Thoracic Surgery.....	116
U	Urology.....	327
OS	Other Specialty (not recognized).....	74
US	Unspecified-Retired.....	242
Total Membership Count.....		13778

THIS SPECIALTY INFORMATION WAS SUPPLIED FROM AMA RECORDS OR BY THE PHYSICIAN PERSONALLY AND DOES NOT NECESSARILY IMPLY BOARD CERTIFICATION IN THE SPECIALTY.

# COMPONENT COUNTY SOCIETY

## Adams County

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 WARNER HOSPITAL GETTYSBURG PA 17325  
 ALLISON MD, JAMES H FP  
 508 S WASHINGTON ST GETTYSBURG PA 17325  
 BARANSKI MD, EDWARD J GS  
 WARNER COUNTY HOSP GETTYSBURG PA 17325  
 BECKMAN MD, WILLIAM R FP  
 RD 2 BOX 119 FAIRFIELD PA 17320  
 BEVILACQUA MD, DANIEL F DPH  
 131 CARLISLE ST GETTYSBURG PA 17325  
 BIKLE MD, H DWIGHT AN  
 915 FAIRVIEW AVE GETTYSBURG PA 17325  
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 453 S WASHINGTON ST GETTYSBURG PA 17325  
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 DOO MD, GERALD K GS  
 560 HILLCREST PL GETTYSBURG PA 17325  
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 427 HARRISBURG ST GETTYSBURG PA 17325  
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 110 BERLIN AVE NEW OXFORD PA 17350  
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 525 W MIDDLE ST GETTYSBURG PA 17325  
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 31 S WASHINGTON ST GETTYSBURG PA 17325  
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 KAGUYUTAN MD, OFELIA D PD  
 450 S WASHINGTON ST GETTYSBURG PA 17325  
 KRABLIN MD, RONALD IM  
 WARNER HOSPITAL GETTYSBURG PA 17325  
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 60 YORK ST GETTYSBURG PA 17325  
 MAITLAND MD, LEAH A FP  
 50 MAPLE AVE LITTLESTOWN PA 17340  
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 MCARDLE MD, M JACQUELYN IM  
 RD 6 GETTYSBURG PA 17325  
 MONSOUR MD, ROY E FP  
 BOX 108 RD 4 GETTYSBURG PA 17325  
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 453 S WASHINGTON ST GETTYSBURG PA 17325  
 PIFER MD, PAUL W OBG  
 ANNIE WARNER HOSP GETTYSBURG PA 17325  
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 571 W MIDDLE ST GETTYSBURG PA 17325  
 RESTAK MD, LEWIS J OBG  
 228 FREDERICK ST HANOVER PA 17331  
 ROOS MD, LEON FP  
 EAST BERLIN PA 17316  
 SHEELY MD, RAYMOND F IM  
 267 BALTIMORE ST GETTYSBURG PA 17325  
 SOLOMON MD, SOLOMON D OBG  
 CHERRYTREE LANE SHREWSBURY PA 17361  
 STERRETT MD, W NORTH FP  
 ARENDTSTOWN PA 17303  
 STONER MD, DAVID C FP  
 R D 8 GETTYSBURG PA 17325  
 STRITE JR MD, JAMES A ORS  
 453 S WASHINGTON ST GETTYSBURG PA 17325  
 WATSON MD, MELVIN E PD  
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 508 S WASHINGTON ST GETTYSBURG PA 17325  
 WOOD MD, MARY E FP  
 20 E HIGH ST GETTYSBURG PA 17325

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 2490 HITCHING POST DR ALLISON PARK PA 15101  
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 125 DESOTO ST PITTSBURGH PA 15213  
 ADLER MD, LAWRENCE N IM  
 3347 FORBES AVE PITTSBURGH PA 15213  
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 122 DOWLING DR PITTSBURGH PA 15215  
 AGRAWAL MD, RADESHYAM M IM  
 287 WAGON WHEEL TR WEXFORD PA 15090  
 AHMED MD, QUZI M OPH  
 3700 FIFTH AVE PITTSBURGH PA 15213  
 AHMED MD, USMAN IM  
 SHADYSIDE HOSP PITTSBURGH PA 15232  
 ALBIN MD, MAURICE S AN  
 230 LOTHROP ST PITTSBURGH PA 15213  
 ALBO MD, VINCENT C OS  
 3515 5TH AVE PITTSBURGH PA 15213  
 ALCANTARA MD, VICENTE A R  
 CHARLEROI-MONNESSEN HOSP CHARLEROI PA 15022  
 ALDISERT MD, CAESAR O OBG  
 4140 BROWNSVILLE RD #10 PITTSBURGH PA 15227  
 ALEXANDER MD, GILBERT H R  
 ST FRANCIS GEN HOSP PITTSBURGH PA 15201  
 ALI MD, MOHAMMAD I IM  
 104 NINETEEN N COURT PITTSBURGH PA 15237  
 ALLEN MD, THOS E OBG  
 204 CRAFT AVE PITTSBURGH PA 15213  
 ALLISON MD, WESLEY C FP  
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 ALPERN MD, ALGERNON N IM  
 3520 FIFTH AVE PITTSBURGH PA 15213  
 ALTENHOFF MD, WM A GS  
 9102 BABCOCK BLVD PITTSBURGH PA 15237  
 ALTMAN MD, CHAS C U  
 1501 LOCUST ST PITTSBURGH PA 15219  
 ALTMAN MD, LOUIS P  
 2120 GREENTREE RD PITTSBURGH PA 15220  
 ALTMAN MD, MANDA T FP  
 5873 DARLINGTON RD PITTSBURGH PA 15217  
 ALTOP MD, HALUK AN  
 PRESBY UNIV HOSP RM 241 PITTSBURGH PA 15213  
 ALVIN MD, GUIRINO W GS  
 122 S OAKHILL RD PITTSBURGH PA 15238  
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 AMIN MD, NAVINCHANDRA M IM  
 4918 SECOND AVE PITTSBURGH PA 15207  
 AMMER MD, JOHN L OBG  
 4815 LIBERTY AVE PITTSBURGH PA 15224  
 AMRHEIN MD, REGIS A OPH  
 3939 BROWNSVILLE RD PITTSBURGH PA 15227  
 AMSHEL MD, ALBERT L CRS  
 3500 5TH AVE PITTSBURGH PA 15213  
 ANDERSON MD, C L IM  
 4815 LIBERTY AVE PITTSBURGH PA 15224  
 ANDERSON MD, CAROLYN H PD  
 114 WOODSHIRE DR PITTSBURGH PA 15215  
 ANDERSON MD, HERBERT H PTH  
 9100 BABCOCK BLVD PITTSBURGH PA 15237  
 ANDERSON MD, JOSEPH B U  
 PO BOX 850 LEXINGTON VA 24450  
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 ANDERSON MD, VICTOR S GS  
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 PITTSBURGH HOSP LAB PITTSBURGH PA 15206  
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 3500 5TH AVE PITTSBURGH PA 15213  
 ANTKOWIAK MD, JOS G TS  
 100 OXFORD DR APT 414 MONROEVILLE PA 15146  
 ANTOS MD, THOS J IM  
 1501 LOCUST ST PITTSBURGH PA 15219  
 APTON MD, JEFFREY H FP  
 BOX 1177 MCKEESPORT PA 15132  
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 BRADDOCK HOSP EMER RM BRADDOCK PA 15104

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 AYERS MD, CYNTHIA G IM  
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 BABCOCK MD, CHARLOTTE G P  
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 EYE AND EAR HOSP PITTSBURGH PA 15213  
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 BAHM MD, VIJAY K IM  
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 401 NORTH AVE PITTSBURGH PA 15209  
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 MCKEESPORT HOSP MCKEESPORT PA 15131  
 BAKER MD, EVERETT M OBG  
 121 UNIVERSITY PL PITTSBURGH PA 15213  
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 121 UNIVERSITY PL PITTSBURGH PA 15213  
 BAKER MD, ROBT J P  
 522 N NEVILLE ST PITTSBURGH PA 15213  
 BAKER MD, ROBT L NS  
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 BAKER MD, WALTER J OPH  
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 BALK MD, PHILLIP IM  
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 BALLANTYNE MD, JAMES V ORS  
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 5400 CENTRE AVE PITTSBURGH PA 15232  
 BANSAL MD, SURENDRA K R  
 MERCY HOSP PITTSBURGH PA 15219  
 BARDONNER MD, JOHN N FP  
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 BARKER MD, WARREN J US  
 3811 OHARA ST PITTSBURGH PA 15213  
 BARNADA MD, BICHER TS  
 4401 PENN AVE STE 1900 PITTSBURGH PA 15224  
 BARNES MD, LETCHER B PRN  
 GULF OIL CORP PO BX 116 PITTSBURGH PA 15230  
 BARNES MD, WM J OPH  
 515 MEDICAL ARTS BLDG PITTSBURGH PA 15213  
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 211 N WHITFIELD ST PITTSBURGH PA 15206  
 BARON MD, JOHN PD  
 713 HASTINGS ST PITTSBURGH PA 15206  
 BARON MD, MAXINE E D  
 NORTHGATE MED CTR BX 45 WARRENDALE PA 15068  
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 BARR JR MD, JAMES H IM  
 423 JENKINS BLDG PITTSBURGH PA 15222  
 BARRETT MD, WM A U  
 121 HIBISCUS DRIVE PITTSBURGH PA 15235  
 BARRON MD, KENNETH G TS  
 500 LEWIS HUN RD PITTSBURGH PA 15236  
 BARTO MD, JACK W PD  
 MAGEE-WOMENS HOSP PEDS PITTSBURGH PA 15213  
 BARTOLETTI MD, STEFANO C R  
 ST FRANCIS HOSP PITTSBURGH PA 15201  
 BARTOS MD, SYLVIA ANN PD  
 4667 CURRY RD PITTSBURGH PA 15236  
 BARZO MD, VERA M P  
 1204 OLD MEADOW RD PITTSBURGH PA 15241  
 BASILE MD, JOSEPH GS  
 NASSAU HOSPITAL MINEOLA N Y 11501

## Allegheny County

AARONS MD, JEROME H IM  
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 ABERN MD, STEVEN B PD  
 800 CARRIAGE RD PITTSBURGH PA 15220  
 ABOLUEISH MD, EZZAT I US  
 MAGEE-WOMENS HOSP PITTSBURGH PA 15213  
 ABRAMS MD, FRANK IM  
 4978 SENTINEL DRIVE BETHESDA MD 20016  
 ABURANO MD, AKIO PTH  
 MERCY HOSP PITTSBURGH PA 15219



ALLEGHENY

BASS MD, LEE W	PD	BLACK MD, MILTON H	AN	BRANT MD, NOSS D	FP
3600 FORBES AVE PITTSBURGH PA 15213		WEST PENN HOSP PITTSBURGH PA 15224		60 BRADFORD AVE PITTSBURGH PA 15205	
BASSILIOS MD, FOUAD A	IM	BLAKE MD, KARL E	GS	BRASUK MD, JOHN L	ORS
994 BROADHEAD RD CORAOPOLIS PA 15108		3500 5TH AVE PITTSBURGH PA 15213		550 GRANT ST PITTSBURGH PA 15219	
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641 STONERIDGE DR ALLISON PRK PA 15101		SUITE 230 1 ALLEGHENY S PITTSBURGH PA 15212		633 WASHINGTON RD PITTSBURGH PA 15228	
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CENTERVILLE CLINIC FREDERICKTOWN PA 15333		223 SOUTHGATE BLVD MELBOURNE FL 32901		GATEWAY TOWERS APT 18N PITTSBURGH PA 15222	
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318 E MAIN ST LIGONIER PA 15658		211 N WHITFIELD ST PITTSBURGH PA 15206		515 SINCLAIR ST MC KEESPORT PA 15132	
BATHEN MD, JOS J	FP	BLAU MD, NATHAN	IM	BREITFELD MD, VOLKER	PTH
BOX 67 WILDWOOD PA 15091		817 TALLY DR PITTSBURGH PA 15237		2165 POOR RICHARDS LN PITTSBURGH PA 15237	
BAUER MD, FRANK L	IM	BLOBNER MD, CHAS G	IM	BRENNAN MD, WM F	IM
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BAUER MD, WM F	GS	BLOCKSTEIN MD, ROBT S	OBG	BRENT MD, LAWRENCE B	IM
316 HERITAGE DR PITTSBURGH PA 15235		4800 FRIENDSHIP AVE PITTSBURGH PA 15224		RD 3 WAGNER RD ALLISON PK PA 15101	
BAUERSFELD MD, S RICHARD	IM	BLOOM MD, JOS B	IM	BRESS MD, ALAN N	IM
5230 CENTRE AVE PITTSBURGH PA 15232		2760 FERNWALD ST PITTSBURGH PA 15217		220 MEYRAN AVE PITTSBURGH PA 15213	
BAZMI MD, HASSAN	GS	BLOUGH MD, LELAND S	ORS	BRESS MD, JAMES C	IM
244 S QUEENSBURY COURT PITTSBURGH PA 15237		9066 PERRY HWY PITTSBURGH PA 15237		1201 FOX CHAPEL RD PITTSBURGH PA 15238	
BAUCHER MD, JOHN S	ORS	BLUESTEIN MD, DAVID D	PD	BRETHAUER JR MD, EDWARD A	IM
MONCRIEF ARMY HOSP ORS FORT JACKSON S C 29207		733 WASH RD STE 201 PITTSBURGH PA 15228		4601 5TH AVE 328 PITTSBURGH PA 15213	
BEALL MD, CHESTER F	OBG	BLUME MD, ROBT P	N	BRIANT JR MD, WM W	PD
550 GRANT ST PITTSBURGH PA 15219		MERCY HOSP PITTSBURGH PA 15219		20 CEDAR BLVD PITTSBURGH PA 15228	
BEATTY MD, RALPH P	OS	BOAS MD, HARRY H	IM	BRICE MD, JUDITH A	P
841 CALIF AVE APT 203 PITTSBURGH PA 15202		3028 BROWNSVILLE RD PITTSBURGH PA 15227		451 MAPLE AVE PITTSBURGH PA 15218	
BEGG MD, FRANK R	IM	BODE JR MD, FREDERICK W	OTO	BRILLMAN MD, JON	N
314 WILDBERRY RD PITTSBURGH PA 15238		35 HOLLAND RD PITTSBURGH PA 15235		320 E NORTH AVE PITTSBURGH PA 15212	
BEGUM MD, DILWARA	FP	BODE SR MD, FREDERICK W	US	BRINK MD, EARL J	P
265 FREEPORT RD APT 203 PITTSBURGH PA 15238		2700 N E 48TH CT POMPANO BEACH FLA 33064		MCKEESPORT HOSP MCKEESPORT PA 15132	
BEH MD, WALTER P	U	BODEK MD, ALVIN M	FP	BROADHEAD MD, RICHARD	IM
8525 WINCHESTER DR PITTSBURGH PA 15237		2218 HOMESTD DUCQUESNE R WEST MIFFLIN PA 15122		114 CAPRI ROAD ST MARYS PA 15857	
BEHUN MD, JOS M	R	BOEHMKE MD, MANFRED	R	BRODMERKEL JR MD, GEO J	IM
WASHINGTON HOSP WASHINGTON PA 15301		3459 5TH AVE PITTSBURGH PA 15213		TWO ALLEGHENY CTR #622 PITTSBURGH PA 15212	
BELENKY MD, DAVID A	PD	BOHARAS MD, SAUL	IM	BRON MD, KLAUS M	R
MAGEE WOMENS HOSP PITTSBURGH PA 15213		108 POPLAR DR PITTSBURGH PA 15238		PRESBYTERIAN-UNIV HOSP PITTSBURGH PA 15213	
BELL MD, MICHAEL C	OTO	BOICE MD, G NEWTON	ORS	BROOKS MD, DANL H	GS
227 BEAVER ST SEWICKLEY PA 15143		604 EVANS AVE MC KEESPORT PA 15132		U OF PGH SCH OF MED PITTSBURGH PA 15213	
BENACK MD, CARL A	FP	BOKSENBAUM MD, MERVIN	D	BROSTOFF MD, PHILIP	IM
121 2D AVE ELIZABETH PA 15037		9102 BABCOCK BLVD PITTSBURGH PA 15237		3471 5TH AVE PITTSBURGH PA 15213	
BENDER MD, RICHARD J	OS	BOLANOVICH MD, LESTER J	P	BROUGHEN MD, DAVID E	OBG
1603 ANDERSON RD PITTSBURGH PA 15209		121 UNIVERSITY PLACE PITTSBURGH PA 15213		R D 4 BELLE VERNON PA 15012	
BENNETT MD, MAY H	US	BOLTON MD, HOWARD A	IM	BROUGHEN MD, LEAK E	FP
BOX 115 STAR RT SPRING CHURCH PA 15686		121 UNIVERSITY PL ST 2A PITTSBURGH PA 15213		7341 SCHOYER AVE PITTSBURGH PA 15218	
BENSY MD, JOSEPH J	R	BONDI MD, FRANK R	GS	BROUSSARD MD, ELSIE R	P
260 SHADY AVE 10 PITTSBURGH PA 15206		522 WALNUT ST MC KEESPORT PA 15132		201 LYTTON AVE PITTSBURGH PA 15213	
BENSY MD, OLIVER R	FP	BONDI MD, RICHARD P	GS	BROWN JR MD, JAMES T	OBG
4776 LIBERTY AVE PITTSBURGH PA 15224		1177 MURRAY HILL AVE PITTSBURGH PA 15217		204 CRAFT AVE PITTSBURGH PA 15213	
BENT III MD, GEORGE	IM	BONESSI MD, JAMES V	IM	BROWN MD, ANDREW J	GS
532 S AIKEN STE 515 PITTSBURGH PA 15232		1505 LINCOLN WAY MC KEESPORT PA 15131		1801 WEST ST HUMESTEAD PA 15120	
BENTZ DO, WILLIAM J	FP	BONET MD, LOUIS	IM	BROWN MD, CHAS R	FP
1020 CENTER AVE PITTSBURGH PA 15226		435 SEVENTH AVE PITTSBURGH PA 15219		1004 THIRD ST ELIZABETH PA 15037	
BENZ JR MD, GEORGE H	GS	BONIFACE MD, DOLORES J	OPH	BROWN MD, ROBT B	R
3700 5TH AVE STE 504 PITTSBURGH PA 15213		3915 SAW MILL RUN BLVD PITTSBURGH PA 15227		134 BOXFIELD RD UPPER ST CLAIR PA 15241	
BERG MD, CHAS F	GS	BOOKERT MD, CHAS C	PD	BROWN MD, STUART I	OPH
733 WASHINGTON RD PITTSBURGH PA 15228		471 MILLER AVE CLAIRTON PA 15025		EYE AND EAR HOSP PITTSBURGH PA 15213	
BERG MD, GEO	U	BOONE MD, LESLIE J	PRM	BRUNGO MD, JAMES J	FP
928 VALLEYVIEW RD PITTSBURGH PA 15243		BRISTOL VLG MED CTR WAVERLY OH 45690		2341 PERRYVILLE AVE PITTSBURGH PA 15214	
BERG MD, SAUL R	OBG	800TH MD, GEO	IM	BRUNGO MD, JOHN A	PD
110 WOODLAND FARMS RD PITTSBURGH PA 15238		3995 BIGELOW BLVD #902 PITTSBURGH PA 15213		2341 PERRYVILLE AVE PITTSBURGH PA 15214	
BERGER MD, BENJ	P	BORITSKY MD, HARRY	AN	BRUNGO MD, JOHN D	US
3708 FIFTH AVE PITTSBURGH PA 15213		156 BEACONVIEW RD PITTSBURGH PA 15237		MERCY HOSP DEPT MED PITTSBURGH PA 15219	
BERGMAYER MD, JOHN M	GS	BORNSTEIN MD, NEAL G	PD	BRUNN JR MD, HENRY M	AN
4135 BIGELOW BLVD PITTSBURGH PA 15213		89 TOTTEN ST FT L WOOD MO 65473		97 WARWICK DR PITTSBURGH PA 15241	
BERK MD, MYLES M	OPH	BORTZ MD, FRANK B	FP	BRUNO MD, JORGE C	OPH
9102 BABCOCK BLVD PITTSBURGH PA 15237		152 ROYAL OAK DR APT 50 MCKEESPORT PA 15131		4734 BAYARD ST PITTSBURGH PA 15213	
BERKEBILE MD, PAUL E	FP	BORUS MD, HARRY E	IM	BRUNO MD, STEPHEN C	R
106 SHANNON DR PITTSBURGH PA 15238		8 S DUDLEY ST VENTNOR NJ 08406		8282 BRITTANY PL PITTSBURGH PA 15237	
BERKEY MD, RICHARD L	P	BORZUTZKY MD, CARLOS	R	BUCHAR MD, JOHN R	FP
607 WASHINGTON RD PITTSBURGH PA 15228		476 FIELDING DR PITTSBURGH PA 15235		P O BOX 61 PITCAIRN PA 15140	
BERKMAN MD, RONALD O	OPH	BOSSE MD, MILTON D	IM	BUCHANAN MD, EDWIN B	GS
3471 FIFTH AVE PITTSBURGH PA 15213		518 BROADWAY PITCAIRN PA 15140		1501 LOCUST ST PITTSBURGH PA 15219	
BERKOWITZ MD, FRED	GS	BOTKIN MD, LESTER H	FP	BUCHANAN MD, GIBSON P	PD
3471 FIFTH AVENUE PITTSBURGH PA 15213		424 W GRANT AVE DUCQUESNE PA 15110		101 EMERSON AVE PITTSBURGH PA 15215	
BERKOWITZ MD, MORTON I	P	BOTKIN MD, ROBT F	ORS	BUCHANAN MD, JAMES L	TS
401 SHADY AVE PITTSBURGH PA 15206		SUITE 230 1 ALLEGHENY S PITTSBURGH PA 15212		1501 LOCUST ST PITTSBURGH PA 15219	
BERLIN MD, ALLISON J	GS	BOUCEK MD, CHAS M	FP	BUCHANAN MD, WM K	AN
2775 LEWARD LN NAPLES FL 33940		ST 250 ONE ALLEGHENY SQ PITTSBURGH PA 15212		8233 THOMPSON RUN RD PITTSBURGH PA 15237	
BERLIN MD, CHAS S	US	BOUCEK MD, RICHARD J	OBG	BUCHDAHL MD, ALICE J	P
1226 BELLEROCK ST PITTSBURGH PA 15217		119 FEDERAL ST PITTSBURGH PA 15212		1 ESSEX SQ L 10 PITTSBURGH PA 15206	
BERNSTEIN MD, EDWARD D	OBG	BOURDAKOS MD, NICOLAS G	IM	BUCHANAN MD, ROBT R	IM
4815 LIBERTY AVE PITTSBURGH PA 15224		211 N WHITFIELD ST PITTSBURGH PA 15206		2878 FERNWALD RD PITTSBURGH PA 15217	
BERRY MD, GEO J	P	BOUVIER MD, MARIANNE	OPH	BUCK MD, ANN L	R
418 CENTENNIAL AVE SEWICKLEY PA 15143		10 HIGHLAND PINES CT PITTSBURGH PA 15237		1433 FAWCETT AVE MCKEESPORT PA 15131	
BERSCHLING MD, CHESTER M	P	BOVARD MD, PAUL G	R	BUCK MD, RUDOLPH L	IM
232 N CRAIG ST PITTSBURGH PA 15213		P O BOX 509 TARENTUM PA 15084		1433 FAWCETT AVE MC KEESPORT PA 15131	
BESOZZI MD, MICHAEL J	R	BOWEN III MD, ADELBERT	R	BUDD MD, THEODORE R	FP
167 N SOUTH DR PITTSBURGH PA 15237		BOX 6183 FAMC DENVER CO 80240		2715 BROWNSVILLE RD PITTSBURGH PA 15227	
BHAGWANANI MD, DRUPADI G	R	BOWERS MD, WM H	US	BUODOVALCEV MD, KADOSLAV	IM
WEST PENN HOSP PITTSBURGH PA 15224		1043 OLD GATE RD PITTSBURGH PA 15235		1101 MT ROYAL BLVD PITTSBURGH PA 15223	
BHUTTA MD, OMAR I	P	BOWMAN MD, ROBT G	P	BUERGER JR MD, GEORGE F	OPH
6 SHERIDAN CT PITTSBURGH PA 15206		1512 FORESTVIEW DR PITTSBURGH PA 15234		3520 5TH AVE STE 401 PITTSBURGH PA 15213	
BIANCO MD, ANTONI	US	BOYLAN MD, RAYMOND J	AN	BULGER MD, ALVIN E	US
2130 FAIRWAY AVE S ST PETERSBURG FLA 33712		214 LYNN HAVEN DR PITTSBURGH PA 15228		441 33RD ST N A617 ST PETERSBURG FLA 33713	
BILBAO MD, ANGEL	PRM	BOZIC MD, WM F	R	BUNDY MD, R MERLE	US
ST FRANCIS GEN HOSP PITTSBURGH PA 15201		8 CLUB DR EAST PITTSBURGH PA 15236		US STEEL 600 GRANT ST PITTSBURGH PA 15230	
BILLIAN MD, VIRGINIA L	P	BRACKEN MD, MARK M	PTH	BURES MD, JOSEPH C	PTH
1445 OX BOTTOM RD TALLAHASSEE FL 32303		P O BOX 563 STINSON BEACH CA 94970		2328 MEADOW DR PITTSBURGH PA 15235	
BILLINGS MD, ROBT J	OPH	BRADEN JR MD, FRANK R	FP	BURGARD MD, LEONARD A	FP
8024 JENKINS ARCADE PITTSBURGH PA 15222		1616 STATE AVE CORAOPOLIS PA 15108		7430 WASHINGTON ST PITTSBURGH PA 15218	
BINKANSKY MD, HARRY S	IM	BRADLEY JR MD, WM P	FP	BURGER MD, REGIS F	GS
3028 BROWNSVILLE RD PITTSBURGH PA 15227		1446 STATE AVE CORAOPOLIS PA 15108		107 MORRISON DR PITTSBURGH PA 15216	
BINSTOCK MD, HAROLD	FP	BRADLEY MD, BETTY H	PD	BURKEY MD, FRED J	FP
1412 N EUCLID AVE PITTSBURGH PA 15206		1169 LAKEMONT DR PITTSBURGH PA 15216		20 CEDAR BLVD SUITE 101 PITTSBURGH PA 15228	
BIRRELL MD, DONALD G	OBG	BRADSHAW JR MD, WM A	PD	BURKHOLDER MD, JOHN A	GS
204 CRAFT AVE PITTSBURGH PA 15213		105 EMERSON AVE PITTSBURGH PA 15215		121 STEPHENS LN VERONA PA 15147	
BISCUEGLIA MD, JOS L	OBG	BRAMOWITZ MD, ALAN D	IM	BURT MD, ROBT C	FP
300 PENN CTR BLVD RM 10 PITTSBURGH PA 15235		FORREST HILLS MED ASSOC PITTSBURGH PA 15221		320 E NORTH AVE PITTSBURGH PA 15212	
BISSEL MD, FRED A	IM	BRANCATO JR MD, PETER	FP	BUSHKOFF MD, STANLEY H	ORS
4780 LIBERTY AVE PITTSBURGH PA 15224		342 S HIGHLAND AVE PITTSBURGH PA 15206		3471 5TH PITTSBURGH PA 15213	
BLACK JR MD, HARRY A	FP	BRANDON MD, JOHN M	PTH	80818 MD, SIDNEY N	OTO
409 E MAIN ST CARNEGIE PA 15106		2273 CLAIRMONT DR UPPER ST CLAIR PA 15241		3600 FORBES AVE STE 301 PITTSBURGH PA 15213	
BLACK MD, F OWEN	OTO	BRANDSTETTER MD, LOUIS H	U	BUVINGER MD, RALPH S	US
230 LOTHROP ST PITTSBURGH PA 15213		140 CRESTVIEW MANOR DR PITTSBURGH PA 15228		4264 NORTHERN PIKE MONROEVILLE PA 15146	
BLACK MD, JUDITH E	US	BRANDT MD, JOHN W	IM	BUZZELLI MD, PHILIP B	OPH
352 HUNT RD PITTSBURGH PA 15238		514 EMPIRE BLDG PITTSBURGH PA 15222		1477 MONTGOMERY RD ALLISON PARK PA 15101	



BYERS MD, JOHN A	GS	CHANDRASEKARAN MD, M S	R	COLE MD, CHAS E	FP
9102 BABCOCK BLVD PITTSBURGH PA 15237		100 OXFORD DR MONROEVILLE PA 15146		8135 PERRY HWY PITTSBURGH PA 15237	
CABATUANDO MD, DANTE A	R	CHANG MD, FRED F	R	COLEMAN MD, DONALD J	P
478 LONG RD PITTSBURGH PA 15235		1400 CENTRE AVE PITTSBURGH PA 15219		302 WILDBERRY RD PITTSBURGH PA 15238	
CACAYORIN MD, EDWIN D	R	CHANNAPATI MD, THIPPESWAMY	IM	COLLINS JR MD, RICHARD F	ORS
WESTERN PA HOSP PITTSBURGH PA 15224		VA HOSPITAL BUTLER PA 16001		810 AMITY ST HOMESTEAD PA 15120	
CADWALLADER MD, WM H	IM	CHAPMAN MD, WM L	IM	COLLINS MD, LAWRENCE A	U
7422 RICHLAND MNR DR PITTSBURGH PA 15208		3515 5TH AVE PITTSBURGH PA 15213		ST FRANCIS GEN HOSP PITTSBURGH PA 15201	
CAPARO MD, VICTOR P	OBG	CHARLSON MD, MURRAY T	P	COLWELL MD, MILES O	IM
5 GRANDVIEW AVE PITTSBURGH PA 15211		401 SHADY AVE STE D105 PITTSBURGH PA 15206		1205 MINNESOTA AVE NATRONA HGT8 PA 15065	
CAK MD, ROBT J	GS	CHARNY MD, E JOSEPH	P	CONCILUS MD, FRANK	IM
USAF REGIONAL HOSP SGAS MINOT ND 58701		3700 FIFTH AVE PITTSBURGH PA 15213		ST CLAIR HOSP PITTSBURGH PA 15243	
CALIGUIRI MD, JOS V	OBG	CHASLER MD, CHAS N	R	CONE MD, ALEXANDER S	FP
121 HERBST RD CORAOPOLIS PA 15108		MAGEE-WOMENS HOSP PITTSBURGH PA 15213		525 LOCUST PL PITTSBURGH PA 15143	
CALVANESE MD, NICHOLAS A	GS	CHAVERN MD, HUGH E	P	CONGEDO MD, CAROL Z	GS
1805 WEST ST HOMESTEAD PA 15120		80X 94 BOSTON PA 15135		4800 FRIENDSHIP AVE PITTSBURGH PA 15224	
CALVELO MD, MANUEL G	IM	CHEEK MD, EDWIN W	OBG	CONKLIN MD, JAMES E	PS
MERCY HOSP PITTSBURGH PA 15219		1730 GRAHAM BLVD PITTSBURGH PA 15235		3600 FORBES ST PITTSBURGH PA 15213	
CAMBEST JR MD, MICHAEL A	AN	CHEEVER MD, FRANCIS S	US	CONLEY MD, JAMES P	OTO
2939 ESPEY AVE PITTSBURGH PA 15216		30 POND RD WELLESLEY MA 02181		4122 JENKINS ARCADE PITTSBURGH PA 15222	
CAMBOTTI MD, JACOB E	FP	CHEPKO MD, MARGARET I	FP	CONLON MD, FRANCIS W	FP
409 SHAW AVE MCKEESPORT PA 15132		5887 SALTSBURG RD VERONA PA 15147		JOHN J KANE HOSP PITTSBURGH PA 15243	
CAMERON MD, DONALD Y	IM	CHEPONIS MD, GEORGE B	FP	CONN MD, WM V	IM
812 WHITE OAK CIRCLE PITTSBURGH PA 15228		4198 SUBURBAN GEN HOSP PITTSBURGH PA 15202		5025 5TH AVE APT 2-A PITTSBURGH PA 15232	
CAMERON MD, JOHN P	IM	CHERPUP MD, E DAVID	FP	CONNOLLY MD, DAVID P	GS
4625 FIFTH AVE APT 605 PITTSBURGH PA 15213		4988 LIBRARY RD BETHEL PARK PA 15102		4401 PENN AVE STE 1060 PITTSBURGH PA 15224	
CAMINOS MD, OLIVERIO W	IM	CHETLIN MD, SHERWOOD M	IM	CONRAD MD, PAUL L	P
4800 FRIENDSHIP AVE PITTSBURGH PA 15224		985 SCAIFE HALL U OF PG PITTSBURGH PA 15261		3601 FIFTH AVE PITTSBURGH PA 15213	
CAMMARATA MD, ROY J	IM	CHETLIN MD, STUART H	GS	CONSTANTINO JR MD, ABRAHAM A	GS
2445 PIN OAK PL PITTSBURGH PA 15220		115 BEECHWOOD LANE PITTSBURGH PA 15206		COLUMBIA HOSPITAL PITTSBURGH PA 15221	
CAMPBELL MD, DUNCAN G	P	CHHABRA MD, MOHAN L	IM	CONTI MD, EUGENE A	OBG
521 EAST DR SEWICKLEY PA 15143		4401 PENN AVE STE 1100 PITTSBURGH PA 15224		8 HORN POINT COUNT ANNAPOLIS MD 21403	
CAMPBELL MD, JAMES C	FP	CHICO MD, LAURO V	OS	CONTRACTOR MD, FARHAD M	R
BOX 478 RD 2 MCDONALD PA 15057		409 RIDGEVIEW DR DRAVOSBURG PA 15034		ALLEGHENY GEN HOSP PITTSBURGH PA 15212	
CANDELAIRIA MD, JOSEFINA M	OBG	CHILDS MD, ELIZABETH R	IM	CONWAY 3RD MD, JOHN W	P
ST MARGARET HOSP PITTSBURGH PA 15201		118 CRAFT AVE PITTSBURGH PA 15213		WOODVILLE ST HOSP CARNEGIE PA 15106	
CANTELOPPS MD, JOSE M	GS	CHOLAPRANEE MD, REMAT	IM	COOK MD, DAVID R	AN
211 N WHITFIELD ST PITTSBURGH PA 15206		ST FRANCIS GEN HOSP PITTSBURGH PA 15201		125 DESOTO ST PITTSBURGH PA 15213	
CANTER MD, HARRY E	IM	CHORAZY MD, ANNA J	PD	COOPER JR MD, PAUL N	AN
217 JENKINS BLDG PITTSBURGH PA 15222		131 WASHINGTON RD PITTSBURGH PA 15221		620 WORTHINGTON ST MCKEESPORT PA 15132	
CANTER MD, HYMAN E	OBG	CHOTINER MD, BENNETT	OPH	COOPER MD, JEANNE A	PTH
BOX 493 PAWLEYS IS S C 29585		223 S MAGNOLIA DR GLENSHAW PA 15116		MERCY HOSP PITTSBURGH PA 15219	
CAPAROSA MD, RALPH J	OTO	CHOUGH MD, CHEEN-BEEN	IM	COOPER MD, WM M	IM
3600 FORBES AVE PITTSBURGH PA 15213		1505 LINCOLN WAY MCKEESPORT PA 15132		3515 5TH AVE PITTSBURGH PA 15213	
CAPIZZINI MD, LEONARD S	AN	CHOUGH MD, DAEBEEN	IM	COORAY MD, CHARLES N	R
4800 FRIENDSHIP AVE PITTSBURGH PA 15224		104 LOIRE VALLEY DR PITTSBURGH PA 15209		MONTEFIORE HOSP DPT RAD PITTSBURGH PA 15213	
CAPLAN MD, PAUL S	IM	CHRISTIAN MD, HORACE D	GS	COPELAND MD, CHAS E	GS
3500 FIFTH AVE PITTSBURGH PA 15213		P O BOX 63 WEXFORD PA 15090		101 SHARON DR PITTSBURGH PA 15221	
CAPPARELL MD, HOMER V	P	CHRISTIE MD, KARL B	FP	COPELAND MD, JAY S	U
3811 OHARA ST PITTSBURGH PA 15213		W 3 PROSPECT AVE PITTSBURGH PA 15205		8 JAYCEE DR PITTSBURGH PA 15243	
CAPRINI MD, EMILIA M	FP	CHRISTY MD, WALLACE C	IM	CORBA MD, JOS S	FP
423 HIGHLAND BLDG PITTSBURGH PA 15206		3601 FIFTH AVE PITTSBURGH PA 15213		2912 GLENMORE AVE PITTSBURGH PA 15216	
CARATMAN MD, MYRON	FP	CHUENSUMRAN MD, RAJANI S	AN	CORCORAN MD, ALBERT W	OBG
1350 SHERIDAN AVE PITTSBURGH PA 15206		NORTHTILL PASSAVANT HOSP PITTSBURGH PA 15237		4401 PENN AVE STE 1200 PITTSBURGH PA 15224	
CARDOZO MD, MIGUEL ANGEL	U	CHUGHTAI MD, ARSHAD I	IM	CORDERO MD, EDGAR C	GS
1400 CENTER AVE STE 450 PITTSBURGH PA 15219		4815 LIBERTY AVE PITTSBURGH PA 15224		603 BURNING TREE CT MCKEESPORT PA 15135	
CAREY MD, EVA S	R	CHUNG MD, CHIN D	IM	CORNES MD, CLEON L	P
746 SOUTH AVE PITTSBURGH PA 15221		C-24 5601 PENN AVE PITTSBURGH PA 15206		3811 OHARA ST PITTSBURGH PA 15213	
CAREY MD, JOHN T	N	CIAMBOTTI MD, ALBERT F	D	CORNESKY MD, AGNES T	FP
HAYS ARMY HOSP BOX 904 FORT ORD CA 93941		409 SHAW AVE MCKEESPORT PA 15132		ALLEGHENY GEN HOSP PITTSBURGH PA 15212	
CARLIN MD, GERALD J	ORG	CIANFRANI MD, PETER M	FP	CORPUZ JR MD, MARCELO B	IM
MED BLDG PRIDE-LOCUST PITTSBURGH PA 15219		P O BOX 233 PENNSBURG PA 18073		1400 CENTRE AVE PITTSBURGH PA 15219	
CARPENTER MD, SAML L	AN	CIBRIK MD, FRANK J	FP	CORRADO JR MD, ALBERT V	P
1212 MINNESOTA AVE NATRONA HEIGHTS PA 15065		624 MONONGAHELA AVE GLASSPORT PA 15045		4716 ELLSWORTH AVE PITTSBURGH PA 15213	
CARR MD, JAMES V	GS	CICCARRELLI MD, HAROLD E	AN	CORRAL MD, CELESTINO F	U
900 BROADWAY MCKEES ROCKS PA 15136		1238 GREYSTONE DR PITTSBURGH PA 15241		1400 CENTER AVE STE 450 PITTSBURGH PA 15219	
CARRELL MD, ROBERT L	FP	CICCHINO MD, FRANK E	U	CORSELLO MD, GUY R	N
4205 SHERROD ST PITTSBURGH PA 15201		2006 CARSON ST PITTSBURGH PA 15203		314 DIXON AVE PITTSBURGH PA 15216	
CARROLL MD, JOS H	OBG	CIGANIC MD, RATIMIR R	R	CORSELLO MD, WHITNEY C	GS
4401 PENN AVE STE 1600 PITTSBURGH PA 15224		8462 COVENTRY DR ALLISON PARK PA 15101		1300 TERMON AVE PITTSBURGH PA 15212	
CARROLL MD, ROBERT G	R	CIGNETTI MD, FRANKLIN E	OPH	COSTA MD, FRANK	FP
25 VANCOUVER ST PITTSBURGH PA 15205		EYE & EAR HOSP PITTSBURGH PA 15213		647 ALLEGHENY AVE OAKMONT PA 15139	
CARROLL MD, ROBT J	IM	CINCALDA DR, ROBERT P	IM	COSTAMAGNA MD, HECTOR H	GS
4725 MCKNIGHT RD PITTSBURGH PA 15237		2 ALLEGHENY CTR STE 622 PITTSBURGH PA 15212		SHADYSIDE HOSP PITTSBURGH PA 15232	
CARSON JR MD, WINFIELD B	FP	CITRONE MD, PETER J	GS	COTTER MD, RALPH E	FP
3361 BETHEL CHURCH RD PITTSBURGH PA 15241		510 DORSEYVILLE RD PITTSBURGH PA 15238		1938 HAMPSTEAD DR PITTSBURGH PA 15235	
CARTER MD, JAN O	IM	CIVITARESE MD, LOUIS R	GS	COULSON MD, DAVID B	ORS
204 N BELLEFIELD AVE PITTSBURGH PA 15213		1074 GREENTREE RD PITTSBURGH PA 15220		6969 CANTERBURY DR ALLISON PARK PA 15101	
CASERTA MD, ROBT J	R	CLARE MD, DAVID W	GS	COURI MD, EDGARD	R
8057 OXBRIDGE DR PITTSBURGH PA 15237		532 S AIKEN AVE PITTSBURGH PA 15232		ST FRANCIS HOSPITAL PITTSBURGH PA 15201	
CASHMAN MD, HAROLD H	PRM	CLARK MD, MARY W	ORS	COWAN MD, THOMAS W	ORS
1238 LAKEMONT DR PITTSBURGH PA 15243		125 DESOTO ST PITTSBURGH PA 15213		500 PENN AVE PITTSBURGH PA 15222	
CASILLO MD, AUGUST V	GS	CLARK MD, WILLIAM H	FP	COYLE MD, ROBT M	IM
VA HOSP LEECH FARM RD PITTSBURGH PA 15206		3106 MIDDLETOWN RD PITTSBURGH PA 15204		1000 BOWER HILL RD PITTSBURGH PA 15243	
CASSELLA MD, ROBT R	GS	CLARKE MD, CHAS E	IM	COYLE MD, SOPHIE J	PRM
2 CHURCHILL RD PITTSBURGH PA 15235		540 ACADEMY AVE SEWICKLEY PA 15143		1910 MURDSTONE RD PITTSBURGH PA 15234	
CASTILLENTI MD, GUY A	FP	CLARKE MD, ROBT H	AN	COZZA JR MD, MICHAEL R	U
630 MILLER AVE CLAITON PA 15025		1500 COCHRAN RD 506 PITTSBURGH PA 15243		52 HOLLAND RD PITTSBURGH PA 15235	
CASTILLO MD, MANUEL M	GS	CLARKSON MD, WILLIAM R	IM	CRAMER MD, GEO E	FP
612 S AIKEN AVE PITTSBURGH PA 15232		RT 1 BOX 117F ST AUGUSTINE FL 32084		105 EMERSON AVE PITTSBURGH PA 15215	
CASTRO MD, ARTURO F	R	CLATEMAN MD, ARTHUR W	FP	CRAWFORD MD, JOSEPH A	R
MCKEESPORT HOSP MCKEESPORT PA 15132		3511 INVERRARY DR #K206 LAUDERHILL FL 33319		260 JONGUIL PLACE MT LEBANON PA 15228	
CASTRO MD, AUGUSTO D	PTH	CLEMENTS MD, HARRY H	FP	CRETEKOS MD, CONSTANTINE J	P
412 HOLLAND AVE BRADDOCK PA 15104		713 BROADWAY MC KEES ROCKS PA 15136		MT LEBANON HS 7 HORSMAN PITTSBURGH PA 15228	
CERTO MD, SALVATORE A	GS	CLEVENGER MD, ROBT W	OTO	CRICHLAW MD, PHILMORE H	IM
4117 PENN AVE PITTSBURGH PA 15224		550 GRANT ST PITTSBURGH PA 15219		MERCY HOSP PITTSBURGH PA 15219	
CERUL MD, MAURICE S	P	CLEVER MD, JOHN E	OBG	CRISP JR MD, LEU H	FP
3515 FIFTH AVE STE 610 PITTSBURGH PA 15213		4815 LIBERTY AVE PITTSBURGH PA 15224		1212 MALVERN ST PITTSBURGH PA 15217	
CESSNA MD, GERALD H	OBG	CLOMCHY MD, ROBERT J	FP	CRISP MD, LEO H	IM
203 RSVLT BLD 6TH & PEN PITTSBURGH PA 15222		HARMARVILLE REHAB CTR PITTSBURGH PA 15238		708 BIGELOW SQ PITTSBURGH PA 15219	
CESTELLO MD, ROBT J	IM	CUHEN MD, BERNARD I	PS	CRITTENDEN MD, JAMES O	IM
676 RIDGEFIELD AVE PITTSBURGH PA 15216		636 TWO ALLEGHENY CTR PITTSBURGH PA 15212		1109 OHIO RIVER BLVD SEWICKLEY PA 15143	
CHALLINOR MD, ROBT B	U	CUHEN MD, HAROLD M	OBG	CROWLEY MD, PATRICIA A	OBG
532 S AIKEN AVE PITTSBURGH PA 15232		3400 FORBES AVE PITTSBURGH PA 15213		32 ROXBURY RD PITTSBURGH PA 15221	
CHALLINOR MD, S BOYD	FP	CUHEN MD, LEONARD M	FP	CROZIER MD, PHYLLIS A	R
300 MOUNT LEBANON BLVD PITTSBURGH PA 15234		BROWNVILLE-KNOEDLER PITTSBURGH PA 15236		356 HUNT RD PITTSBURGH PA 15238	
CHAMORRO MD, HECTOR A	R	CUHEN MD, MANFRED L	TS	CRUM MD, GEO E	IM
5230 CENTRE AVE PITTSBURGH PA 15232		4815 LIBERTY AVE PITTSBURGH PA 15224		859 LARCHMONT RD PITTSBURGH PA 15243	
CHAMOVITZ MD, IRVIN	PD	CUHEN MD, MARTIN	PTH	CUDEBACK MD, THOS J	FP
3515 5TH AVE PITTSBURGH PA 15213		MERCY HOSPITAL PITTSBURGH PA 15219		1204 GALLUPE DR PITTSBURGH PA 15226	
CHAMOVITZ MD, JEROME	IM	CUHEN MD, NORMAN F	IM	CUMMINGS MD, CLARENCE W	FP
17 BEAVER RD SEWICKLEY PA 15143		6300 DARLINGTON RD PITTSBURGH PA 15217		112 BELLEVUE AVE PITTSBURGH PA 15229	
CHAMOVITZ MD, ROBT	IM	CUHEN MD, PETER Z	US	CUNNINGHAM MD, JAMES G	FP
410 S CRAIG ST PITTSBURGH PA 15213		3471 FIFTH AVE PITTSBURGH PA 15232		232 3RD AVE CARNEGIE PA 15106	
CHAMPAGNE MD, EMILY M	P	CUHEN MD, RICHARD L	P	CUSHING MD, WM J	TS
209 RICHLAND LN PITTSBURGH PA 15208		201 DESOTO ST PITTSBURGH PA 15213		209 BUCKINGHAM RD PITTSBURGH PA 15215	



ALLEGHENY

CUTLEY MD, EUGENE	FP	DIMITSOPULOS MD, DIMITRI	AN	ELATTAR MD, ANAS A	FP
412 MADDELL AVE CLAIRTON PA 15025		HOMESTEAD HOSP HOMESTEAD PA 15120		5 GRANDVIEW AVE PITTSBURGH PA 15211	
DACKO MD, DOUGLAS M	8	DIHLING MD, CARSON S	OTO	ELATTAR MD, MOHAMMAD A	OTO
1612 TWINING CHANTE AFB RANTOUL IL 61868		TEN ALLEGHENY CTH-705 PITTSBURGH PA 15212		181 SCHOONMAKER AVE MONESSEN PA 15062	
DACUSTA MD, JOAO B	AN	DINUM MD, MICHAEL F	OPH	ELIAS MD, STANTON B	OPH
1400 LOCUST ST PITTSBURGH PA 15219		135 EAST MALL PLAZA CARNEGIE PA 15106		823 HIGHLAND BLDG PITTSBURGH PA 15206	
DAILEY MD, HARRY H	OBG	DINEEN MD, FRANCIS A	IM	ELLIS MD, LAWRENCE D	IM
ST FRANCIS HOSP PITTSBURGH PA 15201		SUITE B ST FRANCIS HOSP PITTSBURGH PA 15201		3515 5TH AVE PITTSBURGH PA 15213	
DALTORIO MD, RONALD A	R	DINMAN MD, BEATRICE D	PRM	ELMER MD, EDWARD M	OTO
WEST PENN HOSP PITTSBURGH PA 15224		1501 ALCOA BLDG PITTSBURGH PA 15219		710 COPELAND #10 PITTSBURGH PA 15228	
DAMESHEK MD, H LEE	IM	DIPRIMIO MD, JOS V	R	ELSTNER MD, HOWARD L	GS
3515 FIFTH AVE PITTSBURGH PA 15213		3 HEINZ TERR PITTSBURGH PA 15215		133 ADELE RD PITTSBURGH PA 15237	
DANKO MD, EUGENE T	R	DISHANT MD, PAUL W	IM	EMMERLING MD, JOHN F	IM
9 FAIRWAY RD SEWICKLEY PA 15143		3036 STURMIDGE CT ALLISON PARK PA 15101		3955 BIGELOW BLVD PITTSBURGH PA 15213	
DANOFF MD, MIKE	IM	DISILVIO MD, DOMINIC N	GS	ENCKE MD, TED K	ORS
PRESBY-UNIV HOSP PITTSBURGH PA 15213		1205 POWERS RUN RD PITTSBURGH PA 15238		810 AMITY ST HOMESTEAD PA 15120	
DANOWSKI MD, THADDEUS S	IM	DOBLER MD, JAMES C	US	ENERSON MD, DANL M	TS
5230 CENTRE AVE PITTSBURGH PA 15232		939 COAST BLVD LAJOLLA CA 92037		4800 FRIENDSHIP AVE PITTSBURGH PA 15224	
DANTINI JR MD, DANL C	OTO	DOBLER MD, LEE C	FP	ENGLAND MD, KENTON B	FP
220 ESSEX KNOLL CORAOPOLIS PA 15108		526 PERRYVILLE AVE PITTSBURGH PA 15229		2017 E DEVONWOOD DR MCKEESPORT PA 15135	
DANTONIO MD, JAMES A	ORS	DOMOLKY MD, MARIANNE	P	ENNIS MD, MICHAEL F	IM
1526 FIELD CLUB RD PITTSBURGH PA 15237		121 UNIVERSITY PLACE PITTSBURGH PA 15213		1213 MILTON AVE PITTSBURGH PA 15218	
DARIS MD, LEIGH L	IM	DONALDSON MD, DAVID H	FP	EPINGER MD, MARY A	P
RD 3 SCULLION KINGS MT ROCKWOOD PA 15557		3400 S PARK RD BETHEL PARK PA 15102		609 CALAIS DR 3208 PITTSBURGH PA 15237	
DASTUR MD, KHURSHED J	R	DONALDSON MD, JOHN S	ORS	ERICKSON MD, ELMER W	GS
DEPT OF RAD MERCY HOSP PITTSBURGH PA 15219		47 VILLAGE PARK WAY SANTA MUNICA CA 90405		804 N GRANDVIEW AVE MC KEESPORT PA 15132	
DATTA MD, TAPAN D	AN	DONALDSON MD, WM F	ORS	ERICKSON MD, ERIC R	PTH
CITIZENS GEN HOSPITAL NEW KENSINGTON PA 15068		128 N CRAIG ST PITTSBURGH PA 15213		2143 LAUREL LA ALLISON PARK PA 15101	
DATTILO MD, JAMES T	OBG	DONOVAN MD, FRANCIS C	P	ERINC MD, A ILHAN	PTH
2214 COUNTRY CLUB DR PITTSBURGH PA 15241		733 WASHINGTON RD PITTSBURGH PA 15228		MCKEESPORT HOSP PITTSBURGH PA 15132	
DAVIDES MD, KYIAKOS C	U	DONOVAN MD, JOHN J	IM	ERSOZ MD, CLARA J	AN
706 UNION NATL BANK BLD MCKEESPORT PA 15132		4401 PENN AVE STE 1400 PITTSBURGH PA 15224		2139 CLAIRMONT DR PITTSBURGH PA 15241	
DAVIES MD, ROBT H	OPH	DONOVAN MD, ROBT J	IM	ERSOZ MD, NAMIK	AN
633 WASHINGTON RD PITTSBURGH PA 15228		9102 BABCOCK BLVD PITTSBURGH PA 15237		MONTEFIORE HOSP PITTSBURGH PA 15213	
DAVIS JR MD, ROLLIN V	FP	DORMAN MD, FRANKLIN L	FP	ESPOSITO MD, FRANCIS A	PD
3946 WM PENN HIGHWAY MONROEVILLE PA 15146		233 ROCK RUN RD ELIZABETH PA 15037		715 N HIGHLAND AVE PITTSBURGH PA 15206	
DAVIS MD, DONALD D	GS	DORNENBURG MD, JAMES R	GS	ETTER MD, LEWIS E	R
9102 BABCOCK BLVD PITTSBURGH PA 15237		3534 LAKETON RD PITTSBURGH PA 15235		PINWOOD FARM WAKENDALE PA 15086	
DAVIS MD, EARLE R	PTH	DUSHI MD, NARENDRA S	OBG	EVANS MD, RICHARD S	FP
ST JOSEPH HOSPITAL PITTSBURGH PA 15203		WEST PENN HOSP PITTSBURGH PA 15224		6 OXFORD RD PITTSBURGH PA 15202	
DAVIS MD, EZER H	P	DUODS MD, HOWARD N	IM	EVANS MD, THOS M	OPH
4338 BRIGHT VIEW RD PITTSBURGH PA 15227		733 WASHINGTON RD PITTSBURGH PA 15228		550 GRANT ST PITTSBURGH PA 15219	
DAVIS MD, JAMES S	NS	DOUGHERTY MD, RALPH N	GS	EVERETT MD, WM G	OPH
5600 PENN AVE PITTSBURGH PA 15206		806 PEOPLES BANK BLDG MCKEESPORT PA 15132		1420 CENTER AVE PITTSBURGH PA 15219	
DAVIS MD, JOHN G	FP	DOUGHERTY MD, WILSON	IM	FABIAN MD, RALPH G	US
BX 35A2501 N FEDERAL HW FT PIERCE FL 33450		218 S TRENTON AVE PITTSBURGH PA 15221		9399 BABCOCK BLVD ALLISON PARK PA 15101	
DAVIS MD, NORMAN	IM	DOYLE MD, ALFRED P	IM	FABRY MD, EDWARD I	U
3500 5TH AVE PITTSBURGH PA 15213		444 WOODLAND MD SEWICKLEY PA 15143		1099 OHIO RIVER BLVD SEWICKLEY PA 15143	
DAVIS MD, ROBT E	GS	DRAYER MD, BURTON P	N	FAILLA MD, JACK P	FP
1101 FORBES AVE PITTSBURGH PA 15219		701 GETTYSBURG ST PITTSBURGH PA 15206		115 ABINGTON DR PITTSBURGH PA 15216	
DAWSON MD, REESE E	OBG	DREW MD, FRANCES L	PRM	FALVO MD, ERNEST A	IM
733 WASHINGTON RD PITTSBURGH PA 15228		U OF PGH SCAIFE HLL M20 PITTSBURGH PA 15213		1501 LOCUST ST PITTSBURGH PA 15219	
DAWSON MD, WILLIAM N	PRM	DUERKEN MD, ROGER L	OTO	FARIVAR MD, SIRUS	IM
2819 QUAIL HOLLOW RD CLEARWATER FL 33519		4815 LIBERTY AVE PITTSBURGH PA 15224		5944 ALDER ST APT 401 PITTSBURGH PA 15232	
DAY MD, JAMES H	ORS	DUFFY MD, CLYDE F	FP	FARMER DR, EDWARD K	FP
2040 ARDMORE BLVD PITTSBURGH PA 15221		5134 BUTLER ST PITTSBURGH PA 15201		811 CHARTIERS AVE MCKEES ROCKS PA 15136	
DEAN MD, PHILIP W	OTO	DUFFY MD, FREDENICK C	IM	FARMER MD, LENORE	P
1000 GRANDVIEW AVE 1207 PITTSBURGH PA 15211		4401 PENN AVE PITTSBURGH PA 15224		811 ST JAMES ST PITTSBURGH PA 15232	
DEAN MD, ROBT J	IM	DUKE MD, DANL G	AN	FARNEY MD, ESTHER S	D
164 MARWICK DR PITTSBURGH PA 15241		9100 BABCOCK BLVD PITTSBURGH PA 15237		211 N WHITFIELD ST PITTSBURGH PA 15206	
DEBLASIO MD, SILVIO H	OTO	DULASHON MD, GED M	IM	FARRELL MD, EDWARD L	FP
MED ARTS BLDG NATKONA HGTS PA 15065		9002 FRANKSTOWN RD PITTSBURGH PA 15235		110 FT COUCH RD PITTSBURGH PA 15241	
DECHTER MD, JOS M	FP	DUNBAR MD, JOHN C	OPH	FAWCETT MD, JAMES L	U
1014 GOLFVIEW DR MC KEESPORT PA 15135		507 LIBERTY AVE PITTSBURGH PA 15222		1099 OHIO RIVER BLVD SEWICKLEY PA 15143	
DEE MD, WM F	FP	DUNCAN MD, JAMES H	GS	FECZKO MD, WM A	R
1807 WEST ST HOMESTEAD PA 15120		208 S TRENTON AVE PITTSBURGH PA 15221		217 HIGHLAND RD PITTSBURGH PA 15238	
DEITRICK MD, RICHARD E	OBG	DUNEGAN MD, LAWRENCE A	PD	FELDER MD, HENMAN	OTO
ALLEGHENY GEN HOSP PITTSBURGH PA 15212		119 WOODLAND DR PITTSBURGH PA 15228		3600 FORBES AVE STE 501 PITTSBURGH PA 15213	
DEKKER MD, ANDREW	PTH	DUNNIRE MD, LESTER A	GS	FELMAN MD, ISRAEL	FP
230 LUTHER ST PITTSBURGH PA 15213		4800 FRIENDSHIP AVE PITTSBURGH PA 15224		1905 CENTER AVE PITTSBURGH PA 15219	
DELANEY JR MD, JOHN F	P	DWYER MD, JOHN H	P	FELTWELL JR MD, PETER M	R
1544 GRAHAM BLVD PITTSBURGH PA 15235		3811 O'HARA ST PITTSBURGH PA 15213		SEWICKLEY VALLEY HOSP SEWICKLEY PA 15143	
DELAVEGA MD, SORUNIO B	AN	EASLER MD, RICHARD E	PTH	FERDERBER MD, MUKHAY B	PM
MAGLE WOMENS HOSP PITTSBURGH PA 15213		WEST PENN HOSP PITTSBURGH PA 15224		80X 265 SATSUMA FL 32089	
DELU MD, ANTHONY G	FP	EASTMAN MD, GEO	IM	FERGUSON JR MD, ALBERT B	ORS
2927 GLENMORE AVE PITTSBURGH PA 15216		102 OLD CLAIRTON RD PITTSBURGH PA 15236		125 DE SOTO ST PITTSBURGH PA 15213	
DELEON MD, MANUEL R	PTH	EASTMAN MD, LAURA B	FP	FERGUSON JR MD, THEODORE J	FP
80X 18119 COAL VALLEY R PITTSBURGH PA 15236		102 OLD CLAIRTON RD PITTSBURGH PA 15236		5802 VERONA RD VERONA PA 15147	
DELOGOS MD, GUST	GS	EATON MD, WM R	ORS	FERGUSON MD, DONALD C	R
HEINLEIN MED CTR CORAOPOLIS PA 15108		EBERTS ARCADE PITTSBURGH PA 15222		SOUTH SIDE HOSP PITTSBURGH PA 15203	
DELSEKONE MD, EUGENE W	AN	EBERTS ARCADE PITTSBURGH PA 15222		FERGUSON MD, IRENE D	FP
617 EDGEWOOD RD PITTSBURGH PA 15221		555 A S TRENTON AVE PITTSBURGH PA 15221		233 VILSACK RD GLENSHAW PA 15116	
DEMEDIO MD, GABRIEL A	FP	EDBERG MD, SANFORD H	PTH	FERGUSON MD, ROGER J	ORS
612 MILLER AVE CLAIRTON PA 15025		SUBURBAN GEN HOSP LAB PITTSBURGH PA 15202		111 MARIE DR PITTSBURGH PA 15237	
DERUY MD, MAYER S	ORS	EDELSTEIN MD, NORMAN L	OPH	FERGUSON MD, THOS G	OBG
ST FRANCIS HOSP PITTSBURGH PA 15201		1605 LINCOLN WAY MCKEESPORT PA 15131		223 VILSACK RD GLENSHAW PA 15116	
DESAI MD, JITENDRA M	U	EDELSTEIN MD, SOL S	AN	FERLAN MD, LAWRENCE	FP
453 OLIVE DR PITTSBURGH PA 15237		421 ANITA PITTSBURGH PA 15217		415 4TH AVE TAKENTUM PA 15084	
DESAI MD, SARLA M	FP	EDWARDS MD, JOHN W	AN	FERRI MD, HENRY G	OTO
329 RIDGE PT CIR BRIDGEVILLE PA 15017		1211 FLORIDA AVE NATRONA HGTS PA 15065		31 WOODRIDGE DR CARNEGIE PA 15106	
DESTEFANO MD, ALBERT P	FP	EDWARDS MD, MARY D	PD	FEICHO MD, ALEXANDER M	OBG
419 WESTINGHOUSE AVE WILMERDING PA 15148		4221 WINTERBURN ST #303 PITTSBURGH PA 15207		416 FOURTH AVE TAKENTUM PA 15084	
PETREVILLE MD, ROBERT T	PRM	EFTAIHA MD, MUHAMMAD S	GS	FETTERHOFF MD, KENNETH I	IM
410 E ST WRIGHT-PAT AFB OH 45433		3500 FIFTH AVE PITTSBURGH PA 15213		823 MT ROYAL BLVD PITTSBURGH PA 15223	
DEUTSCH MD, MELVIN	R	EGERMAN MD, LEONARD E	P	FETTERMAN MD, GEO H	PTH
PRESBYTERIAN UNIV HOSP PITTSBURGH PA 15213		6556 NORTHUMBERLAND ST PITTSBURGH PA 15217		UNIV OF PGH-SCAIFE HALL PITTSBURGH PA 15261	
DIAMOND MD, DANIEL L	GS	EGLSTON MD, L ALAN	GS	FIEDLER MD, RUY M	FP
114 CRESCENT DR PITTSBURGH PA 15228		1521 AVON PLACE PITTSBURGH PA 15221		3 BOGGS AVE PITTSBURGH PA 15211	
DICKINSON MD, JOHN T	OTO	EHLER MD, JOAN G	P	FIGURA MD, JUDITH M	R
1501 LOCUST ST PITTSBURGH PA 15219		3811 O'HARA ST PITTSBURGH PA 15213		WEST PENN HOSP PITTSBURGH PA 15224	
DICOLA MD, NANCY M	PD	EICHMILLER MD, JOHN P	AN	FINE MD, DANL	IM
628 PERRY HIGHWAY PITTSBURGH PA 15229		427 BAILEY AVE PITTSBURGH PA 15211		171 MCLAUGHLIN DR NEW KENSINGTON PA 15068	
DIETRICH MD, C WALLACE	GS	EILER MD, WM A	IM	FINE MD, JOSEPH	AN
993 GREENTREE RD PITTSBURGH PA 15220		2 GATEWAY CTR PITTSBURGH PA 15222		3459 5TH AVE PITTSBURGH PA 15213	
DIETTINGER MD, FRANK G	IM	EINHORN MD, JERZY	IM	FINEGOLD MD, AARON N	U
103 OGDWOOD LANE PITTSBURGH PA 15237		MONTEFIORE HOSP PITTSBURGH PA 15213		3471 5TH AVE PITTSBURGH PA 15213	
DIEZ MD, CHAS M	OBG	EISAMAN MD, JOSEPH R	OBG	FINEGOLD MD, JOS	GS
248 TECH RD PITTSBURGH PA 15205		5825 FIFTH AVE PITTSBURGH PA 15232		5102 JENKINS ARCADE PITTSBURGH PA 15222	
DIGIOIA MD, ROMEO M	FP	EISEN MD, HOWARD B	R	FINEGOLD MD, RICHARD A	U
PENN HILLS MALL PITTSBURGH PA 15235		MONTEFIORE HOSP PITTSBURGH PA 15213		3471 5TH AVE PITTSBURGH PA 15213	
DILANGALEN MD, DATUKAN G	GS	EISENBEIS JR MD, CARL H	IM	FINEGOLD MD, WILFRED J	OBG
26A-28 CHATHAM PK DR GREENTREE PA 15220		423 JENKINS BLDG PITTSBURGH PA 15222		4940 BAYARD ST PITTSBURGH PA 15213	
DILL JR MD, JAMES N	OBG	EISNER MD, CLARENCE A	FP	FINESTONE MD, STEPHEN C	AN
PEOPLES UNION BANK BLDG MCKEESPORT PA 15132		3400 FORBES AVE PITTSBURGH PA 15213		15 PATRICE CT PITTSBURGH PA 15221	
DILLON MD, DANL J	GS	EKSTRAND MD, JOHN P	P	FINGERET MD, ANNOLD E	GS
1501 PRIDE ST PITTSBURGH PA 15219		223 RUSH VALLEY RD MONROEVILLE PA 15146		3471 FIFTH AVE PITTSBURGH PA 15213	



FINK MD, ALBERT H	R	GARFINKEL MD, MARC E	US	GOLDFARB MD, I WILLIAM	GS
38 EASTON RD PITTSBURGH PA 15238		1205 SHADY AVE PITTSBURGH PA 15232		1420 CENTRE AVE 2109 PITTSBURGH PA 15219	
FINKELHOR MD, HOWARD B	N	GARNER MD, WM J	FP	GOLDING MD, IRVIN M	P
4815 LIBERTY AVE PITTSBURGH PA 15224		3600 LAKETON RD PITTSBURGH PA 15235		5520 5TH AVE APT 6 C PITTSBURGH PA 15232	
FINLAY MD, JAMES M	OPH	GARFOLI MD, CAESAR A	FP	GOLDMAN MD, IRVING S	OPH
933 FIELD CLUB RD PITTSBURGH PA 15238		20 CEDAR BLVD PITTSBURGH PA 15228		3347 FORBES AVE PITTSBURGH PA 15213	
FISCHL MD, EDWIN C	GS	GARRETT JR MD, WM S	PS	GOLDSTEIN MD, EARL H	N
1701 ROYAL OAK RD TA PITTSBURGH PA 15220		3600 FORBES AVE PITTSBURGH PA 15213		3600 FORBES AVE PITTSBURGH PA 15213	
FISHER MD, BENNARD	GS	GARRITY MD, GENE C	FP	GOLDSTEIN MD, ELLIOTT J	P
3550 TERRACE ST PITTSBURGH PA 15261		2431 PARKMAN ST PITTSBURGH PA 15213		230 N CRAIG ST PITTSBURGH PA 15213	
FISHER MD, DON L	IM	GARSON MD, WAHFIELD	FP	GOLDSTEIN MD, MARION Z	P
320 E NORTH AVE PITTSBURGH PA 15212		49 ROCKLYNN PL PITTSBURGH PA 15228		4115 BIGELOW BLVD PITTSBURGH PA 15213	
FISHER MD, STANLEY E	PD	GARVER MD, KENNETH L	PD	GOLDSTEIN MD, MORION L	IM
927 N SHERIDAN AVE PITTSBURGH PA 15206		101 STEPHENS LANE VERONA PA 15147		3500 5TH AVE PITTSBURGH PA 15213	
FISHER MD, STEPHEN N	R	GASSAWAY MD, FRANKLYN D	GS	GOLDSTEIN MD, SAML	OBG
5648 MELVIN ST PITTSBURGH PA 15217		1215 GULF BLDG BOX 1166 PITTSBURGH PA 15230		4601 5TH AVE PITTSBURGH PA 15213	
FISHKIN MD, HMYEL	GS	GASTINEAU MD, ROBERT M	PRM	GOLINGER MD, RONALD C	GS
312 CORBET ST TAKENTUM PA 15084		GATES MD, ROBT P	IM	SHADYSIDE HOSP PITTSBURGH PA 15232	
FITTING JR MD, GEO M	AN	2418 MARBURY RD PITTSBURGH PA 15221		GOLOMB MD, MILTON W	IM
1400 LOCUST ST PITTSBURGH PA 15219		GATTER MD, CARL W	P	GONZALES MD, FERNANDO Q	R
FLEMING MD, ARTHUR M	US	53 ACADEMY AVE APT 401 PITTSBURGH PA 15228		490 WOODLAND RD PITTSBURGH PA 15237	
EYE & EAR HOSP PITTSBURGH PA 15213		GATTO MD, FRANK M	OPH	GONZALEZ MD, ALEJANDRO R	US
FLEMING MD, RICHARD M	P	410 KITTANNING PIKE PITTSBURGH PA 15215		414 WICKFORD DR PITTSBURGH PA 15238	
230 N CRAIG ST PITTSBURGH PA 15213		GAUDIO MD, RALPH	IM	GOOD MD, ROBT F	PD
FLINN MD, JAMES E	PD	9066 PERRY HWY PITTSBURGH PA 15237		22 OLD CLAIRTON RD PITTSBURGH PA 15236	
256 SIEAFORTH AVE PITTSBURGH PA 15216		GAY MD, THOMAS C	IM	GOODLOE MD, SAMUEL L	AN
FLOM MD, DAVID M	FP	ALLEGHENY GEN HOSP PITTSBURGH PA 15212		1132 OETTING ST PITTSBURGH PA 15204	
3457 WARD ST PITTSBURGH PA 15213		GEHL MD, RICHARD	ORS	GOODMAN MD, LOUIS	PTH
FOIGHT MD, JEAN R	OPH	3471 FIFTH AVE PITTSBURGH PA 15213		1213 LAKEMONT DR PITTSBURGH PA 15243	
5829 HOLDEN ST PITTSBURGH PA 15232		GELET MD, THEODORE R	IM	GOODNORTH MD, JOHN H	GS
FONOROFF MD, DAVID L	GS	1501 LOCUST ST PITTSBURGH PA 15219		WEST PENN HOSP PITTSBURGH PA 15224	
1104 WOOD ST PITTSBURGH PA 15221		GELLER MD, REUVEN A	U	GORDON DO, SANFORD A	R
FONTANA MD, ARMAND L	OBG	5643 MELVIN ST PITTSBURGH PA 15217		788 ELM SPRING RD PITTSBURGH PA 15243	
2410 JAMES ST MC KEESPORT PA 15132		GENOVESE MD, MARIO C	FP	GORDON MD, ELIZABETH H	OBG
FONTANA MD, FRANK L	GS	MCKEESPORT HOSPITAL MCKEESPORT PA 15312		1400 LOCUST ST PITTSBURGH PA 15219	
326 CHURCHILL RD PITTSBURGH PA 15235		GENILE MD, ANTHONY F	OBG	GORDON MD, WENDELL B	US
FOOTERMAN MD, HAROLD	FP	616 KEITH RD BETHEL PARK PA 15102		555 SE 6TH AVE APT 3A DELRAY BCH FL 33444	
1651 POTOMAC PITTSBURGH PA 15216		GEORGE MD, JACOB	TS	GOTTLIEB MD, GARY P	IM
FORBES MD, THOMAS W	R	532 S AIKEN AVE PITTSBURGH PA 15232		6208 MONITOR ST PITTSBURGH PA 15217	
5230 CENTRE AVE PITTSBURGH PA 15232		GEORGE MD, JAMES M	OBG	GRAHAM MD, THOS R	FP
FORD MD, ROBT W	OBG	809 W ST PITTSBURGH PA 15221		5 MARQUETTE RD PITTSBURGH PA 15229	
9102 BARCOCK BLVD PITTSBURGH PA 15237		GEORGE MD, JOHN J	AN	GRAHAM MD, TOBY O	IM
FORD MD, WM B	TS	SOUTH SIDE HOSP PITTSBURGH PA 15203		3601 5TH AVE FALK CLINI PITTSBURGH PA 15213	
532 S AIKEN AVE PITTSBURGH PA 15232		GEORGE MD, ROBT N	U	GRAND MD, M GILBERT	OPH
FORTUNATO MD, JAMES J	FP	8236 POST RD ALLISON PARK PA 15101		230 LOTHROP ST PITTSBURGH PA 15213	
1030 GREENLAWN DR PITTSBURGH PA 15220		GERBER MD, MICHAEL L	TS	GRANOWITZ MD, SAML P	ORS
FOSS MD, DAVID E	ORS	532 S AIKEN AVE PITTSBURGH PA 15232		6425 BEACON ST PITTSBURGH PA 15217	
SUITE 230 1 ALLEGHENY S PITTSBURGH PA 15212		GERENY MD, ANDREW G	FP	GRANT MD, JOHN J	GS
FOSTER MD, HOWARD K	P	5827 MERIDIAN RD GIBSONIA PA 15044		419 WESTINGHOUSE AVE WILMERDING PA 15148	
6 COLONIAL PLACE PITTSBURGH PA 15232		GERMETH MD, GEO J	OPH	GRANT MD, LEE B	PRM
FOSTER MD, WALTER R	FP	2400 ARDMORE BLVD 202 PITTSBURGH PA 15221		1 GATEWAY CENTER PITTSBURGH PA 15222	
15 CRAFTON AVE PITTSBURGH PA 15205		GERSTREIN MD, HARRY L	PTH	GRAY III MD, SAML	IM
FOTIADIS MD, ION G	FP	ARMSTRONG CO MEM HOSP KITTANNING PA 16201		320 THIRD AVE TARENTUM PA 15084	
115 DOWLING DR PITTSBURGH PA 15215		GHANDONI MD, SION	AN	GRAY JR MD, GEO H	N8
FRANCIS MD, GEO J	IM	MONTEFIORE HOSP PITTSBURGH PA 15213		1501 LOCUST ST PITTSBURGH PA 15219	
PRESBYTERIAN UNIV HOSP PITTSBURGH PA 15213		GHATE MD, SHARAD B	OBG	GRAY MD, CYNTHIA A	OBG
FRANKE MD, FREDERICK R	IM	630 C GLEN SCUTT DR GLENSHAW PA 15116		10418 FORBES RD PITTSBURGH PA 15235	
4800 FRIENDSHIP AVE PITTSBURGH PA 15224		GHOSHMAJRA MD, KALYANMA	R	GREEN JR MD, WM T	ORS
FRANKENSTEIN MD, HERBERT	GS	MERCY HOSP RAD DEPT PITTSBURGH PA 15219		125 DESOTO ST PITTSBURGH PA 15213	
2872 NE 32ND ST LIGHTHOUSE PT FL 33064		GIACUBINE MD, JAMES M	TS	GREEN MD, ALAN J	OBG
FRANKLIN MD, JOHN W	R	4401 PENN AVE STE 1900 PITTSBURGH PA 15224		728 MARYLAND AVE PITTSBURGH PA 15232	
ST MARGARETS HOSP PITTSBURGH PA 15201		GIALAMAS MD, ANTONIO	PTH	GREEN MD, MARY H	OS
FRATZER II MD, JOHN E	IM	3700 FIFTH AVE PITTSBURGH PA 15213		826 CALIFORNIA AVE PITTSBURGH PA 15202	
320 E NORTH AVE PITTSBURGH PA 15212		GIBSON MD, WILLIAM S	D	GREEN MD, MAYER A	IM
FREEDMAN MD, LESTER M	R	3700 FIFTH AVE PITTSBURGH PA 15213		220 N DITHRIDGE ST 1104 PITTSBURGH PA 15213	
415 HIGHLAND BLDG PITTSBURGH PA 15206		GIBSON MD, WM E	OBG	GREEN MD, RICHARD L	IM
FRIDAY MD, GILBERT A	PD	500 FINLEY ST PITTSBURGH PA 15206		6113 JENKINS ARCADE PITTSBURGH PA 15222	
1901 HIGHGATE RD PITTSBURGH PA 15241		GILBERTI MD, FRANK F	AN	GREEN MD, ROBERT M	FP
FRIDAY MD, JOHN R	IM	441 CYPRESS HILL DR PITTSBURGH PA 15235		322 ROUP AVE APT 2 PITTSBURGH PA 15232	
211 N WHITFIELD ST PITTSBURGH PA 15206		GILBERTI MD, MICHAEL V	GS	GREENBERG MD, WAYNE V	IM
FRIDAY MD, RUPEKT H	OBG	201 HILLCREST RD PITTSBURGH PA 15238		3347 FORBES AVE PITTSBURGH PA 15213	
1501 LOCUST ST RM 401 PITTSBURGH PA 15219		GILCHER MD, RONALD O	OS	GREGG MD, FRANK J	IM
FRIEDLANDER MD, MYRON	IM	GILL III MD, THOS J	PTH	20 ALLEG CTR STE 626 PITTSBURGH PA 15212	
532 S AIKEN AVE PITTSBURGH PA 15232		UNIV OF PGH PITTSBURGH PA 15213		GREGG MD, GRACE S	PD
FRIEDMAN MD, HARFORD W	R	GILLINGER MD, WM A	OBG	110 MILLVIEW DR PITTSBURGH PA 15238	
2638 MT ROYAL RD PITTSBURGH PA 15217		1211 MINNESOTA AVE NATRONA HGTS PA 15065		GREGG MD, JOHN S	IM
FRIEDMAN MD, LOUIS L	OTO	GILLIS MD, ROBT T	OPH	7 ALLEGHENY CTR APT 708 PITTSBURGH PA 15212	
5901 ELGIN ST PITTSBURGH PA 15206		416 ISABELLA STREET OAKMONT PA 15139		GREGO MD, J GREGORY	GS
FRITZ MD, ELMER M	AN	GILMAN MD, EDWARD	R	532 S AIKEN AVE PITTSBURGH PA 15232	
1500 5TH AVE MC KEESPORT PA 15132		3322 IVANHOE RD PITTSBURGH PA 15241		GREEN MD, ROBT E	GS
PRODEY MD, RAYMUND J	US	GILMORE JR MD, JAMES L	OBG	144 S 20TH ST PITTSBURGH PA 15203	
ROYAL YORK APTS PITTSBURGH PA 15213		203 RSVLT BLD 6TH & PEN PITTSBURGH PA 15222		GREISSINGER MD, WALTER M	PRM
FRONCZEK MD, WM H	FP	GILMORE MD, GEO H	ORS	1400 CENTRE AVE PITTSBURGH PA 15219	
341 S WINEBIDDLE ST PITTSBURGH PA 15224		1101 FORBES AVE PITTSBURGH PA 15219		GRENVIK MD, AKE N	AN
FRONDUTI MD, ROBT L	US	GINCHEREAU MD, EUGENE H	FP	DP ANES PRESBY-UN HOSP PITTSBURGH PA 15213	
MAGEE-WOMENS HOSP PITTSBURGH PA 15213		127 CORNWALL DR PITTSBURGH PA 15238		GRIFFIN MD, HERSCHEL E	PRM
FULLER MD, VIRGINIA S	AN	GIRDANY MD, BERTRAM R	R	GR SCH P H UN OF PGH PITTSBURGH PA 15213	
MAGEE WOMENS HOSP PITTSBURGH PA 15213		125 DE SOTO ST PITTSBURGH PA 15213		GRIFFITH MD, JOS B	GS
FULTON MD, LOUIS C	OTO	GITTINGS MD, PAUL E	OBG	337 BEAVER ST SEWICKLEY PA 15143	
123 UNIVERSITY DR PITTSBURGH PA 15213		532 S AIKEN AVE PITTSBURGH PA 15232		GRIMES MD, BERNARD J	IM
FURMAN MD, LESLEY P	OBG	GLASSBURN MD, EDWARD M	OTO	1501 LOCUST ST PITTSBURGH PA 15219	
439 S AIKEN AVE PITTSBURGH PA 15232		532 S AIKEN AVE PITTSBURGH PA 15232		GROMIS MD, ROBERT M	IM
FUSIA MD, JOS F	FP	GLASSO MD, LOUIS C	GS	1168 PENNBURY BLVD N PITTSBURGH PA 15205	
778 14TH ST OAKMONT PA 15139		4515 PINWOOD LN ALLISON PARK PA 15101		GROSS MD, CHARLES N	FP
FUSIA SR MD, DONALD A	FP	GLEASON MD, GEO E	GS	2758 NE 30TH AVE #1 LIGHTHOUSE PT FL 33064	
658 ALLEGHENY RIVER OAKMONT PA 15139		928 CARLISLE ST NATHONA HGTS PA 15065		GROSS MD, PAUL	PTH
GABOS MD, CHAS W	FP	GLICK MD, HAROLD M	PD	28 MAUI CIRCLE NAPLES FL 33940	
3722 CALIFORNIA AVE PITTSBURGH PA 15212		ESSEX HOUSE PITTSBURGH PA 15206		GROSSMAN MD, CHAS C	N
GABOS MD, PAUL F	OBG	GLORIOSO MD, JOS J	GS	BOX 10119 PITTSBURGH PA 15232	
4815 LIBERTY AVE PITTSBURGH PA 15224		1042 SULLIVAN DR HOMESTEAD PA 15120		GROVER MD, SUKHDEV S	IM
GABRIEL MD, PETE	R	GOEHRRING MD, WALTER O	GS	30-W CHAPEL RIDGE RD PITTSBURGH PA 15238	
PO BOX 1204 UNIONTOWN PA 15401		214 S TRENTON AVE PITTSBURGH PA 15221		GRUBBS MD, ROBT M	FP
GAFFNEY MD, PAUL C	PD	GOLD MD, ALAN	IM	224 S TRENTON AVE PITTSBURGH PA 15221	
125 DESOTO ST PITTSBURGH PA 15213		FOREST HLS PLZA 217 PITTSBURGH PA 15221		GRUMET MD, BERNARD A	IM
GAISFORD MD, JOHN C	PS	GOLD MD, GURDON K	IM	10402 PRESBYTERIAN HOSP PITTSBURGH PA 15213	
4815 LIBERTY AVE PITTSBURGH PA 15224		151 HUNKEL RD PITTSBURGH PA 15229		GUEHL MD, JOHN J	P
GALLA MD, STEPHEN J	AN	GOLDBERG MD, SOLOMON	OPH	733 WASHINGTON RD PITTSBURGH PA 15228	
220 N DITHRIDGE ST #406 PITTSBURGH PA 15213		632 JENKINS BLDG PITTSBURGH PA 15222		GUINO MD, JOSE C	R
GANNON MD, ROBT P	OBG	GOLDBLUM MD, ABRAHAM D	OPH	1500 5TH AVE MCKEESPORT PA 15132	
203 RSVLT BLD 6TH & PEN PITTSBURGH PA 15222		3347 FORBES AVE PITTSBURGH PA 15213		GULARSKI MD, ALICE S	FP
GARCIA MD, DIOSDADO A	IM	GOLDBLUM MD, HAROLD L	IM	6056 JENKINS ARCADE PITTSBURGH PA 15222	
500 LEWIS RUN RD PITTSBURGH PA 15236		1807 WEST ST HUNSTEAD PA 15120		GUMERMAN MD, LEWIS W	OS
GARDENER MD, RALPH	P	GOLDBLUM MD, RAYMUND W	D	230 LOTHROP ST DEPT RAD PITTSBURGH PA 15213	
401 SHADY AVE STE D 103 PITTSBURGH PA 15206		3500 5TH AVE PITTSBURGH PA 15213		GUMP MD, ROBT B	FP
GARDNER MD, ROBT S	GS			811 ROSS AVE PITTSBURGH PA 15221	
10 OLD TIMBER TRAIL PITTSBURGH PA 15238					



# ALLEGHENY

GUPTA MD, RAJENDRA P	IM	HEIDENREICH MD, FKED P	US	HOLT MD, NANCY C	OBG
ALLEGHENY GEN HOSP PITTSBURGH PA 15212		531 CHESTER DR LOWEM BURRELL PA 15068		3347 FORBES AVE PITTSBURGH PA 15213	
GURGUN MD, MELIH	R	HEIDENREICH MD, M VINCENT	FP	HOLZINGER MD, ELMER J	IM
6 CARLETON DR PITTSBURGH PA 15216		4002 PROVOST RD PITTSBURGH PA 15227		519 EDGEWOOD RS PITTSBURGH PA 15221	R
GURSON MD, HELEN M	FP	HEILMAN MD, JOHN D	IM	HONG MD, SUNG M	R
2320 E CARSON ST PITTSBURGH PA 15203		320 THIRD AVE TAKENTUM PA 15084		153 CLOVER DR HOLLIDAYSBURG PA 16648	TS
GUTHRIE MD, MICHAEL A	OBG	HEINEMAN MD, RICHARD W	FP	HONGBARCO MD, PABLO	TS
PROF SUITES 45TH OFF PE PITTSBURGH PA 15201		RD 1 BOX 347 NATRONA HGTS PA 15065		6355 WALDRON ST PITTSBURGH PA 15217	OPH
GUTTA MD, VENKATIAH	U	HEINZ MD, E RALPH	R	MOON MD, WILLIAM L	OPH
450 S AIKEN AVE 206 PITTSBURGH PA 15232		PRESBYTERIAN UNIV HOSP PITTSBURGH PA 15213		30 TURNER ST CLEARWATER FL 33516	ORS
HABER MD, RICHARD E	IM	HELLER MD, ELYNN L	PTH	HOOPTMAN MD, BARRY D	ORS
4815 LIBERTY AVE STE 21 PITTSBURGH PA 15224		RD 3 ROCKWOOD PA 15557		WEST PENN HOSPITAL PITTSBURGH PA 15224	OPH
HADLEY MD, MATTHEW R	IM	HELMOLD MD, THEODORE R	PTH	HOOPTMAN MD, J KENNETH	OPH
2929 JACKS RUN DR MCKEESPORT PA 15131		2284 COUNTRY CLUB DR PITTSBURGH PA 15241		410 S CRAIG ST PITTSBURGH PA 15213	IM
MAGAN MD, EUGENE M	FP	HELM MD, S MEHDI	IM	HORNE MD, RICHARD M	IM
440 ALLEGHENY RIVER OAKMONT PA 15139		SOUTH SIDE HOSP PITTSBURGH PA 15203		HORNE MD, LLOYD M	PD
MAHN MD, ADAM W	P	HEMPHILL MD, RICHARD W	OBG	812 IVY ST PITTSBURGH PA 15232	
11 CAMDEN DR PITTSBURGH PA 15215		MAGEE-WOMENS HOSP PITTSBURGH PA 15213		HORNER JR MD, FRANK S	FP
HAINES MD, ALFRED J	FP	HENDERSON MD, PETER B	P	401 CHARLES ST TURTLE CREEK PA 15145	P
498 STERLING ST PITTSBURGH PA 15203		3811 OHARA ST PITTSBURGH PA 15261	R	HORNICK MD, FRANCIS J	P
HAIRSTON JR MD, JOHN C	FP	HENDERSON MD, SAMUEL G	R	3000 WM PENN HIGHWAY PITTSBURGH PA 15235	R
7922 FRANKSTOWN AVE PITTSBURGH PA 15208		2379 FINLANDIA LN #15 CLEARWATER FL 33515	FP	HORNICK MD, NEWTON	FP
HAKALA MD, THOMAS R	U	HENDRY MD, STANLEY G	FP	SUBURBAN GEN HOSP PITTSBURGH PA 15202	FP
1083 SCAIFE HALL PITTSBURGH PA 15261	FP	1601 PENN AVE STE 5300 PITTSBURGH PA 15221	P	HORRIGAN MD, FRANCIS E	FP
HAKAS MD, JOS F	FP	HENNINGER MD, JAMES M	GS	300 CYPRESS HILL DR PITTSBURGH PA 15238	IM
401 BIGHAM ST PITTSBURGH PA 15211	IM	185 LOS ARCOS GREEN VALLEY AZ 85614	GS	HORWITZ MD, JOHN J	IM
HALE MD, EDWARD M	IM	HENNON MD, DON L	15212	401 SHADY AVE APT C105 PITTSBURGH PA 15206	FP
211 N WHITFIELD ST PITTSBURGH PA 15206	PRM	1 ALLEGHENY SQ STE 214 PITTSBURGH PA 15212	OPH	HOUSER MD, JOHN W	GS
HALEN MD, ROBT J	PRM	HENRY JR MD, EDGAR S	IM	503 NORTH AVE PITTSBURGH PA 15221	GS
3 GATEWAY CENTER BX 134 PITTSBURGH PA 15230	IM	521 LOCUST PL SEWICKLEY PA 15143	IM	HOWER MD, ROBERT D	IM
HALL MD, EDWARD L	IM	HENRY JR MD, LELAND T	IM	1207 FLORIDA AVE NATRONA HGTS PA 15065	IM
21 VALERIE DR MONROEVILLE PA 15146	PRM	4815 LIBERTY AVE PITTSBURGH PA 15224	IM	HUBER MD, DAVID S	FP
HALL MD, VINCENT B	PRM	HEPBURN MD, JAMES M	IM	550 GRANT ST PITTSBURGH PA 15219	FP
3852 WM PENN HIGHWAY MURRYSVILLE PA 15668	R	550 GRANT ST PITTSBURGH PA 15219	OBG	HUBER MD, DONALD J	FP
HALL MD, WM A	R	HEPP MD, JOS A	OBG	8135 PERRY HIGHWAY PITTSBURGH PA 15237	FP
9102 BABCOCK BLVD PITTSBURGH PA 15237	PTH	121 UNIVERSITY PL PITTSBURGH PA 15213	IM	HUBER MD, WM B	FP
HAMILTON MD, ROBT C	PTH	HEPPNER MD, RICHARD L	IM	30 LOCUST ST PITTSBURGH PA 15218	OBG
408 45TH ST PITTSBURGH PA 15201	R	4815 LIBERTY AVE PITTSBURGH PA 15224	IM	HUFF MD, A WILLIAMSON	OBG
HAMM MD, CHAS R	OTO	HERB MD, ROBERT W	IM	592 BRIAR CLIFF RD PITTSBURGH PA 15221	OBG
SEWICKLEY VALLEY HOSP SEWICKLEY PA 15143		68 CHURCHILL RD PITTSBURGH PA 15235	FP	HUFF MD, LYNN H	IM
HAMPSEY MD, JOS W	OTO	HERMAN MD, JULIUS	IM	2450 E BAY DR LOT 5 LARGO FL 33541	IM
1102 GRANT BUILDING PITTSBURGH PA 15219	AN	5907 PENN AVE PITTSBURGH PA 15206	IM	HUGHES MD, GEO V	GS
HAN MD, EUNG J	AN	3700 5TH AVE PITTSBURGH PA 15213	GS	558 PERRY HWY PITTSBURGH PA 15229	GS
ALLEGHENY VALLEY HOSP NATRONA HGTS PA 15065	FP	HERSH MD, J JOSEPH	IM	450 HOLLAND AVE BRADDOCK PA 15104	FP
HAN MD, SUM K	FP	1331 TERRACE DR PITTSBURGH PA 15228	IM	HULLEY JR MD, WM C	PTH
565 PAT HAVEN DR PITTSBURGH PA 15243	U	HERSHENSON MD, LEE M	NS	2213 BROWNVILLE RD PITTSBURGH PA 15210	IM
HANCOCK MD, REGINALD A	U	3700 5TH AVE PITTSBURGH PA 15213	PD	HUMES MD, ALEXANDER B	IM
504 PENN AVE PITTSBURGH PA 15222	FP	HERSHEY MD, RICHARD E	PD	THOMAS RUN DR CARNEGIE PA 15106	IM
HANDELSMAN MD, OLIVER	FP	1501 LOCUST ST PITTSBURGH PA 15219	PD	HUMPHREYS MD, EARL A	GS
2400 AROMORE BLVD STE30 PITTSBURGH PA 15221	PS	HEISLOP MD, ROBT C	IM	BX 304F TIMOTHY RD GIBSONIA PA 15044	GS
HANNA MD, DWIGHT C	PTH	566 N WASHINGTON RD MCMURRAY PA 15317	OBG	103 SMITHFIELD ST PITTSBURGH PA 15222	P
4815 LIBERTY AVE PITTSBURGH PA 15224	PTH	HETHERINGTON MD, ARTHUR F	AN	121 UNIVERSITY PL PITTSBURGH PA 15213	PS
HANRAHAN MD, JAMES B	PTH	MAGEE WOMENS HOSP PITTSBURGH PA 15213	AN	HUNTER MD, KENNETH A	R
WESTERN PA HOSP PITTSBURGH PA 15224	GS	HETRICK MD, WM D	AN	904 WILLOW CREEK DR WACO TX 76710	R
HAPPEL MD, JOHN L	GS	MERCY HOSP ANES DPT PITTSBURGH PA 15219	FP	HUNTHROP RD CARNEGIE PA 15106	OPH
4101 BROWNVILLE RD PITTSBURGH PA 15227	IM	HEYL JR MD, FRANK E	FP	1420 CENTRE AVE PITTSBURGH PA 15219	IM
HARADIN MD, ANTHONY R	IM	1020 CENTER AVE PITTSBURGH PA 15229	OTO	HURWITZ MD, LARRY E	IM
3600 FORBES AVE RM 604 PITTSBURGH PA 15213	TS	HTLAL MD, ELIAS Y	IM	3471 5TH AVE PITTSBURGH PA 15213	GS
HARDESTY MD, ROBERT L	TS	1275 YORK AVE NEW YORK N Y 10021	IM	HUYEN MD, TRAN T	GS
1088 SCAIFE UNIV OF PGH PITTSBURGH PA 15261	PD	HILBERG MD, ROBT W	IM	2316 SURREY LANE #83 MCKEESPORT PA 15135	IM
HARMUTH MD, ARTHUR M	PD	MERCY HOSPITAL PITTSBURGH PA 15219	PD	HYDOVITZ MD, JERROLD D	IM
607 WASHINGTON RD STE 30 PITTSBURGH PA 15228	IM	HTLE MD, M EUGENE	PD	532 S AIKEN AVE PITTSBURGH PA 15232	U
HARRIS MD, BARRY C	IM	201 PENN CTR BLVD ST 20 PITTSBURGH PA 15235	OPH	IANCU MD, ALBERT L	U
3471 5TH AVE 5TH FL PITTSBURGH PA 15213	IM	HILES MD, DAVID A	IM	211 N WHITFIELD ST PITTSBURGH PA 15206	FP
HARRIS MD, RICHARD N	IM	143 NORTH DR PITTSBURGH PA 15238	IM	IANNUZZI MD, C CHARLES	FP
3 HOLLANDEN PL PITTSBURGH PA 15217	GS	HILL MD, JOHN B	IM	2115 NOBLE ST PITTSBURGH PA 15218	IM
HARRISON MD, ANTHONY M	GS	3515 5TH AVE PITTSBURGH PA 15213	P	IDREES MD, MUHAMMAD	IM
3471 5TH AVE PITTSBURGH PA 15213	R	HILLER JR MD, WALTER M	FP	1949 LINCOLN WAY MCKEESPORT PA 15131	R
HART MD, PHILIP L	R	HILTON MD, ALEXANDER E	FP	ILKHANIPOUR MD, CYRUS	R
ARTER GEN HOSP-RAD DEPT PITTSBURGH PA 15212	GS	BLDG L 1 ONEILL VILL MCKEESPORT PA 15132	FP	MERCY HOSP PITTSBURGH PA 15219	R
HARTER MD, EARL	GS	HILTON MD, STEPHEN A	FP	ILYAS MD, MOHAMMAD	R
3 GATEWAY CTR PITTSBURGH PA 15222	GS	520 LOCUST ST MC KEESPORT PA 15132	P	133 TWYNEWOOD DR TURTLE CREEK PA 15145	ORS
HARTER MD, LEO	GS	HINCHLIFE MD, JOS G	P	IMBRIGLIA JR MD, JOSEPH E	ORS
3 GATEWAY CTR PITTSBURGH PA 15222	IM	105 WILLOW RUN ROAD PITTSBURGH PA 15238	OTO	7026 JENKINS ARCADE PITTSBURGH PA 15222	PD
HARTMAN MD, CLIFFORD C	IM	HINDERER MD, KENNETH H	OTO	INDORATO MD, LEROY S	PD
1230 FARKAGUT ST PITTSBURGH PA 15206	FP	3700 5TH AVE PITTSBURGH PA 15213	AN	BAUMANGLEY AVE PITTSBURGH PA 15206	IM
HARTMAN MD, HARRY S	OBG	HINGSON JR MD, ROBT A	IM	ISAACS MD, GILBERT H	IM
3303 ELMDALE DR BETHEL PARK PA 15102	OBG	824 GRANDVIEW AVE PITTSBURGH PA 15211	IM	MONTEFIORE HOSP PITTSBURGH PA 15213	IM
HARTMAN MD, NORMAN A	PTH	HINKENS MD, GEO F	IM	ISAACSON MD, STANFORD	IM
335 PARKWAY DR PITTSBURGH PA 15228	PTH	1111 EMPIRE BLDG PITTSBURGH PA 15222	GS	3347 FORBES ST PITTSBURGH PA 15213	IM
HARTSOCK MD, ROBERT J	FP	HIRSCH MD, STANLEY A	P	ISMAL-BEIGI MD, FARHAD	IM
ALLEG GEN HOSP LAB MED PITTSBURGH PA 15212	FP	3471 FIFTH AVE PITTSBURGH PA 15213	P	3700 5TH AVE PITTSBURGH PA 15213	IM
HARVEY MD, WM J	FP	HIRSCH MD, STUART D	P	ITSKOWITZ MD, ALAN L	IM
340 CENTER AVE PITTSBURGH PA 15229	ORS	230 N CRAIG ST PITTSBURGH PA 15213	P	302 JENKINS BLDG PITTSBURGH PA 15222	ORS
HASER MD, HEYWOOD A	ORS	HITCHCOCK MD, JOHN	IM	IVEY MD, TIMOTHY	ORS
2225 POOR RICHARDS LN PITTSBURGH PA 15237	IM	3700 5TH AVE STE 405 PITTSBURGH PA 15213	IM	660 LINCOLN AVE PITTSBURGH PA 15202	U
HASHMI MD, MAJID A	IM	HO MD, MONTO	OTO	JABLONSKI MD, LAWRENCE F	U
WEST PENN HOSP PITTSBURGH PA 15224	OPH	968 SCAIFE HALL U UF PG PITTSBURGH PA 15213	OTO	22 FULTON BLDG PITTSBURGH PA 15222	FP
HAUGER MD, HAROLD N	OPH	HOCH MD, CARL W	FP	JABLONSKI MD, RICHARD R	FP
HAUK MD, WM L	OPH	1326 5TH AVE MC KEESPORT PA 15132	FP	1174 GREENTREE RD PITTSBURGH PA 15220	IM
400 PENN CTR BLVD 4-230 PITTSBURGH PA 15221	FP	HOCH MD, PAUL G	FP	JACKLINE JR MD, JOS J	IM
HAUS MD, WM	FP	144 CLARENDON AVE LOWER BURRELL PA 15068	OBG	4725 MC KNIGHT RD PITTSBURGH PA 15237	IM
1145 BROWNVILLE RD PITTSBURGH PA 15210	OBG	HOCHMAN MD, MOSES	OBG	JACOB JR MD, HERBERT E	IM
HANK MD, BRAINARD U	OBG	COLUMBUS AFB COLUMBUS MS 39701	IM	122 ORCHARD AVE GLENSHAW PA 15116	P
6TH PENN AVE 203-205 PITTSBURGH PA 15222	PD	HODGSON MD, JOHN P	IM	JACOB MD, WALTER L	P
HANKINS MD, JAMES G	PD	1505 LINCOLN WAY MC KEESPORT PA 15131	OPH	530 WM PENN PL BX 119 PITTSBURGH PA 15219	U
1564 NORTHWAY MALL PITTSBURGH PA 15237	OBG	HOFFMAN MD, FRANKLIN D	U	JACOBS MD, DAVID	U
HAYASHI MD, T TERRY	OBG	550 GRANT ST PITTSBURGH PA 15219	U	1050 LINCOLN WAY MCKEESPORT PA 15132	FP
MAGEE-WOMENS HOSP PITTSBURGH PA 15213	IM	HOFSTETTER MD, ALEXANDER M	U	1152 MARSHALL AVE PITTSBURGH PA 15212	U
HAYES MD, JAMES C	R	522 WALNUT ST MC KEESPORT PA 15132	OBG	JACUBS MD, RICHARD P	U
4815 LIBERTY AVE PITTSBURGH PA 15224	R	HOHNG MD, CHAS C	PM	532 S AIKEN AVE PITTSBURGH PA 15232	AN
1000 BOWER HILL RD PITTSBURGH PA 15216	PTH	5 GRANDVIEW AVE PITTSBURGH PA 15211	PM	JACQUES MD, GEO A	AN
HAYESLIP MD, DAVID W	PTH	9100 BABCOCK BLVD PITTSBURGH PA 15237	OPH	1128 PACIFIC AVE BRACKENRIDGE PA 15014	P
ALLEGHENY GEN HOSP PITTSBURGH PA 15212	FP	HOLL MD, PAUL F	US	JAKAB MD, IRENE	P
HEATH MD, ERLE M	FP	19 THURNWOOD DR PITTSBURGH PA 15228	US	3811 OHARA ST RM 679 PITTSBURGH PA 15213	IM
2423 SAW MILL RUN BLVD PITTSBURGH PA 15234	IM	HOLLAND MD, PAULINE M	US	JAKUBCHAK MD, JAMES J	IM
HEAZLETT MD, WM A	FP	126 W HARRISBURG AVE RHEEMS PA 17570	ORS	2523 SYLVANIA DR BETHEL PARK PA 15102	FP
RIVER VIEW MANOR 65 LEWISBURG PA 17837	FP	HOLLAND MD, PHILIP B	ORS	JAMES DO, EDWARD E	FP
HECK MD, HARRY J	FP	2513 5TH AVE MC KEESPORT PA 15132	OBG	716 FIFTH AVE CURAOPOLIS PA 15108	
1549 LOWRIE ST PITTSBURGH PA 15212	FP	HOLLSTEIN MD, FRANK E	GS		
HEFFLIN MD, CHARLES M	D	660 LINCOLN AVE PITTSBURGH PA 15202			
2920 FERNWALD RD PITTSBURGH PA 15217		HOLT MD, JOHN E			
HEGARTY MD, FRANCIS A		126 HIBISCUS DR PITTSBURGH PA 15235			
1501 LOCUST ST PITTSBURGH PA 15219					



JANEWAY MD, TIMOTHY ORS  
BRANDYWINE RD 2 SEWICKLEY HGTS PA 15143  
JANNETTA MD, PETER J NS  
PRESBY UNIV HOSP RM 940 PITTSBURGH PA 15261  
JANOSKU MD, RUDOLPH E P  
161 N DITHRIDGE ST PITTSBURGH PA 15213  
JAQUISS MD, GEORGE W OTO  
1501 LOCUST ST PITTSBURGH PA 15219  
JARMALOWSKI MD, CHESTER R R  
5806 HOME ST PITTSBURGH PA 15232  
JENA MD, MILTON IM  
552 N NEVILLE ST PITTSBURGH PA 15213  
JENKINS JR MD, ROBT J US  
MONONGAMELA HOSP MONONGAMELA PA 15063  
JEW JR MD, EDWARD W GS  
2048 HYCROFT DR PITTSBURGH PA 15241  
JOHAN MD, MORTON P  
MEDICAL ARTS BLDG PITTSBURGH PA 15213  
JOHN MD, CHAD E PD  
935 THORN RUN DR CORAOPOLIS PA 15108  
JOHNSON III MD, S HARRIS U  
211 W WHITFIELD ST PITTSBURGH PA 15206  
JOHNSON JR MD, MARSHALL M FP  
1732 BRIGTON PL PITTSBURGH PA 15212  
JOHNSON MD, FRANKLIN P FP  
1600 JAMES ST MONROEVILLE PA 15146  
JOHNSON MD, JAMES R FP  
420 SHAW AVE MCKEESPORT PA 15132  
JOHNSTON JR MD, JOHN A GS  
1910 COCHRAN RD PITTSBURGH PA 15220  
JOHNSTON MD, J MURL PM  
694 WASHINGTON RD PITTSBURGH PA 15228  
JOHNSTON MD, JAMES R OBG  
159 W LOUTHER ST CARLISLE PA 17013  
JONES JR MD, ROBERT T R  
MERCY HOSP RAD DEPT PITTSBURGH PA 15219  
JONES MD, GEORGE J U  
1029 MILTON ST PITTSBURGH PA 15218  
JONES MD, WM C PTH  
ST FRANCIS GEN HOSP PITTSBURGH PA 15201  
JOSEPH MD, ANDREW H IM  
1501 LOCUST ST PITTSBURGH PA 15219  
JOSEPH MD, MONTEFIORE L P  
401 SHADY AVE A-207 PITTSBURGH PA 15206  
JOSHI MD, MANOHAR J IM  
5511 AYLESBORO AVE PITTSBURGH PA 15217  
JOSIMOVICH MD, JOHN B OBG  
MAGEE WOMENS HOSP PITTSBURGH PA 15213  
JOYNER JR MD, CLAUDE R IM  
ALLEGHENY GEN HOSP PITTSBURGH PA 15212  
JOZEFCEZYK MD, PATRICIA B N  
3000 SMALLOW HL RD 220 PITTSBURGH PA 15220  
JUDD MD, JOS H CRS  
422 SHAW AVE MC KEESPORT PA 15132  
JUNGHANS MD, SIEGFRIED P PTH  
SEWICKLEY VALLEY HOSP SEWICKLEY PA 15143  
KAIRYS MD, LEU R OBG  
1109 GREENRIDGE LANE PITTSBURGH PA 15220  
KALEN MD, S MOYER US  
1717 PENN AVE APT 702 PITTSBURGH PA 15221  
KALLA MD, RICHARD L IM  
3471 5TH AVE PITTSBURGH PA 15213  
KALMANSON MD, JACOB D D  
201 PENN CENTER BLVD PITTSBURGH PA 15235  
KAMERER MD, DONALD B OTO  
1501 LOCUST ST PITTSBURGH PA 15219  
KAMINSKI MD, ROBERT J OBG  
MAGEE WOMENS HOSP PITTSBURGH PA 15213  
KANE MD, JOHN J OBG  
213 SLEEPYHOLLOW RD PITTSBURGH PA 15216  
KANN MD, JULES FP  
128 N CRAIG ST PITTSBURGH PA 15213  
KAO MD, CHIEN-KUO AN  
937 OLD HICKORY ROAD PITTSBURGH PA 15243  
KAPLAN MD, CARL R  
PRIDE AND LOCUST STS PITTSBURGH PA 15219  
KAPPAKAS MD, GEORGE S ORS  
1025 MCKENNA AVE PITTSBURGH PA 15205  
KARAMCHANDANI MD, NILIMA T PD  
WEST PENN HOSP PITTSBURGH PA 15224  
KARAMCHETI MD, ANAND U  
27 HIGHLAND AVE STE 206 WASHINGTON PA 15301  
KARAS MD, MARK M FP  
ST MARGARET HOSP 46 ST PITTSBURGH PA 15201  
KARTMKHANI MD, KOBRA OBG  
938 BEAVER GRADE RD CORAOPOLIS PA 15108  
KARPINSKI JR MD, STEPHEN J AN  
144 BERNY RD PITTSBURGH PA 15237  
KART MD, BARRY M R  
2401 BEECHWOOD BLVD PITTSBURGH PA 15217  
KASDAN MD, RICHARD B N  
6611 ROSEMOOR ST PITTSBURGH PA 15217  
KASRAE MD, NEPTUNE AN  
244 S QUEENSBURRY COURT PITTSBURGH PA 15237  
KASSAMALI MD, SULTANALI A IM  
405 B GLEN MALCOLM DR GLENSHAW PA 15116  
KATTAM MD, JORGE C N  
144 N DITHRIDGE ST #509 PITTSBURGH PA 15213  
KATZ MD, DAVID L OBG  
GATEWAY TOWERS STE 245 PITTSBURGH PA 15222  
KATZ MD, IRWIN L R  
1024 KING AVE PITTSBURGH PA 15206  
KATZIN MD, DICK OPH  
2545 MOSSIDE BLVD MONROEVILLE PA 15146  
KAUFER MD, GERALD I GS  
222 S TRENTON AVE PITTSBURGH PA 15221  
KAUFMAN MD, I LEONARD FP  
1650 BROADWAY PITTSBURGH PA 15216  
KAUFMAN MD, SIDNEY S GS  
3471 5TH AVE PITTSBURGH PA 15213  
KAVIC MD, MICHAEL S GS  
927 BROADHEAD RD CORAOPOLIS PA 15108  
KELLER MD, FRANK M FP  
4125 NORTHAMPTON ST ALLISON PARK PA 15101  
KELLEY MD, KATHLEEN R PD  
APT 411 140 LAVALLE DR MONROEVILLE PA 15146  
KELLY MD, EDWARD G ORS  
1501 LOCUST ST PITTSBURGH PA 15219  
KELLY MD, EUGENE W R  
201 GRANT ST 506 SEWICKLEY PA 15143  
KELLY MD, JAMES D FP  
345 BARCLAY AVE PITTSBURGH PA 15221  
KELLY MD, WM J IM  
721 JENKINS BLDG PITTSBURGH PA 15222  
KENKRE MD, SRICKISHNA B OBG  
300 PENN CENTER BLVD PITTSBURGH PA 15235  
KENNA MD, MARITA D P  
211 WHITFIELD ST PITTSBURGH PA 15206  
KENNEDY MD, FRANCIS B IM  
4401 PENN AVE STE 1100 PITTSBURGH PA 15224  
KENNERDELL MD, EDWARD H OPH  
303 E 6TH AVE TARENTUM PA 15084  
KENNERDELL MD, JOHN S OPH  
EYE & EAR HOSP PITTSBURGH PA 15213  
KENNY MD, KEVIN J FP  
287 14TH ST AMBRIDGE PA 15003  
KERN JR MD, JOHN M FP  
104C GLEN INVERNESS DR GLENSHAW PA 15116  
KERR JR MD, HARRY J IM  
705 BROADWAY MCKEES ROCKS PA 15136  
KESSLER MD, LAIBE A NS  
552 N NEVILLE ST PITTSBURGH PA 15213  
KESSLER MD, OTTO F OBG  
5230 CENTER AVE PITTSBURGH PA 15232  
KHURANA MD, RAMESH C IM  
615 WASHINGTON RD PITTSBURGH PA 15228  
KIESEWETTER MD, WM B GS  
125 DE SOTO ST PITTSBURGH PA 15213  
KIM MD, CHUL IM  
507 AMBERSON AVE PITTSBURGH PA 15232  
KIM MD, EUGENE Y R  
1500 5TH AVE MCKEESPORT PA 15132  
KIM MD, SHIN K GS  
BLR MILL VLGE-EAST 209Q HORSHAM PA 19044  
KIM MD, SUNG K GS  
BLDG 1 102 ONEIL VLG MCKEESPORT PA 15132  
KIM MD, SUNG Y R  
COLUMBIA HOSPITAL PITTSBURGH PA 15221  
KIM MD, YOON C PTH  
1004 ARCH ST PITTSBURGH PA 15212  
KING MD, ELMER S GS  
3700 5TH AVE PITTSBURGH PA 15213  
KING MD, LEO M U  
706 PEOPLES BANK BLDG MC KEESPORT PA 15132  
KING MD, ROBT L OBG  
1544 NORTHWAY MALL PITTSBURGH PA 15237  
KINSEL MD, ALVIN A FP  
105 EMERSON AVE PITTSBURGH PA 15215  
KIRIMLI MD, BULENT I AN  
EYEBEAR HOSP DEPT ANES PITTSBURGH PA 15213  
KIRK MD, JACQUELYN M D  
502 FIFTH AVE MCKEESPORT PA 15132  
KISLOFF MD, BARRY IM  
220 MEYRAN AVE PITTSBURGH PA 15213  
KISNER MD, ROBT G OBG  
MAGEE WOMENS HOSP PITTSBURGH PA 15213  
KISSELL MD, DEWITT C FP  
1539 LINCOLN AVE PITTSBURGH PA 15206  
KLAIN MD, MIKOSLAV AN  
2068 OUTLOOK DR UPPER ST CLAIR PA 15241  
KLATMAN MD, SAM L FP  
4500 LIBERTY AVE PITTSBURGH PA 15224  
KLEIN MD, RICHARD M FP  
4800 FRIENDSHIP AVE PITTSBURGH PA 15224  
KLEIN MD, SANFORD M AN  
MC KEESPORT HOSP MC KEESPORT PA 15132  
KLEINSCHMIDT MD, ROBT F IM  
1501 LOCUST ST PITTSBURGH PA 15219  
KLINE MD, ROBT W AN  
151 S 20TH ST PITTSBURGH PA 15203  
KLTONSKY MD, BEKNAUD L PTH  
MAGEE-WOMENS HOSP PITTSBURGH PA 15213  
KLUEBER MD, WM F FP  
726 BROOKLINE BLVD PITTSBURGH PA 15226  
KNAPPENBERGER MD, WM L FP  
830 HOMEWOOD DR PITTSBURGH PA 15235  
KNUTT MD, ALBERT P IM  
2800 CENTRE AVE PITTSBURGH PA 15219  
KODALL MD, RAJA V R  
104 8842 S COURT ALLISON PARK PA 15101  
KOENIG MD, ARTHUR R FP  
103 MAPLE AVE PITTSBURGH PA 15218  
KOENIG MD, FREDERICK W ORS  
144 S 20TH ST PITTSBURGH PA 15203  
KOENIG MD, HANS ORS  
3563 SHADELAND AVE PITTSBURGH PA 15212  
KOKALES MD, JUHN G IM  
303 MAE 3700 FIFTH AVE PITTSBURGH PA 15213  
KOOROS MD, KIAN S IM  
9102 BABCOCK BLVD PITTSBURGH PA 15237  
KOUSER MD, ROBT K IM  
328 EDGEWOOD RD PITTSBURGH PA 15221  
KOSKOFF MD, YALE D NS  
3600 FORBES AVE PITTSBURGH PA 15213  
KOST MD, PAUL F P  
3241 MCCULLY DR ALLISON PK PA 15101  
KOSTER MD, LEE H GS  
1038 EDGEWOOD RD NEW KENSINGTON PA 15068  
KOSTYAL MD, JOHN L OBG  
4140 BROWNVILLE RD PITTSBURGH PA 15227  
KOWALLIS MD, GEO F IM  
310 MED AKTS BLDG PITTSBURGH PA 15213  
KRAEMER MD, DAVID M OBG  
615 WASHINGTON RD PITTSBURGH PA 15228  
KRAK MD, MICHAEL PD  
3305 MAIN ST MUNHALL PA 15120  
KRAM MD, JOHN E FP  
2601 PERRYVILLE AVE PITTSBURGH PA 15214  
KRAUS MD, DAVID R ORS  
1501 LOCUST ST PITTSBURGH PA 15219  
KRAUSE MD, GILBERT IM  
1000 SPANISH RIVER RD BOCA RATON FL 33432  
KRAUSE MD, HELEN F OTO  
9102 BABCOCK BLVD PITTSBURGH PA 15237  
KRAUSE MD, SEYMOUR IM  
FOREST HLS PLZA YUST BV PITTSBURGH PA 15221  
KRAUTHAMMER MD, JUERGEN P GS  
2013 E CARSON ST PITTSBURGH PA 15203  
KREINASHAM MD, SUZANNE B P  
WOODVILLE STATE HOSP CARNEGIE PA 15106  
KRESH MD, NORMAN N P  
540 N NEVILLE ST PITTSBURGH PA 15213  
KRETZ MD, STEWART F FP  
4636 CENTER AVE PITTSBURGH PA 15213  
KRIFCHER MD, CHAS PTH  
HOMESTEAD HOSPITAL HOMESTEAD PA 15120  
KRIFCHER MD, EMANUEL IM  
532 S AIKEN AVE STE 200 PITTSBURGH PA 15232  
KRISHNASHAMI MD, V IM  
VA HOSP CARDIAC LAB PITTSBURGH PA 15240  
KROEGER MD, HILDA H PRM  
3955 BIGELOW BLVD PITTSBURGH PA 15213  
KROTEC MD, JOS W FP  
5526 WALNUT ST PITTSBURGH PA 15232  
KRUG III MD, E CLYDE IM  
9905 FRANKSTOWN RD PITTSBURGH PA 15235  
KHUGH MD, FRANCIS J D  
20 CEDAR BLVD PITTSBURGH PA 15228  
KRUGH MD, JAMES W AN  
5230 CENTRE AVE PITTSBURGH PA 15232  
KUHN MD, CHARLES M FP  
1420 CENTRE AVE #1508 PITTSBURGH PA 15219  
KUN MD, JOS FP  
3833 WILLOW AVE PITTSBURGH PA 15234  
KUNKEL MD, GEO A R  
8 CLOVER LANE UNIONTOWN PA 15401  
KUNKEL MD, HERBERT G AN  
1550 FOX CHAPEL RD PITTSBURGH PA 15238  
KUNKEL MD, WM H OTO  
212 S TRENTON AVE PITTSBURGH PA 15221  
KUNSCHEMER MD, ALAN J US  
3554 N HILLS RD MUKRYSVILLE PA 15668  
KUNSCHEMER MD, ALBERT B FP  
615 GREENLEAF DR MONROEVILLE PA 15146  
KUO MD, TSUNG-YI R  
1400 CENTRE AVE PITTSBURGH PA 15219  
KUREMSKY MD, DALE A FP  
1442 RAVEN DR PITTSBURGH PA 15243  
KURTZ MD, JOHN E PTH  
265 46TH ST PITTSBURGH PA 15201  
KUSH MD, FRANK H US  
1805 TYBURN LA PITTSBURGH PA 15241  
KUSH MD, MARGARET B IM  
1805 TYBURN LN PITTSBURGH PA 15241  
KUTSENKOW MD, MICHAEL FP  
225 E MAIN ST CARNEGIE PA 15106  
KYLLONEN MD, ARMAS S TS  
4815 LIBERTY AVE PITTSBURGH PA 15224  
KYNE MD, PETER J ORS  
592 SQUAW RUN PITTSBURGH PA 15238  
KYREAGES MD, CONSTANTINE G GS  
4725 MCKNIGHT RD #212 PITTSBURGH PA 15237  
KYRIACOPoulos MD, JOHN D IM  
3471 5TH AVE 5TH FL PITTSBURGH PA 15213  
LACY MD, GEO R US  
900 WASHINGTON RD #510 PITTSBURGH PA 15228  
LAHR MD, JOSEPH W US  
ST MARGARET MEM HOSP PITTSBURGH PA 15201  
LAING MD, PATRICK G ORS  
4 WHITE FAWN LN PITTSBURGH PA 15238  
LAMAS MD, CARLOS C PTH  
4800 FRIENDSHIP AVE PITTSBURGH PA 15224  
LAMP JR MD, CLYDE B OTO  
8101 JENKINS ARCADE PITTSBURGH PA 15222  
LANAUZE MD, HARRY E FP  
1026 WALNUT ST MCKEESPORT PA 15132  
LANDAY MD, JAMES P FP  
802 CLONMEL ST DUQUESNE PA 15110  
LANDAY MD, LOUIS H IM  
3725 S OCEAN DR APT 111 HOLLYWOOD FL 33019  
LANDERMAN MD, NATHANIEL S IM  
3471 FIFTH AVE PITTSBURGH PA 15213  
LANDON JR MD, LYNDON H GS  
4815 LIBERTY AVE PITTSBURGH PA 15224  
LANE MD, PAUL W FP  
1100 STATE AVE CORAOPOLIS PA 15108  
LANG MD, EDWARD J US  
242 THIRD AVE N NAPLES FLA 33940  
LANG MD, GREGORY M OBG  
2050 GARRICK DR PITTSBURGH PA 15235  
LANG MD, HOWARD N IM  
3028 BROWNVILLE RD PITTSBURGH PA 15227  
LANGOL JR MD, GEORGE PD  
22 OLD CLAIRTON RD PITTSBURGH PA 15236  
LANSON MD, FREEMAN A GS  
656 BEVERLY RD PITTSBURGH PA 15243  
LANZ JR MD, ROBT J P  
421 SANGREE RD PITTSBURGH PA 15237  
LANZ MD, RICHARD K PD  
615 WASHINGTON RD PITTSBURGH PA 15228  
LASCHIED MD, WM P D  
20 CEDAR BLVD PITTSBURGH PA 15228  
LAUDER MD, JAMES L FP  
924 CALIFORNIA AVE PITTSBURGH PA 15202  
LAUGHLIN MD, ROBT M IM  
20 CEDAR BLVD PITTSBURGH PA 15228  
LAWSKY MD, ALAN R R  
MONTEFIORE HOSP DPT RAD PITTSBURGH PA 15213  
LAWSON JR MD, HERMAN FP  
MCKEESPORT HOSP MCKEESPORT PA 15132  
LEB MD, DAN E IM  
1149 SUNRISE DR PITTSBURGH PA 15243  
LEBOVITZ MD, ALLEN E P  
PENN PLAZA APTS PITTSBURGH PA 15206  
LEBOVITZ MD, CHAS N GS  
3471 5TH AVE PITTSBURGH PA 15213  
LEBOVITZ MD, EDWARD IM  
504 PENN AVE PITTSBURGH PA 15222



# ALLEGHENY

LEBOVITZ MD, JEROME J	IM	LINDSAY MD, RENA M	US	MANSMANN MD, JAMES A	IM
JENKINS BLDG PITTSBURGH PA 15222		579 BRIAR CLIFF RD PITTSBURGH PA 15221		FOXGLOVE HILL BX 86 BAKERSTOWN PA 15007	
LEE MD, BANG M	PTH	LINHART MD, RANDOLPH W	OPH	MANTIA MD, AUGUST M	OTO
2627 WYNCOTE RD BETHEL PARK PA 15102		101 EMERSON AVE PITTSBURGH PA 15215		1463 A SPREADING DR PITTSBURGH PA 15220	
LEE MD, DO W	IM	LINHART MD, WM Q	OPH	MARASCO JR MD, JOS A	R
5530 POCUSSETT ST PITTSBURGH PA 15217		4815 LIBERTY AVE PITTSBURGH PA 15224		ST FRANCIS HOSP DEPT RA PITTSBURGH PA 15201	
LEE MD, FOO T	OBG	LINN JR MD, JAY G	OPH	MARATTA MD, JAN W	US
532 S AIKEN AVE PITTSBURGH PA 15232		504 PENN AVE PITTSBURGH PA 15222		1310 STATE AVE CORAOPOLIS PA 15108	
LEE MD, JAMES J	U	LIPANA MD, OSCAR N	R	MARCUS MD, FLORENCE L	FP
4601 5TH AVE PITTSBURGH PA 15213		4800 FRIENDSHIP AVE PITTSBURGH PA 15224		101 MANORVIEW RD 208 PITTSBURGH PA 15220	
LEE MD, KWAN I	AN	LIPAPIS MD, CHRISTY N	IM	MARCY MD, JOS H	AN
OHIO VLY GEN HUSP MCKEES ROCKS PA 15136		207 PICTURE DR PITTSBURGH PA 15236		125 DE SOTO ST PITTSBURGH PA 15213	
LEE MD, OOK J	OBG	LIU MD, TUN Y	PM	MARGOLIS MD, HARRY M	IM
710 BROADWAY MCKEES ROCKS PA 15136		ST FRANCIS GEN HOSP PITTSBURGH PA 15201		504 PENN AVE PITTSBURGH PA 15222	
LEE MD, ROBT E	PTH	LOBL MD, LAWRENCE T	P	MARK DO, ALAN A	P
PRESBYTERIAN HUSP PITTSBURGH PA 15213		401 SHADY AVE #1070 PITTSBURGH PA 15206		6315 FORBES AVE MAX TOW PITTSBURGH PA 15217	
LEE MD, SANG E	AN	LOCKE MD, DAVID L	FP	MARKLE MD, CYRUS P	GS
201 NARRAGANSETT DR MCKEESPORT PA 15135		200 ROBERTA DR MUNHALL PA 15120		KOPPERS BLDG PITTSBURGH PA 15219	
LEE MD, YANG W	FP	LOFTIS MD, JOHN W	PTH	MARKLEY MD, WM M	IM
342 FOREST GROVE RD CORAOPOLIS PA 15108		ST FRANCIS HOSP PITTSBURGH PA 15201		2707 BROWNSVILLE RD PITTSBURGH PA 15227	
LEECH MD, JOHN W	PD	LOGAN MD, KENNETH M	FP	MARKS MD, FRED S	PD
3100 S OCEAN BLVD APT 6 HIGHLAND BEACH FL 33431		130 CORNELL AVE PITTSBURGH PA 15229		3520 LAKETON RD PITTSBURGH PA 15235	
LEEN MD, RAYMOND L	R	LOIKREC MD, HARRY	FP	MARKS MD, PAULINE C	FP
3 ALLEGHENY CTR PITTSBURGH PA 15212		818 CEDAR AVE PITTSBURGH PA 15212		7135 THOMAS BLVD PITTSBURGH PA 15208	
LEFF MD, BERNARD	OTO	LOUIDICE DO, THOMAS A	IM	MARLIER JR MD, BERTRAND J	NS
1458 N HIGHLAND ST PITTSBURGH PA 15206		BRADFORD-15 OXFORD HGTS ALBANY N Y 12203		1501 LOCUST ST STE 229 PITTSBURGH PA 15219	
LEHMAN MD, CLARA M	IM	LONG MD, EDWIN T	TS	MARNATTI MD, CARL T	FP
VETERANS HOSPITAL PITTSBURGH PA 15240		4815 LIBERTY AVE PITTSBURGH PA 15224		4815 LIBERTY AVE PITTSBURGH PA 15224	
LEHMAN MD, ROBT N	OPH	LONG MD, RICHARD A	IM	MAROUN MD, JOS C	NS
V A HOSP UNIV DR PITTSBURGH PA 15240		4800 FRIENDSHIP AVE PITTSBURGH PA 15224		UNIV PGH SCHOOL OF MED PITTSBURGH PA 15213	
LEIBOWITZ MD, LEONARD D	PD	LONG MD, THOS C	FP	MARQUEZ MD, P ALFONSO	R
610 WINTERBERRY RD MONROEVILLE PA 15146		3031 STURBRIDGE CT ALLISON PARK PA 15101		MONTEFIORE HOSP PITTSBURGH PA 15213	
LEIGHTY MD, RALPH G	IM	LOPEZ-PADILLA MD, FRANZ H	P	MARQUEZ MD, VICTOR R	PTH
7451 WASHINGTON ST PITTSBURGH PA 15218		RUSSELLTON-HARMAR CLIN CHESWICK PA 15024		4577 CLUBVIEW DR PITTSBURGH PA 15236	
LEMONCELLI MD, GARY L	IM	LORENZ III MD, STEPHEN A	US	MARRANGONI MD, ALBERT G	TS
8 LYNTON LANE PITTSBURGH PA 15202		MERCY HOSP PITTSBURGH PA 15219		20 CEDAR BLVD PITTSBURGH PA 15228	
LENEHAN MD, JOSEPH M	PS	LOUGHREY MD, JOS	US	MARRYSHOW MD, BASIL A	ORS
BOX 197 DANIELSON PIKE NORTH SCITUATE RI 02857		5550 BEVERLY PL PITTSBURGH PA 15206		9066 PERRY HWY PITTSBURGH PA 15237	
LENOX MD, CORA C	PD	LOWDER JR MD, RALPH J	R	MARSHALL JR MD, MATTHEW	U
CHILDRENS HOSP PITTSBURGH PA 15213		6655 FRANKSTOWN AVE PITTSBURGH PA 15206		211 N WHITFIELD ST PITTSBURGH PA 15206	
LEON MD, DONALD F	IM	LOWELL MD, JONATHAN	FP	MARSHALL MD, WM C	PRM
961 SCAIFE HALL U OF PG PITTSBURGH PA 15261		1011 THORNBERY DR PITTSBURGH PA 15237		39 N LINWOOD AVE PITTSBURGH PA 15205	
LEONARD MD, JAMES J	IM	LOWERY MD, WILLA D	OBG	MARTIN MD, CHAS D	FP
922 SCAIFE HALL PITTSBURGH PA 15213		119 SUNNYHILL DR PITTSBURGH PA 15237		2213 BROWNSVILLE RD PITTSBURGH PA 15210	
LEONARDO MD, FRANK A	FP	LOWY JR MD, ALEXANDER D	IM	MARTIN MD, FREDRIC W	IM
301 CALDWELL AVE WILMERDING PA 15148		4815 LIBERTY AVE PITTSBURGH PA 15224		WEST PENN HOSP PITTSBURGH PA 15224	
LERBERG MD, DAVID B	GS	LUERIC MD, LOWELL G	N	MARTIN MD, GRACE K	US
UNIV OF PGH DEPT SURG PITTSBURGH PA 15213		3600 FORBES AVE PITTSBURGH PA 15213		2344 PERRYVILLE AVE PITTSBURGH PA 15214	
LERMAN MD, GEO S	R	LUDMER MD, MARIO	NS	MARTIN MD, MANUEL T	GS
1204 LINDENDALE DR PITTSBURGH PA 15228		9102 BABCOCK BLVD PITTSBURGH PA 15237		5 GRANDVIEW AVE PITTSBURGH PA 15211	
LESLIE JR MD, M RUSSELL	ORS	LUKENS MD, FRANCIS D	IM	MARTIN MD, THOS W	US
128 N CRAIG ST PITTSBURGH PA 15213		552 N NEVILLE ST APT 45 PITTSBURGH PA 15213		1715 ATKINSON PL PITTSBURGH PA 15235	
LEVENDORF MD, MELVIN	FP	LUMISH MD, ROBERT M	US	MARTINEAU MD, PERRY C	PTH
2814 LIBERTY WAY MC KEESPORT PA 15133		1508 VALLEY COURT UPPER ST CLAIR PA 15241		1500 FIFTH AVE MCKEESPORT PA 15132	
LEVER MD, HARRY M	US	LUNSFORD MD, LAWRENCE D	NS	MARTINEZ MD, AUGUSTO J	N
1707 BERKWOOD DR PITTSBURGH PA 15243		7531 TUSCARORA ST PITTSBURGH PA 15208		111 EMILY DR PITTSBURGH PA 15215	
LEVICK MD, MARVIN H	FP	LUPARELLO MD, FRANK J	IM	MARTONE MD, CHRISTINE	P
3031 WM PENN HWY PITTSBURGH PA 15235		1400 LOCUST ST PITTSBURGH PA 15219		12 EASTERN AVE PITTSBURGH PA 15215	
LEVINE MD, GERALD A	US	LUGHMAN MD, MIJDAAN A	IM	MARTONE MD, LOUIS H	D
2001 STA MONICA BLV 128 SANTA MONICA CA 90404		SHADYSIDE HOSPITAL PITTSBURGH PA 15232		12 EASTERN AVE PITTSBURGH PA 15215	
LEVINE MD, MACY I	IM	LUTHRA MD, DAMYANTI	OBG	MASON JR MD, CHAS W	FP
3347 FORBES AVE PITTSBURGH PA 15213		526 CLEVELAND DR LOWER BURRELL PA 15068		4401 MC KENZIE DR MONROEVILLE PA 15146	
LEVINE MD, PHILLIP R	IM	LUTHRA MD, MAMMOHAN S	IM	MASTANDREA MD, CARL A	IM
3471 5TH AVE PITTSBURGH PA 15213		1723 5TH AVE ARNOLD PA 15068		1270 HAMILTON RD PITTSBURGH PA 15234	
LEVINE MD, SHELDOON R	PD	LYONS MD, LAWRENCE L	OBG	MASTERS MD, RAYMOND E	PRM
ESSEX HOUSE PITTSBURGH PA 15206		MCKEESPORT HOSP MCKEESPORT PA 15132		1144 BROADWAY E MC KEESPORT PA 15035	
LEVINSON MD, JULIAN P	IM	MACDONALD MD, GEO F	CRS	MASTERS MD, RUTH S	FP
3471 5TH AVE 5TH FL PITTSBURGH PA 15213		789 PENN AVE APT 204 PITTSBURGH PA 15221		1144 BROADWAY E MC KEESPORT PA 15035	
LEVIS MD, MICHAEL P	GS	MACDONALD MD, ROBT R	PD	MATEER MD, FRANK M	IM
4725 MCKNIGHT RD PITTSBURGH PA 15237		MACHAJ MD, THEODORE S	AN	WEST PENN HOSPITAL PITTSBURGH PA 15224	
LEVISION MD, DAVID J	FP	MERCY HOSP PITTSBURGH PA 15219		MATTHEWS MD, JOHN T	FP
5529 DARLINGTON RD PITTSBURGH PA 15217		MACLACHLAN MD, MARGARET J	IM	ST MARGARET HOSP PITTSBURGH PA 15201	
LEVY MD, LESLIE J	IM	4815 LIBERTY AVE PITTSBURGH PA 15224		MATYOSKA DO, JOSEPH M	FP
3515 5TH AVE PITTSBURGH PA 15213		MACLEOD MD, GORDON K	IM	631 SHERWOOD AVE PITTSBURGH PA 15204	
LEVY MD, MARSHALL S	IM	UNIV OF PGH RM 232 PITTSBURGH PA 15261		MAX MD, LENORE	FP
3500 FIFTH AVE PITTSBURGH PA 15213		MADIGAN MD, THOS J	GS	5807 STANTON AVE PITTSBURGH PA 15206	
LEVY MD, REINHARDT D	FP	SUITE C ST FRANCIS HOSP PITTSBURGH PA 15201		MAXWELL MD, NED G	PTH
3500 5TH AVE PITTSBURGH PA 15213		MADOFF MD, HENRY R	TS	812 5TH AVE PITTSBURGH PA 15219	
LEWIN MD, JULIAN R	R	MAGNUSSEN MD, APRIL B	FP	MAY MD, MARK M	OTO
1400 LOCUST ST PITTSBURGH PA 15219		930 CHATHAM PARK DR PITTSBURGH PA 15220		3600 FORBES AVE PITTSBURGH PA 15213	
LEWIN MD, KARL K	P	MAGOVERN MD, GEO J	TS	MAZER MD, JULIUS	R
3400 FORBES ST PITTSBURGH PA 15213		1 ALLEGHENY SQ STE 265 PITTSBURGH PA 15212		5501 HOBART ST PITTSBURGH PA 15217	
LEWIS JR MD, HOWARD T	FP	MAHSOUB MD, ABUL-HAMED	PD	MAZZA MD, JOS L	IM
1241 PEERMONT AVE PITTSBURGH PA 15216		1142 NORTHWAY MALL PITTSBURGH PA 15237		8243 BRAMBLE LN PITTSBURGH PA 15237	
LEWIS MD, ROBT E	IM	MAIVALD MD, PAVEL	AN	MAZZEI MD, JOS M	R
532 S AIKEN AVE PITTSBURGH PA 15232		PRESBY-UNIV HOSP PITTSBURGH PA 15213		1142 NEVADA ST PITTSBURGH PA 15218	
LEWIS MD, THOS J	U	MAJSTORAVICH JR MD, JOSEPH	OPH	MCDAMMS MD, ANDREW J	CRS
RD 1 WEXFORD RUN RD WEXFORD PA 15090		4116 GENEVA ST PITTSBURGH PA 15201		4815 LIBERTY AVE PITTSBURGH PA 15224	
LEZEK MD, VINCENT J	PD	MALCOLM MD, JOHN A	N	MCAFOOS MD, J ALLEN	OPH
2008 GRANDVIEW AVE MC KEESPORT PA 15132		MALEY MD, RICHARD H	FP	726 SOUTH AVE PITTSBURGH PA 15221	
LIANG MD, DAVID Y	GS	610 OLD CLAIRTON RD PITTSBURGH PA 15236		MCALEER MD, BERNARD A	IM
162 MONTICELLO DR MONROEVILLE PA 15146		MALIA MD, JOS E	R	1405 MARLBORO AVE PITTSBURGH PA 15221	
LIANG MD, MARIA N	N	151 S 20TH ST PITTSBURGH PA 15203		MCALLISTER MD, JOHN D	R
216 MELWOOD AVE 303 PITTSBURGH PA 15213		MALINOWSKI MD, JOHN A	OBG	ST FRANCIS GEN HOSP PITTSBURGH PA 15201	
LIANG MD, PING-TCHANG	PTH	253 OLD HAYMAKER RD MONROEVILLE PA 15146		MCAVOY MD, WM B	R
ALLEGHENY VALLEY HOSP NATRONA HGTS PA 15065		MALIT MD, FIORELLA G	AN	MCKEESPORT HOSP MCKEESPORT PA 15132	
LICHTER MD, ISADORE A	FP	2380 JENKINSON DR PITTSBURGH PA 15237		MCCABE MD, JOHN S	TS
APT 303 625 N VAN BUREN TUCSON AZ 85711		MALIT MD, PAULITA Y	AN	400 JEFFERSON AVE WASHINGTON PA 15301	
LICHTER MD, JAMES G	IM	2380 JENKINSON DR PITTSBURGH PA 15237		MCCAGUE MD, JAMES J	U
2160 GREENTREE RD #404W PITTSBURGH PA 15220		MALLIT MD, MELVIN L	FP	1501 LOCUST ST PITTSBURGH PA 15219	
LIDDELL MD, J SPENCER	FP	115 HIGH PARK PL PITTSBURGH PA 15206		MCCAGUE MD, NED J	U
SUBURBAN GEN HOSP PITTSBURGH PA 15202		MALLOTT MD, I FLOYD	P	1501 LOCUST ST PITTSBURGH PA 15219	
LIEBLER MD, GEORGE A	TS	3811 O'HARA ST PITTSBURGH PA 15213		MCCARTHY MD, JOHN J	OBG
STE 265 1 ALLEGHENY CTR PITTSBURGH PA 15212		MALLOY MD, EDWARD L	IM	CHATHAM CTR APTS PITTSBURGH PA 15219	
LIGGETT MD, JOHN S	GS	1519 WOODSTREAM DR GLENSHAW PA 15116		MCCARTHY MD, THOS E	OBG
337 BEAVER ST SENICKLEY PA 15143		MAHO MD, GEO E	P	STE 1A CHATHAM CNTR TOW PITTSBURGH PA 15219	
LIGGETT MD, JOS G	GS	4445 NORTHERN PIKE MONROEVILLE PA 15146		MCCASLIN MD, MURRAY F	OPH
214 S TRENTON AVE PITTSBURGH PA 15221		MAMULA MD, MILTON	FP	550 GRANT ST PITTSBURGH PA 15219	
LIM MD, MING S	FP	502 BROOKLINE BLVD PITTSBURGH PA 15226		MCCLELLAN JR MD, EDWARD J	ORS
81 LOCKSLEY DR PITTSBURGH PA 15235		MANGOLD MD, FRANCIS N	OBG	93 HOODRIDGE DR PITTSBURGH PA 15228	
LINDBLAD MD, JOHN H	PD	660 LINCOLN AVE PITTSBURGH PA 15202		MCCLELLAN MD, WILLIAM A	PRM
204 KENMORE DR MONROEVILLE PA 15146		MANN MD, RICHARD M	OBG	GULF OIL CORP PU BX 116 PITTSBURGH PA 15230	
LINDENBAUM MD, JORGE	IM	515 SINCLAIR ST MC KEESPORT PA 15132		MCCLENNAN MD, J EVERETT	GS
320 E NORTH AVE PITTSBURGH PA 15212				5208 WOODLAND DR DUNKIRK NY 10604	
LINDS MD, CONRAD	FP			MCCLEINTOCK MD, W CRIGHTON	IM
CENTRAL MED PAVILION PITTSBURGH PA 15219				3723 BRIGHTON RD PITTSBURGH PA 15212	



MCCLOSKEY MD, RICHARD C	OBG	MICHAELS MD, MILTON M	IM	MOTTA MD, PETER G	FP
733 WASHINGTON RD PITTSBURGH PA 15228		3600 FORBES AVE PITTSBURGH PA 15213		6 E MAIN ST CARNEGIE PA 15106	
MCCLOWRY MD, JAMES T	PD	MICKELL MD, JOHN J	PD	MOWRY MD, RAYMER L	FP
315 NORTH ST SPRINGDALE PA 15144		125 DE9QTO ST PITTSBURGH PA 15261		INGOMAR RD INGMAR PA 15127	
MCCOLLUM MD, GEO R	FP	MIDDLEMAN MD, ROSE M	PRM	MOYER MD, JOHN F	OTO
355 BAILEY AVE PITTSBURGH PA 15211		3421 RIDGEWOOD DR PITTSBURGH PA 15235		227 BEAVER ST SEWICKLEY PA 15143	
MCCONNELL JR MD, DAVID M	PD	MGLIORATO MD, JEAN K	FP	MREIDEN MD, TARIF	IM
117 N LINDEN AVE PITTSBURGH PA 15208		4702 HAVANA DR PITTSBURGH PA 15239		6 BAYARD ST PITTSBURGH PA 15211	
MCCONNELL MD, REBECCA B	US	MIKITA MD, JOHN J	R	MRYOS MD, DONALD M	OBG
80 STANDISH BLVD PITTSBURGH PA 15228		537 HAMILTON RD PITTSBURGH PA 15205		CHATHAM CTR APT PITTSBURGH PA 15219	
MCCOOL MD, CHAS M	IM	MIKLOS MD, BERNARD G	IM	MRYOS MD, MILES U	GS
206 MANOR COURT PITTSBURGH PA 15241		5TH & EVANS MCKEESPORT PA 15132		P O BOX 7774 PITTSBURGH PA 15215	
MCCORMICK MD, ALEXANDER R	IM	MIKLOS MD, MICHAEL V	NS	MUCHLADO MD, FELIX J	FP
871 OSAGE RD PITTSBURGH PA 15243		2135 NEAL DR MCKEESPORT PA 15135		1370 UNION AVE NATRONA HGTS PA 15065	
MCCORMICK MD, LEE M	IM	MILAI JR MD, A SAMUEL	AN	MUELLER-MEUBACH MD, EBERHARD	OBG
1325 FIREWOOD RD PITTSBURGH PA 15243		444 MC ELHANEY RD GLENSHAM PA 15116		MAGEE WOMENS HOSP PITTSBURGH PA 15213	
MCCORMICK MD, RICHARD M	FP	MILBURN MD, ROSE E	OTO	MUHAMDI MD, GEORGE J	GS
539 LINCOLN AVE PITTSBURGH PA 15202		1200 CHARTIERS AVE MC KEES ROCKS PA 15136		1411 GRANDVIEW AVE PITTSBURGH PA 15211	
MCDERMOTT MD, ROBT M	IM	MILLER JR MD, CLARENCE M	PTH	MUJONEN MD, OLIVER A	PRM
811 ANN ST HOMESTEAD PA 15120		438 OLIVER RD SEWICKLEY PA 15143		216 PICTURE DR PITTSBURGH PA 15236	
MCDONALD JR MD, ROBT H	OS	MILLER MD, DAVID L	PD	MUKHOPADHYAY MD, SUKANTA K	GS
7416 RICHLAND MNR DR PITTSBURGH PA 15208		3520 5TH AVE PITTSBURGH PA 15213		1615 PENNA AVE WEST MIFFLIN PA 15122	
MCDONELL MD, MARY J	PD	MILLER MD, FREDERICK A	PD	MULHERN MD, LAWRENCE M	IM
MERCY HOSP DEPT OF PD PITTSBURGH PA 15219		201 PENN CENTER BLVD PITTSBURGH PA 15235		MERCY HOSPITAL PITTSBURGH PA 15219	
MCELROY MD, WALTER D	IM	MILLER MD, HARRY I	IM	MUNOZ MD, JUAN T	IM
522 WALNUT ST MC KEESPORT PA 15132		3500 5TH AVE PITTSBURGH PA 15213		2348 WELLS DRIVE BETHEL PARK PA 15102	
MCGARVEY MD, MYRON L	FP	MILLER MD, HERBERT D	P	MURPHY JR MD, ANTHUR I	GS
BOX 405 BRIDGEVILLE PA 15017		401 SHADY AVE PITTSBURGH PA 15206		108 HALKET ST PITTSBURGH PA 15213	
MCGARVEY MD, RICHARD N	OBG	MILLER MD, JOHN R	GS	MURPHY MD, CHAS C	U
618 SWISSVALE AVE PITTSBURGH PA 15221		1501 LOCUST ST PITTSBURGH PA 15219		6820 EDGERTON PITTSBURGH PA 15208	
MCGEORGE MD, FRANCIS R	FP	MILLER MD, KENNETH F	FP	MUSGRAVE MD, ROSS H	PS
501 MAPLEWOOD AVE AMBRIDGE PA 15003		541 PERRY HIGHWAY PITTSBURGH PA 15229		3600 FORBES ST PITTSBURGH PA 15213	
MCGRAW MD, PATRICK J	US	MILLER MD, RICHARD H	R	MUSMANNO MD, SAML A	GS
37 FOSTER SQ PITTSBURGH PA 15212		61 LONGUE VUE DR PITTSBURGH PA 15228		1781 PINE HOLLOW DR MCKEES ROCKS PA 15136	
MCGREEVY MD, JAMES H	GS	MILLER MD, SAML G	OTO	MYERS MD, DAVID P	AN
424 CENTER ST 308 SALT LAKE CITY UT 84103		3500 5TH AVE PITTSBURGH PA 15213		6641 WILKINS AVE PITTSBURGH PA 15217	
MCHENRY MD, THOS	PD	MILLER MD, STEPHEN J	PTH	MYERS MD, EUGENE N	OTO
615 WASHINGTON RD PITTSBURGH PA 15228		ALLEGHENY VALLEY HOSP NATRONA HGTS PA 15065		EYE & EAR HOSP PITTSBURGH PA 15213	
MCHUGH MD, ELMER F	IM	MILLER MD, WILLIAM B	FP	MYERS MD, LEONARD B	PTH
367 BUTLER ST PITTSBURGH PA 15223		2165 CENTRE AVE PITTSBURGH PA 15219		SOUTH-SIDE HOSP PITTSBURGH PA 15203	
MCKAY MD, LAUCHLAN	FP	MILLER MD, WM H	IM	NADLER MD, M PRINCETON	OPH
MCKEESPORT HOSP MCKEESPORT PA 15132		532 S AIKEN AVE RM 400 PITTSBURGH PA 15232		1099 OHIO RIVER BLVD SEWICKLEY PA 15143	
MCKEATING MD, PHILIP J	FP	MILLIGAN MD, ROBT S	FP	NAGARAJAN MD, GANESAN	R
404 ATWOOD ST PITTSBURGH PA 15213		5840 BROWNSVILLE DR PITTSBURGH PA 15236		STAR RT BOX 58-1 SCOTTDAL PA 15683	
MCKEE MD, CLAUDE W	OTO	MILU MD, RICHARD A	P	NANGIA MD, SUSHMA R	PTH
5390 LIBRARY RD BETHEL PARK PA 15102		7050 JENKINS ARCADE PITTSBURGH PA 15222		SUBURBAN GEN HOSP PITTSBURGH PA 15202	
MCKENNA MD, RICHARD	OBG	MINDE MD, ERIC J	PM	NAPOLEON MD, LOUIS N	FP
1501 LOCUST ST PITTSBURGH PA 15219		345 4TH AVE PITTSBURGH PA 15222		1124 FOLKSTONE DR PITTSBURGH PA 15243	
MCKENZIE MD, RAY	AN	MINDE MD, NORMAN	PRM	NARDUZZI MD, JOANN V	IM
DP OF ANES MAG WOM HOSP PITTSBURGH PA 15213		345 4TH AVE PITTSBURGH PA 15222		MERCY HOSP PITTSBURGH PA 15219	
MCLAIN MD, PAUL L	US	MINES MD, SAML C	IM	NASEEM MD, MOHAMMAD	R
U-PITTSBURGH 3CH MED PITTSBURGH PA 15213		242 DAN DR PITTSBURGH PA 15216		70 LINCOLN WAY E JEANNETTE PA 15644	
MCLAUGHLIN MD, JAMES T	P	MINNO MD, ALEXANDER M	IM	NATALI MD, DANL E	OBG
121 UNIVERSITY PL PITTSBURGH PA 15213		3500 5TH AVE PITTSBURGH PA 15213		211 N WHITFIELD ST PITTSBURGH PA 15206	
MCLAUGHLIN MD, WM B	ORS	MIRELMAN MD, DANIEL	GS	NAUGLE MD, INGRID E	R
6077 JENKINS ARCADE PITTSBURGH PA 15222		4800 FRIENDSHIP AVE PITTSBURGH PA 15224		2 THORNRIIDGE DR PITTSBURGH PA 15202	
MCMASTER MD, JAMES H	ORS	MISAGE MD, JOHN R	IM	NEAL MD, ROLAND A	FP
986 SCAIFE HALL UNIV PG PITTSBURGH PA 15261		609 BRIARWOOD AVE PITTSBURGH PA 15228		714 SOUTH AVE PITTSBURGH PA 15221	
MCMASTER MD, JOHN D	IM	MITCHELL MD, FENTON M	IM	NEALON MD, RITA C	PD
4815 LIBERTY AVE PITTSBURGH PA 15224		WESTERN PA HOSP PITTSBURGH PA 15224		108 GLEN HAVEN LN PITTSBURGH PA 15238	
MCMILLAN MD, DONALD L	FP	MITCHELL MD, HAROLD L	P	NEALON MD, WM K	OBG
794 WASHINGTON RD PITTSBURGH PA 15228		4904 BAYARD ST PITTSBURGH PA 15213		ST FRANCIS HOSP SUITE C PITTSBURGH PA 15201	
MCMILLAN MD, JAMES E	FP	MITCHELL MD, JOHN	TS	NEFT MD, BURTON H	PS
1932 MT ROYAL BLVD GLENSHAM PA 15116		550 GRANT ST PITTSBURGH PA 15219		1400 CENTRE AVE PITTSBURGH PA 15219	
MCMILLAN MD, WILLIAM B	IM	MITRO MD, WM	FP	NETMAN MD, LEE M	IM
1054 SUMMER PL PITTSBURGH PA 15243		1535 BROADWAY PITTSBURGH PA 15216		302 JENKINS BLDG PITTSBURGH PA 15222	
MCMALL MD, PEARL G	AN	MLECKO MD, LAWRENCE M	IM	NELK MD, FRANKLIN K	IM
1400 LOCUST ST PITTSBURGH PA 15219		9102 BABCOCK BLVD PITTSBURGH PA 15237		GATEWAY TOWERS APT26M PITTSBURGH PA 15222	
MCMANUGHER MD, WM M	GS	MODIC MD, CHRISTOPHER W	R	NELSON MD, LYLE M	IM
6850 REYNOLDS ST PITTSBURGH PA 15208		SEWICKLEY VALLEY HOSP SEWICKLEY PA 15143		719 JENKINS BLDG PITTSBURGH PA 15222	
MCOUADE MD, JAMES H	FP	MOLINARI MD, MICHAEL D	IM	NELSON MD, PAUL B	N
1025 CARLISLE ST NATRONA HTS PA 15065		3091 RUTH ELAINE DR LOS ALAMITOS CA 90720		1832 MT ROYAL BLVD GLENSHAM PA 15116	
MCSORLEY III MD, JOHN	D	MOMAN JR MD, LAWRENCE C	OTO	NELSON MD, THEODORE C	R
532 S AIKEN AVE 511 PITTSBURGH PA 15232		354 FREEMONT ST NEW KENSINGTON PA 15068		911 RUTH ST PITTSBURGH PA 15243	
MEADOR JR MD, HAROLD H	OBG	MON MD, RICHARD L	AN	NETTROUR III MD, WALTER S	ORS
1099 OHIO RIVER BLVD SEWICKLEY PA 15143		OHIO VLY GEN HOSP MCKEES ROCKS PA 15136		PRESBY UNIV HOSPITAL PITTSBURGH PA 15213	
MEDINA MD, JOCYLINE L	PD	MONARDO MD, ALFRED	OBG	NETTROUR MD, LEWIS F	ORS
CHILDRENS HOSPITAL PITTSBURGH PA 15213		300 PENN CTR BLVD PITTSBURGH PA 15235		7026 JENKINS ARCADE PITTSBURGH PA 15222	
MEHALIC MD, THOMAS F	N	MONBIB MD, ALI	PD	NETTROUR MD, WALTER S	GS
1501 LOCUST ST PITTSBURGH PA 15219		125 DESOTO ST PITTSBURGH PA 15213		7026 JENKINS ARCADE PITTSBURGH PA 15222	
MEHOK MD, RONALD G	ORS	MONIER MD, JOHN B	FP	NEW 2ND MD, JOHN A	OBG
2345 NEVIN DR PITTSBURGH PA 15237		133 JEFFERSON RD PITTSBURGH PA 15235		4837 DOVERDELL DR PITTSBURGH PA 15236	
MEHRKHAH MD, HASSAN	PD	MONTGOMERY MD, EDWARD S	FP	NEWBERG MD, JAY A	OPH
3014 E BARDONNEK RD GIBSONIA PA 15044		400 LOCK ST TARENTUM PA 15084		425 SINCLAIR ST MC KEESPORT PA 15132	
MEHTA MD, YOGINI R	AN	MOONEY MD, WM E	P	NEWILL MD, DOMER S	PRM
2541 ALLENDER AVE PITTSBURGH PA 15220		ST FRANCIS GEN HOSP PITTSBURGH PA 15201		FOUR GATEWAY CTR RM 917 PITTSBURGH PA 15222	
MEISTER MD, DONALD G	FP	MOORE MD, CHAS C	GS	NEWMARK MD, MICHAEL J	IM
8135 PERRY HWY PITTSBURGH PA 15237		5700 BUNKERHILL ST PITTSBURGH PA 15206		835 SINGINGWOOD DR RENO NV 89509	
MELLON JR MD, WILBUR S	R	MOORE MD, FRANCIS G	OPH	NEWTON MD, REX H	PM
4800 FRIENDSHIP ST PITTSBURGH PA 15224		1748 N HIGHLAND RD PITTSBURGH PA 15241		1119 MACON AVE PITTSBURGH PA 15218	
MELNICK MD, MELVIN P	P	MORACA MD, JOHN I	OBG	NICHOLS MD, WM R	PD
201 DE SOTO ST PITTSBURGH PA 15213		1099 OHIO RIVER BLVD SEWICKLEY PA 15143		1564 NORTHWAY MALL PITTSBURGH PA 15237	
MELOTTI MD, PETER M	PM	MORAITIS MD, CONSTANCE Z	OPH	NICKENS MD, CHAS G	FP
1053 LAKEMONT DR PITTSBURGH PA 15243		4101 BROWNSVILLE RD PITTSBURGH PA 15227		USPH 4TH FL PD-CTS BLDG PITTSBURGH PA 15219	
MENDELOW MD, HARVEY	PTH	MORGAN MD, ALLAN V	IM	NICKENS MD, OSWALD J	OBG
MONTEFIORE HOSP PITTSBURGH PA 15213		4616 5TH AVE PITTSBURGH PA 15213		5600 PENN AVE PITTSBURGH PA 15206	
MERENSTEIN MD, JOEL H	FP	MORGAN MD, IRVING J	OPH	NICKESON MD, ROBT W	OPH
7175 SALTSBURG RD PITTSBURGH PA 15235		APT 12E 5555 COLLINS AV MIAMI BEACH FL 33140		169 IRWIN AVE PITTSBURGH PA 15202	
MERING JR MD, JAMES H	OBG	MORGAN MD, THEODORE J	GS	NICKLAS MD, FLOYD W	FP
1411 GRANDVIEW 208 PITTSBURGH PA 15211		550 GRANT ST PITTSBURGH PA 15219		330 DELAWARE AVE OAKMONT PA 15139	
MERKOW MD, LEONARD P	PTH	MORRELL DO, ROGER W	OBG	NICOTERO MD, JAMES A	IM
15 STATE ST OAKDALE PA 15071		217 ARBUTUS AVE JOHNSTOWN PA 15904		4401 PENN AVE STE 1050 PITTSBURGH PA 15224	
MERMELSTEIN MD, HOWARD A	PD	MORRIS MD, LESLIE E	OS	NIGBOROWICZ MD, RONALD J	US
161 N DITHRIDGE ST PITTSBURGH PA 15213		2312 MARBURY RD PITTSBURGH PA 15221		6340 DOUGLAS ST PITTSBURGH PA 15217	
MERMELSTEIN MD, MILTON	FP	MORRIS MD, SAM E	R	NILL MD, CARL F	IM
3012 RIVERVIEW AVE MC KEESPORT PA 15132		DPT OF RAD ST FRANCIS H PITTSBURGH PA 15201		737 OSAGE RD PITTSBURGH PA 15243	
META MD, LOUIS D	IM	MORROCCO MD, JOHN D	OBG	NILSON MD, JOHN P	R
MERCY HOSPITAL PITTSBURGH PA 15219		505 E MAIN ST CARNEGIE PA 15106		406 EAST END AVE PITTSBURGH PA 15221	
METCALFE MD, JAMES K	PTH	MORTON MD, WILLIAM R	FP	NISHTA MD, JOS A	OPH
4800 FRIENDSHIP AVE PITTSBURGH PA 15224		95 THORNCLIFFE PKR DR TORONTO 17 ONT	CANAD	1208 TYNFIELD RD OAKMONT PA 15139	
METZ MD, WALTER A	FP	MORY MD, STEPHEN C	FP	NITZBERG MD, ROBERT S	IM
115 DELANO DR PITTSBURGH PA 15236		763 SYLVESTER WAY APT 8 MCKEESPORT PA 15132		3437 5TH AVE APT 207 PITTSBURGH PA 15213	
METZGER MD, CHAS M	FP	MOSKOWITZ MD, BARRY D	OPH	NIX MD, ROBT D	PD
344 LINCOLN AVE PITTSBURGH PA 15202		2150 WIGHTMAN ST PITTSBURGH PA 15217		318 1/2 GRANT ST SEWICKLEY PA 15143	
MICHAELS MD, BERNARD I	PD	MOSS JR MD, VASSAR Y	OBG	NIXON MD, VAUGHN B	OTO
161 N DITHRIDGE ST PITTSBURGH PA 15213		3600 FORBES ST PITTSBURGH PA 15213		4232 BROWNSVILLE RD PITTSBURGH PA 15227	



NOBEL MD, HELEN V FP  
3101 BROWNSVILLE RD PITTSBURGH PA 15227  
NODEN MD, GEO T FP  
5142 BUTLER ST PITTSBURGH PA 15201  
NORRIS MD, DAVID C P  
540 N NEVILLE ST PITTSBURGH PA 15213  
NORTH MD, RONALD J PS  
6744 PENN AVE PITTSBURGH PA 15208  
NOTHMANN MD, BRUCE J IM  
4815 LIBERTY AVE STE 30 PITTSBURGH PA 15224  
NOVAK MD, JOS PM  
ST FRANCIS GEN HOSP PITTSBURGH PA 15201  
NOVAK MD, JOSEPH F OPH  
38 GLEN RIDGE LANE PITTSBURGH PA 15243  
NOVIK MD, LARRY US  
ST MARGARETS MEM HOSP PITTSBURGH PA 15201  
NOVOGRADAC MD, WM E GS  
532 S AIKEN AVE STE 412 PITTSBURGH PA 15232  
NSIER MD, NAWAF I IM  
800 19 NORTH DR APT 6 PITTSBURGH PA 15237  
NUFFIELD MD, EDWARD J P  
WESTERN PSYCH INST PITTSBURGH PA 15261  
NULL MD, HARRY M GS  
9102 BABCOCK BLVD PITTSBURGH PA 15237  
NUNEZ MD, HERMES GS  
756 CHARTIERS AVE MCKEES ROCKS PA 15106  
OBRLEN MD, ROBT G OBG  
1410 CANDLEWOOD DR PITTSBURGH PA 15241  
OCONNOR MD, JOHN P OBG  
4401 PENN AVE STE 1047 PITTSBURGH PA 15224  
ODDI MD, FREDERICK J FP  
100 SANDUNE DR PITTSBURGH PA 15239  
ODONNELL MD, JOHN H AN  
SEWICKLEY VALLEY HOSP SEWICKLEY PA 15143  
ODONNELL MD, WALTER F U  
525 ACADEMY AVE SEWICKLEY PA 15143  
OEHRLE MD, JOHN S PTH  
ALLEG GEN HOSP MHS INST PITTSBURGH PA 15212  
OESTERLING JR MD, EVERETT F PTH  
1036 LAKEMONT DR PITTSBURGH PA 15243  
OGUNLEY MD, AYODELE O GS  
350 STEVENS DR APT 403 PITTSBURGH PA 15237  
OH MD, KOOK S R  
CHILDRENS HOSP PITTSBURGH PA 15213  
OHARA MD, EDWARD F FP  
915 SAXONBURG BLVD PITTSBURGH PA 15223  
OKEEFE MD, JAMES F IM  
4615 5TH AVE PITTSBURGH PA 15213  
OLAH MD, GEO W FP  
3944 NANTASKET ST PITTSBURGH PA 15207  
OLIVER JR MD, THOMAS K PD  
CHILDRENS HOSP PITTSBURGH PA 15213  
OMALLEY MD, DONALD F ORS  
810 AMITY ST HOMESTEAD PA 15120  
ONEIL DO, ROBERT J FP  
1809 PINE HOLLOW RD MCKEES ROCKS PA 15136  
ONQUE MD, GLORIA C P  
401 SHADY AVE PITTSBURGH PA 15206  
ORIE MD, JOHN R IM  
9102 BABCOCK BLVD PITTSBURGH PA 15237  
ORLANDO MD, SALVATORE J PD  
110 CROFTON DR PITTSBURGH PA 15238  
ORR MD, MALCOLM D AN  
PRESBY-UNIV HOSP-PANES PITTSBURGH PA 15261  
ORRINGER MD, DAVID GS  
8114 JENKINS ARCADE PITTSBURGH PA 15222  
OSHEKA MD, WM GS  
1164 SINGER AVE MC KEES ROCKS PA 15136  
OSMOND MD, LESLIE H R  
215 S NEGLE AVE PITTSBURGH PA 15206  
OSOFKY MD, MURRAY V OBG  
500 N NEVILLE ST 103 PITTSBURGH PA 15213  
OWENS MD, E REESE ORS  
500 PENN AVE PITTSBURGH PA 15222  
PAAT MD, FLORANTE P PTH  
MCKEESPORT HOSPITAL MCKEESPORT PA 15135  
PACHTMAN MD, ISADORE OPH  
1314 SQUIRREL HILL AVE PITTSBURGH PA 15217  
PALKOVITZ MD, HARRY P N  
3600 FORBES AVE PITTSBURGH PA 15213  
PALKOVITZ MD, JOS FP  
4801 2ND AVE PITTSBURGH PA 15207  
PALMER MD, ARTHUR H NS  
1501 LOCUST ST PITTSBURGH PA 15219  
PALMER MD, WM D GS  
320 E NORTH AVE PITTSBURGH PA 15212  
PALUS MD, BERNARD R D  
15 DUFF RD PITTSBURGH PA 15235  
PANAHANDEH MD, ABOLHASSAN CRS  
3500 FIFTH AVE PITTSBURGH PA 15213  
PANCHAL MD, PRAVIN D PM  
PO BOX 12027 PITTSBURGH PA 15240  
PANDIT MD, DEVAYANI I OBG  
625 STANWIX ST PITTSBURGH PA 15222  
PANDIT MD, INORAVADAN N IM  
5230 CENTRE AVE PITTSBURGH PA 15232  
PANTALONE MD, ANGELO L AN  
1100 PENN CTR BLVD PITTSBURGH PA 15235  
PAPADOPOULOS MD, PANAYOTIS FP  
1601 PENN AVE PITTSBURGH PA 15221  
PAPAZIAN MD, ARA AN  
ALLEGHENY GEN HOSP PITTSBURGH PA 15212  
PAPPAS MD, MICHAEL T AN  
1248 OLD MEADOW RD PITTSBURGH PA 15241  
PARK MD, EUI J IM  
6358 PHILLIPS AVE PITTSBURGH PA 15217  
PARK MD, GREGORY P OBG  
809 RIDGEVIEW DR PITTSBURGH PA 15228  
PARK MD, SANG B TS  
1 ALLEGHENY SQ 265 PITTSBURGH PA 15212  
PARKER MD, ALBERT G OPH  
1636 ARLINGTON AVE PITTSBURGH PA 15210  
PARSONS MD, FREDERICK A P  
HAYVIEW STATE HOSP BRIDGEVILLE PA 15017  
PARSONS MD, JOHN A R  
MAGEE-WOMANS HOSP PITTSBURGH PA 15213  
PASCUAL MD, GENEROSO S R  
ALLEG GEN HOSP RAD OPT PITTSBURGH PA 15212  
PATTERSON MD, ELIZABETH A R  
807 STOTLER RD PITTSBURGH PA 15235  
PATTERSON MD, GEO W FP  
15 YOST BLVD PITTSBURGH PA 15221  
PATTERSON MD, ROBT L AN  
320 E NORTH AVE PITTSBURGH PA 15212  
PATTON MD, ANNA M OBG  
GATEWAY CENTER 2 PITTSBURGH PA 15222  
PATTON MD, GEO D OBG  
121 N HIGHLAND AVE RM 2 PITTSBURGH PA 15206  
PATTON MD, VOLNEY G PD  
2605 LUTZ LA BETHEL PARK PA 15102  
PAUL MD, HUGO B P  
PO BOX 55 NEW CANAAN CN 06840  
PAUL MD, JAY IM  
8720 BREEZEWOOD DR PITTSBURGH PA 15237  
PAUL MD, RICHARD PD  
161 N DITHRIDGE ST PITTSBURGH PA 15213  
PAUTLER MD, STANISLAV AN  
PRESBYTERIAN UNIV HOSP PITTSBURGH PA 15213  
PAVIC MD, GEO J IM  
1943 OVERLAND COURT ALLISON PARK PA 15101  
PAVLIS MD, ROBT J OPH  
1099 OHIO RIVER BLVD SEWICKLEY PA 15143  
PAVSEK MD, EDWARD J R  
1400 LOCUST ST PITTSBURGH PA 15219  
PAWLOSKY MD, FRANK X FP  
530 WASHINGTON RD PITTSBURGH PA 15228  
PEAL MD, STANLEY P  
3811 O'HARA ST PITTSBURGH PA 15213  
PEARLMAN MD, REUBEN H FP  
5225 COLLINS AVE APT 7M MIAMI BCH FL 33140  
PECMAN MD, JOANNA OBG  
127 MARIAN AVE GLENSHAM PA 15116  
PEIRSO MD, BETTY L GS  
3505 SARDIS RD MURRYSVILLE PA 15668  
PEKRUH III MD, WILLIAM F FP  
170 CORAL GABLE APT 4 VA BEACH VA 23456  
PELKOFER MD, CLETUS G R  
252 WINEBIDDLE ST PITTSBURGH PA 15224  
PELLEGRINI MD, RONALD V GS  
500 LEWIS RUN RD PITTSBURGH PA 15236  
PENA MD, PEDRO M R  
ALLEG GEN HOSP PITTSBURGH PA 15212  
PENN MD, SAML E OTO  
3500 5TH AVE PITTSBURGH PA 15213  
PENNOCK MD, L LEWIS IM  
3347 FORBES AVE PITTSBURGH PA 15213  
PEPPER MD, L DOUGLAS FP  
2320 SURREY LANE APT 93 MCKEESPORT PA 15135  
PERER MD, WM A FP  
541 E OHIO ST PITTSBURGH PA 15212  
PERRI MD, FRANCIS R GS  
1501 LOCUST ST PITTSBURGH PA 15219  
PERRI MD, JOHN A ORS  
998 OSAGE RD PITTSBURGH PA 15243  
PERRIN MD, RONALD L R  
MONTEFIORE HOSP PITTSBURGH PA 15213  
PERRIN MD, SAML R D  
121 S HIGHLAND AVE PITTSBURGH PA 15206  
PERRYMAN MD, CHAS R R  
1501 LOCUST ST PITTSBURGH PA 15219  
PESSOLANO MD, CARL J ORS  
128 N CRAIG ST PITTSBURGH PA 15213  
PESSOLANO MD, FRANK J R  
CITIZENS GEN HOSP NEW KENSINGTON PA 15068  
PETERNEL MD, WAYNE W IM  
MERCY HOSP PITTSBURGH PA 15219  
PETERS MD, VAUGHAN FP  
505 BROWNSVILLE RD PITTSBURGH PA 15210  
PETRAGLIA MD, ANGELO A FP  
104 N GRAHAM ST PITTSBURGH PA 15206  
PETRAGLIA MD, PAUL FP  
205 VIRGINIA AVE PITTSBURGH PA 15211  
PETRUSACK MD, JAROSLAW AN  
4932 ELLSWORTH AVE PITTSBURGH PA 15213  
PETTAPIE JR MD, MILTON C OPH  
3518 5TH AVE PITTSBURGH PA 15213  
PETZOLD MD, CAROL J FP  
314 C GLEN DOUGLAS DR GLENSHAM PA 15116  
PFAEFFLE MD, HUGO H AN  
9100 BABCOCK AVE DEP AN PITTSBURGH PA 15237  
PHANSE MD, MOHAN S IM  
2060 OUTLOOK DR PITTSBURGH PA 15241  
PHILLIPS III MD, CHESTER A AN  
2325 OLD WASHINGTON RD PITTSBURGH PA 15219  
PHILLIPS JR MD, C AIKEN GS  
306 BEVERLY RD PITTSBURGH PA 15216  
PHILLIPS MD, JANE A PM  
ST FRANCIS HOSP PITTSBURGH PA 15201  
PHILLIPS MD, JOHN C IM  
4815 LIBERTY AVE PITTSBURGH PA 15224  
PHILLIPS MD, JOHN G NS  
3600 FORBES C/O SNEPTAK PITTSBURGH PA 15213  
PHILLIPS MD, OTTO C AN  
4800 FRIENDSHIP AVE PITTSBURGH PA 15224  
PHITAYAKORN MD, CHIT TS  
4815 LIBERTY AVE PITTSBURGH PA 15224  
PICARD MD, GEO A OBG  
4815 LIBERTY AVE 601 PITTSBURGH PA 15224  
PETRACALLO MD, LOUIS D IM  
480 SAGE DR PITTSBURGH PA 15243  
PETRUSZKA MD, MARVIN PTH  
6381 EBDY ST PITTSBURGH PA 15217  
PIFER MD, GERALD W ORS  
ONE ALLEGHENY CTR PITTSBURGH PA 15212  
PIGOSSE MD, DANTE FP  
1001 GRANDVIEW AVE #702 BRIDGEVILLE PA 15017  
PIGOZZI MD, WM N FP  
4706 WALNUT ST MC KEESPORT PA 15132  
PINCUS MD, JACK H FP  
3940 NORTHERN PIKE MONROEVILLE PA 15146  
PITCAVAGE MD, JAMES G PD  
701 BROAD STREET SEWICKLEY PA 15143  
PITTENGER MD, REX A P  
369 SUNSET RD PITTSBURGH PA 15237  
PITTMAN MD, THOS A R  
ST FRANCIS GEN HOSP PITTSBURGH PA 15201  
PLACCI MD, CARLOS A P  
3811 OHARA ST PITTSBURGH PA 15213  
PLASTER MD, ERNEST L OBG  
203 RSVLT BLD 6TH & PEN PITTSBURGH PA 15222  
PLESSET MD, MARVIN R P  
3600 FORBES AVE PITTSBURGH PA 15213  
POBER MD, HYMEN A FP  
3500 5TH AVE PITTSBURGH PA 15213  
POCHAPIN MD, SHERMAN W P  
3600 FORBES AVE PITTSBURGH PA 15213  
POLIDORA MD, JOS J IM  
4318 NORTHERN PIKE MONROEVILLE PA 15146  
POLLACK MD, DOROTHY J AN  
188 BEALL DRIVE PITTSBURGH PA 15236  
POLLER MD, WILLIAM R R  
2119 MIDDLE RD GLENSHAM PA 15116  
POLLICE MD, PHILIP G AN  
103 FITZRANDOLPH RD CORAOPOLIS PA 15108  
POLLOCK MD, BURTON H IM  
423 JENKINS BLDG PITTSBURGH PA 15222  
PONDYA MD, KAMLESHKUMAR N PD  
506 B S MAGNOLIA DR GLENSHAM PA 15116  
PORTER MD, PAUL S D  
WM PENN HOTEL #234-36 PITTSBURGH PA 15230  
POTTER MD, ROBT H FP  
526 PERRYVILLE AVE PITTSBURGH PA 15229  
POUTOUS MD, GEORGE W OBG  
3645 VENANGO AVE MUNHALL PA 15120  
POWELL MD, L JOHN GS  
247 WILLS RD CONNELLSVILLE PA 15425  
PREININGER MD, EDWARD R FP  
312 HOLIDAY DR PITTSBURGH PA 15237  
PRESCOTT MD, FREDERICK A FP  
4716 WALNUT ST MC KEESPORT PA 15132  
PRESS MD, ALLAN J OPH  
1099 OHIO RIVER BLVD SEWICKLEY PA 15143  
PRETTER MD, PAUL D IM  
153 KINGS DALE ROAD PITTSBURGH PA 15221  
PRICE JR MD, STUART E U  
211 N WHITFIELD ST PITTSBURGH PA 15206  
PRICE MD, ALFRED R FP  
279 W STEUBEN ST PITTSBURGH PA 15205  
PRIN MD, WM PD  
3515 5TH AVE PITTSBURGH PA 15213  
PRINGLE MD, ROBT W IM  
4815 LIBERTY AVE PITTSBURGH PA 15224  
PRIORE MD, ROBT M OBG  
1400 S BRADDOCK AVE PITTSBURGH PA 15218  
PROVOST MD, CHAS T FP  
2515 KINGSWOOD ST PITTSBURGH PA 15234  
PURPURA MD, THOS R FP  
811 OSAGE RD PITTSBURGH PA 15216  
PUSCHETT MD, JULES B IM  
ALLEG GEN HOSP PITTSBURGH PA 15212  
QUIETSON-RAVANO MD, PARALUMAN R PTH  
COLUMBIA HEALTH CTR PITTSBURGH PA 15221  
QUINT MD, DONALD H PTH  
1964 RED COACH RD ALLISON PARK PA 15101  
RADISAVLJEVIC MD, SAVA PTH  
219 S FAIRMOUNT ST PITTSBURGH PA 15206  
RADNOR MD, LEONARD L ORS  
4754 W LANVIEW DR PITTSBURGH PA 15227  
RAGINS MD, NAOMI P  
121 UNIVERSITY PLACE PITTSBURGH PA 15213  
RAITZMAN MD, RICHARD E IM  
1256 BELLEROCK ST PITTSBURGH PA 15217  
RAMIK MD, OTTO E P  
WERNERSVILLE STATE HOSP WERNERSVILLE PA 19565  
RAMOS MD, CLARITA P PTH  
SUBURBAN GEN HOSP PITTSBURGH PA 15202  
RAMS MD, JAMES J TS  
WEST PENN HOSP PITTSBURGH PA 15224  
RANII MD, CARMELO A IM  
12 EASTERN AVE PITTSBURGH PA 15215  
RANKIN MD, JAMES S OTO  
20 CEDAR BLVD PITTSBURGH PA 15228  
RANKIN MD, SAML G FP  
4988 LIBRARY RD BETHEL PARK PA 15102  
RAO MD, B VENKAT IM  
5230 CENTRE AVE PITTSBURGH PA 15232  
RAO MD, RAMDEV K IM  
1515 LOCUST ST PITTSBURGH PA 15219  
RAO MD, T GOPAL TS  
532 S AIKEN AVE PITTSBURGH PA 15232  
RABTI MD, REZA OBG  
500 E BRUCETON RD APT30 PITTSBURGH PA 15236  
RAU MD, RAYMOND L P  
3515 FIFTH AVE PITTSBURGH PA 15213  
RAUB MD, JAMES A OBG  
1099 OHIO RIVER BLVD SEWICKLEY PA 15143  
RAVANO MD, JOSE F FP  
6655 FRANKSTOWN AVE PITTSBURGH PA 15206  
RAVITCH MD, MARK M GS  
3459 FIFTH AVE PITTSBURGH PA 15213  
RAWJII-FARKAS MD, FARIAL FP  
941 WASHINGTON ST MCKEESPORT PA 15132  
RAY MD, HENRY M US  
20 ISLAND AVE APT 501 MIAMI BCH FL 33139  
REAGAN MD, MARIE A OBG  
4401 PENN AVE STE 1200 PITTSBURGH PA 15224  
RECIO MD, ROLANDO G OBG  
211 N WHITFIELD ST PITTSBURGH PA 15206  
REDA MD, FRANK A OBG  
733 WASHINGTON RD PITTSBURGH PA 15228  
REED MD, DAVID E IM  
554 S AIKEN AVE PITTSBURGH PA 15232  
REED MD, W GLENN PTH  
WESTERN PENNA HOSP PITTSBURGH PA 15224  
REESE MD, EDWARD F GS  
1809 WEST ST HOMESTEAD PA 15120



REID MD, BARBARA S	R	ROSS JR MD, HARRY J	P	SAPIRA MD, HARRY A	FP
125 DESOTO ST PITTSBURGH PA 15213		114 DROOD LANE PITTSBURGH PA 15237		5417 PLAINFIELD ST PITTSBURGH PA 15217	
REIGEL MD, DONALD H	NS	ROSSI MD, JOHN C	GS	SAQUIN MD, RAINELDO C	PTH
CHILDRENS HOSP PITTSBURGH PA 15213		4800 FRIENDSHIP AVE PITTSBURGH PA 15224		MAGEE-WOMENS HOSP PITTSBURGH PA 15213	
REILLY MD, JAMES J	PD	ROTTFUS MD, HELEN T	FP	SARACCO MD, THOS R	FP
3520 LAKETON RD PITTSBURGH PA 15235		81 SENECA DR PITTSBURGH PA 15228		4263 WHITE OAK CT PITTSBURGH PA 15227	
REIN MD, ALEXANDER	IM	ROTHMAN MD, DAVID L	IM	SARVER MD, ROBT O	ORS
101 SUNNYHILL DR PITTSBURGH PA 15237		3028 BROWNSVILLE RD PITTSBURGH PA 15227		1099 OHIO RIVER BLVD SEWICKLEY PA 15143	
REIS MD, WALTER J	P	ROTTSCHAEFER MD, BERNARD L	US	SAUL MD, ROBT W	OPH
226 S MAPLE AVE GREENSBURG PA 15601		139 OAK MEADOW DR OAKMONT PA 15139		3700 5TH AVE PITTSBURGH PA 15213	
RENICK MD, CHAS A	P	ROUSSELL MD, WILLIAM G	R	SAUL MD, SYDNEY M	PD
MAYVIEW STATE HOSP BRIDGEVILLE PA 15017		PSC 3 BOX 3658 APO SAN FRANCISCO CA 96553		6315 FORBES AVE STE 115 PITTSBURGH PA 15217	
RENTON MD, ALAN C	PS	ROWE MD, STUART N	NS	SCARFF MD, TIMOTHY B	NS
301 200 SOUTH HILLS VLG PITTSBURGH PA 15241		3600 FORBES ST PITTSBURGH PA 15213		125 DESOTO ST PITTSBURGH PA 15261	
RENTON MD, GORDON L	PS	ROWLAND MD, IVO E	US	SCARSELLATO MD, JOHN M	OBG
301-200 F SO HLS VLG PITTSBURGH PA 15241		222 N MADISON ST JOLIET ILL 60435		209 WASHINGTON RD PITTSBURGH PA 15221	
RESHMI MD, CHANDRAPPA S	OPH	RUBEL MD, THEODOR	FP	SCACHTER MD, ALLAN B	U
2708 BROWNSVILLE RD PITTSBURGH PA 15227		6229 1/2 MONITOR ST PITTSBURGH PA 15217		3471 5TH AVE 5TH FL PITTSBURGH PA 15213	
REYAK MD, CONRAD S	R	RUGEN MD, RICHARD S	OBG	SCACHTER MD, JOSEPH	P
ST FRANCIS HOSP PITTSBURGH PA 15201		120 DAWN DR MT HOLLY NJ 08060		3471 FIFTH AVE PITTSBURGH PA 15213	
REWBIDGE MD, ALLEN G	US	RUBENFELD MD, ARNOLD D	OTO	SCHAEFER MD, C RUSSELL	IM
116 3RD ST N NAPLES FL 33940		EYE & EAR HOSP PITTSBURGH PA 15213		509 LIBERTY AVE PITTSBURGH PA 15222	
REYNOLDS MD, L ALLEN	FP	RUBENSTEIN MD, LEONARD S	FP	SCHALL MD, ROY F	OTO
BOX 425 RUSSELLTON PA 15076		1536 BEECHVIEW AVE PITTSBURGH PA 15216		5133 JENKINS ARCADE PITTSBURGH PA 15222	
RHODES JR MD, DAVID H	OPH	RUBIN MD, HARVEY M	PD	SCHANER MD, PAUL J	AN
1110 ONE OLIVER PLAZA PITTSBURGH PA 15222		MERCY HOSP PITTSBURGH PA 15219		1400 LOCUST ST PITTSBURGH PA 15219	
RICE MD, MARC	IM	RUBIN MD, LORE R	P	SCHATTNER MD, ALLEN S	FP
ALLEGHENY GEN HOSP PITTSBURGH PA 15212		4715 WALLINGFORD ST PITTSBURGH PA 15213		2327 MCNARY BLVD PITTSBURGH PA 15235	
RICE MD, SAM L	IM	RUBIO MD, WILFREDO V	FP	SCHAUB MD, DAVID H	IM
WARRENDALE CLINIC WARRENDALE PA 15086		8047 LINDISFARNE DR PITTSBURGH PA 15237		320 3D AVE TARENTUM PA 15084	
RICHARDS MD, HARRY L	PS	RUDZINSKI MD, DENNIS J	AN	SCHEN MD, ROBT A	OTO
1111 EMPIRE BLDG PITTSBURGH PA 15222		125 DESOTO ST PITTSBURGH PA 15213		20 CEDAR BLVD PITTSBURGH PA 15228	
RICHARDSON MD, GEO S	PS	RUDEMANN MD, EHRHARDT	OTO	SCHIFF MD, MELVIN H	IM
4815 LIBERTY AVE PITTSBURGH PA 15224		613 JENKINS ARCADE PITTSBURGH PA 15222		35 E CRYSTAL DR OAKMONT PA 15139	
RICHARDSON MD, ROOSEVELT	FP	RUEGER MD, RAIMUND G	OTO	SCHIFFER MD, LEWIS H	IM
211 N WHITFIELD ST PITTSBURGH PA 15206		500 GRANT ST 142 PITTSBURGH PA 15219		ALLEGHENY GEN HOSP PITTSBURGH PA 15212	
RICHEY MD, JAMES E	IM	RUIZ MD, CESAR A	IM	SCHLESINGER MD, STEPHEN A	P
644-C KELLY AVE PITTSBURGH PA 15221		4401 PENN AVE 1047 PITTSBURGH PA 15224		4445 NORTHERN PIKE MONROEVILLE PA 15146	
RICHTER MD, PAUL L	N	RULIN MD, MARVIN C	OBG	SCHMELTZ MD, RALPH	IM
320 E NORTH AVE PITTSBURGH PA 15212		3400 FORBES AVE PITTSBURGH PA 15213		FOUR JAYCEE DRIVE PITTSBURGH PA 15243	
RICKETTS MD, J EDWARD	IM	RUMBLE JR MD, CHAS T	P	SCHMITT MD, CHAS L	D
120 RIVERVIEW TERR PITTSBURGH PA 15215		4615 FIFTH AVE PITTSBURGH PA 15213		3700 5TH AVE PITTSBURGH PA 15213	
RIEGL MD, GEO E	FP	RUMBLE MD, THOS R	P	SCHMITT MD, HERMAN L	FP
501 IRWIN DR EDGEWORTH PA 15143		EIGHT HIGHMEADOW RD PITTSBURGH PA 15215		505 BROWNSVILLE RD PITTSBURGH PA 15210	
RIETHMILLER MD, GRACE L	OBG	RUNCO MD, ANGELO S	PD	SCHNEIDER MD, EDWARD K	FP
R D 3 BOX 75 SEWICKLEY PA 15143		715 N HIGHLAND AVE PITTSBURGH PA 15206		602 TALLY DRIVE PITTSBURGH PA 15237	
RKE MD, PAUL M	IM	RUSBRIDGE MD, HAROLD W	GS	SCHNEIDER MD, JOHN A	OBG
APT 300 4625 5TH AVE PITTSBURGH PA 15213		116 E ATLANTIC BLVD OCEAN CITY NJ 08226		1501 LOCUST ST PITTSBURGH PA 15219	
RILEY MD, BERNARD J	OBG	RUSCHAK MD, PAUL J	D	SCHNEIDER MD, ROBT E	FP
4401 PENN AVE STE 1200 PITTSBURGH PA 15224		179 MAIN ST NEW EAGLE PA 15067		8135 PERRY HWY PITTSBURGH PA 15237	
RPEPI MD, ANTHONY C	IM	RUSHFORD MD, ANTHONY J	U	SCHNURER MD, CHAS I	GS
4638 MCKEE DR PITTSBURGH PA 15236		450 HOLLAND AVE BRADDOCK PA 15104		224 5TH AVE MC KEESPORT PA 15132	
RPEPI MD, PHILIP P	GS	RUSSELL MD, RICHARD L	P	SCHOENFELD MD, CLYDE D	IM
500 LEWIS RUN RD PITTSBURGH PA 15236		401 SHADY AVE APT C301 PITTSBURGH PA 15206		532 S AIKEN AVE 200 PITTSBURGH PA 15232	
RISHI MD, USHA S	R	RUSMAN MD, RICHARD B	IM	SCHOLLAERT MD, RICHARD A	US
WEST PENN HOSP PITTSBURGH PA 15224		30 CARLETON DR PITTSBURGH PA 15243		6320 BARTLETT ST PITTSBURGH PA 15217	
RITTENHOUSE MD, EMORY A	OTO	RYDZE MD, ROBT A	FP	SCHRAMM JR MD, VICTOR L	OTO
203 MASONIC BLDG MC KEESPORT PA 15132		516 SUISMON ST PITTSBURGH PA 15212		E & E HOSP 230 LOTHROP PITTSBURGH PA 15213	
RITTENHOUSE MD, FRANK H	FP	RYO MD, IN O	PD	SCHULMAN MD, BENJ L	IM
92 BRADFORD AVE PITTSBURGH PA 15205		1622 FOREST GREEN DR CORAOPOLIS PA 15108		1403 5TH AVE PITTSBURGH PA 15219	
RITTENHOUSE MD, GEO H	FP	SABAN MD, JOSE	R	SCHULTZ MD, EDWARD M	R
604 WASHINGTON AVE BRIDGEVILLE PA 15017		N H PASSAVANT HOSP PITTSBURGH PA 15237		700 GETTYSBURG ST PITTSBURGH PA 15206	
RITTER MD, PAUL R	OS	SABATTELLE MD, ROBT C	OBG	SCHULTZ MD, JOSEPH C	R
1003 MIFFLIN AVE PITTSBURGH PA 15221		1099 OHIO RIVER BLVD SEWICKLEY PA 15143		5181 RITTENHOUSE SQ N COLUMBUS OH 43220	
RIVKIND MD, JULES	OBG	SABEH MD, GEO	IM	SCHWARTZ MD, ALEC R	PD
MERCY HOSP PITTSBURGH PA 15219		1505 LINCOLN WAY MCKEESPORT PA 15131		5801 BEACON ST PITTSBURGH PA 15217	
RIZK MD, LABIB S	FP	SABEH MD, RAIF K	OTO	SCHWARTZ MD, DANL N	OTO
9909 FRANKSTOWN RD PITTSBURGH PA 15235		2400 ARMORE BLVD #203 PITTSBURGH PA 15221		116 E 18TH AVE HOMESTEAD PA 15120	
ROBERTS MD, ALAN K	FP	SABON MD, L THOMAS	FP	SCHWARTZ MD, HENRY J	OBG
5700 BRYANT ST PITTSBURGH PA 15206		1807 WEST ST HOMESTEAD PA 15120		220 MEYRAN AVE PITTSBURGH PA 15213	
ROBERTS MD, LINDA P	IM	SACCO MD, RUSSELL J	IM	SCHWARTZ MD, LEONARD	P
4293 GREENSBURG PKE 110 PITTSBURGH PA 15221		532 S AIKEN AVE STE 515 PITTSBURGH PA 15232		3471 5TH AVE PITTSBURGH PA 15213	
ROBINS MD, HUGH B	PRM	SACHS MD, MURRAY	IM	SCHWARTZ MD, NORMAN A	FP
1808 VILLAGE RD GLENSHAW PA 15116		532 S AIKEN AVE PITTSBURGH PA 15232		516 LOCUST AVE MC KEESPORT PA 15132	
ROBINSON MD, JOHN N	TS	SADLER MD, JOHN M	OBG	SCHWARTZ MD, STANLEY N	IM
1830 FOXCROFT LN 601 ALLISON PARK PA 15101		989 CUMBERLAND RD PITTSBURGH PA 15237		968 SCAIFE HALL U OF PG PITTSBURGH PA 15261	
ROBINSON MD, WM O	GS	SADOWSKI MD, HUBERT F	IM	SCHMERHA MD, JOS J	US
MERCY HOSPITAL PITTSBURGH PA 15219		245 HOODRIDGE DR PITTSBURGH PA 15234		RD 1 BOX 678 VENETIA PA 15367	
ROCHE MD, CHAS A	OBG	SAFAR MD, PETER	AN	SCHMERIN MD, WM F	FP
22 OLD CLAIRTON RD PITTSBURGH PA 15236		SCAIFE HALL R-1060C PITTSBURGH PA 15261			WEXFORD PA 15090
ROCK MD, FREDERICK	OPH	SAFIER MD, JOEL	PD	SCIOSCIA MD, EUGENE A	OBG
628 WASHINGTON RD PITTSBURGH PA 15228		1910 COCHRAN RD PITTSBURGH PA 15220		ONE ALLEGHENY SQ PITTSBURGH PA 15212	
RODRIGUEZ MD, NORBERTO A	P	SAFLEY MD, MAX W	R	SCOLIETTI MD, VINCENT C	IM
5830 SOLWAY ST PITTSBURGH PA 15217		5230 CENTRE AVE PITTSBURGH PA 15232		6025 HEBERTON DR VERONA PA 15147	
ROGERS MD, KENNETH D	PRM	SAGONE MD, ARTHUR L	FP	SCOTT MD, DOROTHY C	OPH
U-PITTSBURGH SCH MED PITTSBURGH PA 15213		5435 5TH AVE PITTSBURGH PA 15232		1309 SHERIDAN AVE PITTSBURGH PA 15206	
ROGOW MD, EDWARD	R	SAIFEE MD, KUTUB M	TS	SCOTT MD, JACK A	AN
MERCY HOSPITAL PITTSBURGH PA 15219		20 CEDAR BLVD PITTSBURGH PA 15228		265 FAIRVIEW RD PITTSBURGH PA 15238	
ROHM MD, JACK Z	OTO	SALVOZA MD, MANUEL I	IM	SCOTT MD, JOHN H	IM
217 E MAIN ST CARNEGIE PA 15106		320 EAST NORTH AVE PITTSBURGH PA 15215		4800 FRIENDSHIP AVE PITTSBURGH PA 15224	
ROHM MD, ROBT F	OPH	SAMADANI MD, SIROOS R	TS	SCOTT MD, NORMAN E	OBG
133 LEE ST APT 312 CARNEGIE PA 15106		532 S AIKEN AVE RM 400 PITTSBURGH PA 15232		5131 CYPRESS ST PITTSBURGH PA 15224	
ROLLINS MD, CLARK T	FP	SAMPSON JR MD, JOSEPH L	PS	SCOTTI MD, LOUIS N	R
1522 BROADVIEW BLVD NATRONA HGTS PA 15065		301-200 SOUTH HILLS VLG PITTSBURGH PA 15241		ST FRANCIS GEN HOSP PITTSBURGH PA 15201	
ROMMEL MD, FRANK L	PM	SANCHEZ MD, GUSTAVO	IM	SCRANTON JR MD, PIERCE E	ORS
119 LARCHFIELD DR MC KEESPORT PA 15135		920 GARDEN PLACE GLENSHAW PA 15116		125 DESOTO ST PITTSBURGH PA 15213	
ROONEY MD, EDWARD F	GS	SANDBOCH MD, THEODORE E	IM	SEGALL MD, NATHAN T	IM
21 YOST BLVD PITTSBURGH PA 15221		1910 COCHRAN RD PITTSBURGH PA 15220		1111 HIGHLAND BLDG PITTSBURGH PA 15206	
ROSENBAUGH MD, LOREN M	IM	SANDSON MD, GERALD B	P	SEGEL MD, DAVID P	IM
3500 5TH AVE PITTSBURGH PA 15213		1234 BEECHWOOD BLVD PITTSBURGH PA 15206		3459 FIFTH AVE PITTSBURGH PA 15213	
ROSENBERG MD, HARVEY M	FP	SANGODEYI MD, OLUYEMISI	GS	SEITZ MD, EDWARD R	R
90 WOODLAND RD PITTSBURGH PA 15232		ALLEGHENY GEN HOSP PITTSBURGH PA 15212		601 JENKINS BLDG PITTSBURGH PA 15222	
ROSENBLATT MD, STANLEY G	R	SANGRUJEE MD, KANNIKA L	AN	SELKER MD, ROBT G	NS
XRAY DEPT 3459 5TH AVE PITTSBURGH PA 15213		160 PINE RD PITTSBURGH PA 15237		3459 FIFTH AVE PITTSBURGH PA 15213	
ROSENBLUM MD, MEYER A	FP	SANGRUJEE MD, WEERASAK	ORS	SELKOVITS MD, SIDNEY	FP
600 LINCOLN HIGHWAY MC VERSAILLES PA 15137		9066 PERRY HWY PITTSBURGH PA 15237		105 BEAVER ST SEWICKLEY PA 15143	
ROSENBLUM MD, STANLEY E	IM	SANNER JR MD, EDGAR G	U	SELTZER MD, HARRY	FP
1400 CENTER AVE 417 PITTSBURGH PA 15219		701 S LINDEN AVE PITTSBURGH PA 15208		2005 CARSON ST PITTSBURGH PA 15203	
ROSENBERG MD, SIDNEY A	GS	SANTANGELO MD, SALVATORE C	GS	SEMONS MD, HOWARD	GS
5046 5TH AVE PITTSBURGH PA 15232		1245 ROWLAND AVE CAMARILLO CA 93010		1327 WINDERMERE DR PITTSBURGH PA 15218	
ROSENCRANS MD, DAVID L	GS	SANTORA JR MD, FRANK J	GS	SENAN MD, PUSHPENDRA	TS
4401 PENN AVE PITTSBURGH PA 15224		1309 REGENCY DR PITTSBURGH PA 15237		4401 PENN AVE STE 1900 PITTSBURGH PA 15224	
ROSENTHAL MD, PHILLIP J	IM	SANTORA MD, FRANK J	GS	SENITA MD, G ROBERT	OPH
100 POINT BREEZE PL PITTSBURGH PA 15208		4 E NORTH AVE PITTSBURGH PA 15212		198 LINCOLN AVE PITTSBURGH PA 15202	
ROSINI MD, RITA M	PD	SANTOS MD, RAMON D	AN	SERENE MD, HARRY E	GS
4119 MAIN ST MUNHALL PA 15120		BRADDOCK GEN HOSP PITTSBURGH PA 15104		4815 LIBERTY AVE PITTSBURGH PA 15224	



# ALLEGHENY

SESSION MD, WM C	FP	SKRENTA MD, RICHARD J	PS	STAVRIDES MD, ALEXANDER	PTH
290 STATE ST CLAIRTON PA 15025		111 WOODLAND DR PITTSBURGH PA 15228		WESTERN PA HOSP PITTSBURGH PA 15224	
SESSOMS MD, FRANK E	FP	SLADEN MD, ARNOLD	AN	STEELE MD, LOGAN H	FP
ST MARGARET HOSP PITTSBURGH PA 15201		MONTEFIORE HOSP PITTSBURGH PA 15213		500 N MAIN ST PITTSBURGH PA 15215	
SETTY MD, RAMACHANDRA K	IM	SLAGLE MD, EDWARD H	P	STEELE MD, MARK N	PD
3600 FORBES AVE PITTSBURGH PA 15213		552 N NEVILLE ST PITTSBURGH PA 15213		CHILDRENS HOSP PITTSBURGH PA 15213	
SEXAUER MD, JOHN F	FP	SLATER MD, HARVEY	GS	STEEN MD, OLIVER T	R
4127 BROWNVILLE RD PITTSBURGH PA 15227		4800 FRIENDSHIP AVE PITTSBURGH PA 15224		1500 5TH AVE MC KEESPORT PA 15132	
SHAFFER MD, WALTER L	OBG	SLAVKIN MD, MARVIN D	FP	STEICHEN MD, FELICIAN M	GS
309 SURREY PL PITTSBURGH PA 15235		519 BROOKLINE BLVD PITTSBURGH PA 15226		V A HOSP UNIV DE C PITTSBURGH PA 15240	
SHAH MD, MANSOOR S	IM	SLAVKIN MD, SERIL I	FP	STEINBERG MD, ABRAHAM	OPH
407C GLEN MALCOLM DR GLENSHAW PA 15116		519 BROOKLINE BLVD PITTSBURGH PA 15226		3708 5TH AVE PITTSBURGH PA 15213	
SHAMBLIN MD, JERRY D	OTO	SLONE MD, JACOB	D	STEINMAN MD, ARNOLD M	PD
9102 BABCOCK BLVD PITTSBURGH PA 15237		502 5TH AVE MC KEESPORT PA 15132		1910 COCHRAN RD PITTSBURGH PA 15220	
SHANK MD, IRENE A	AN	SMITH JR MD, BENJ V	GS	STEINMAN MD, DAVID	PD
1152 PINWOOD DR PITTSBURGH PA 15243		337 BEAVER ST SEWICKLEY PA 15143		5734 WILKINS AVE PITTSBURGH PA 15217	
SHAPER MD, RICHARD P	IM	SMITH JR MD, ROSS H	R	STEM MD, THEODORE B	FP
3471 5TH AVE PITTSBURGH PA 15213		101 EMERSON AVE PITTSBURGH PA 15215		1028 WILSON ST MONESEN PA 15062	
SHAPIRO MD, ALVIN F	IM	SMITH MD, ALBERT T	US	STENGET MD, WM F	PD
U-PITTSBURGH SCH MED PITTSBURGH PA 15213		249 YOSEMITE DR PITTSBURGH PA 15235		1815 BROWNVILLE RD PITTSBURGH PA 15210	
SHAPIRO MD, LESTER F	OTO	SMITH MD, DAVID J	PRM	STEPHAN MD, THORSTEN	IM
1206 INVERNESS AVE PITTSBURGH PA 15217		600 GRANT ST RM 2518 PITTSBURGH PA 15230		SHADYSIDE HOSPITAL PITTSBURGH PA 15232	
SHAPIRO MD, MORRY	FP	SMITH MD, EARL B	GS	STEPT MD, LEONARD A	U
BRADDOCK GEN HOSP BRADDOCK PA 15104		4401 PENN AVE STE 1250 PITTSBURGH PA 15224		STEPT MD, FIFTH AVENUE PITTSBURGH PA 15213	
SHARRER MD, MARGARET C	OPH	SMITH MD, GLENN O	IM	STEPT MD, RAYMOND	U
401 JENKINS BLDG PITTSBURGH PA 15222		1001 E CAMINO RL AP 302 BOCA RATON FLA 33432		3471 FIFTH AVENUE PITTSBURGH PA 15213	
SHAUGHNESSY MD, MICHAEL J	U	SMITH MD, JACK D	ORS	STEVENS MD, STEPHEN A	FP
9 PATRICE CT PITTSBURGH PA 15221		2705 BLACKRIDGE AVE PITTSBURGH PA 15235		6091 STEUBENVILLE PIKE MCKEES ROCKS PA 15136	
SHAVER MD, JAMES A	IM	SMITH MD, JOHN W	GS	STEVENSON MD, PETER T	IM
PRESBY UNIV HOSP PITTSBURGH PA 15213		405 IROQUOIS BLDG PITTSBURGH PA 15213		1722 GREENLEAF ST PITTSBURGH PA 15211	
SHAVER MD, JOHN C	IM	SMITH MD, KEITH B	OPH	STEWART MD, DONALD J	FP
1501 LOCUST ST PITTSBURGH PA 15219		633 WASHINGTON RD PITTSBURGH PA 15228		149 HORMADAY RD PITTSBURGH PA 15210	
SHAVER MD, VERNE C	IM	SMITH MD, REGINALD B	AN	STEWART MD, MERVIN S	P
1400 LOCUST ST PITTSBURGH PA 15219		709 FAIRVIEW RD PITTSBURGH PA 15238		230 N CRAIG ST PITTSBURGH PA 15213	
SHAW MD, HARRY E	OPH	SMITH MD, ROY M	OBG	STEWART MD, WM D	AN
8024 JENKINS ARCADE PITTSBURGH PA 15222		2008 NOBLE ST PITTSBURGH PA 15218		4244 MT ROYAL BLVD ALLISON PARK PA 15101	
SHAW MD, KATHARINE L	US	SMITH MD, RUSSELL G	FP	STIRLING MD, JAMES M	PD
1526 OLD PLANK RD GLENSHAW PA 15116		2441 BROWNVILLE RD PITTSBURGH PA 15210		7607 E MINNEZONA AVE SCOTSDALE AZ 85251	
SHEEHAN MD, JOHN H	OBG	SMITH MD, WM K	ORS	STOLZER MD, BERTRAND L	IM
3534 LAKETON RD PITTSBURGH PA 15235		4800 FRIENDSHIP AVE PITTSBURGH PA 15224		423 JENKINS BLDG PITTSBURGH PA 15222	
SHEPTAK MD, PETER E	NS	SMITH MD, WM T	GS	STONE JR MD, CHAS S	ORS
3600 FORBES AVE PITTSBURGH PA 15213		532 S AIKEN AVE STE 304 PITTSBURGH PA 15232		128 N CRAIG ST PITTSBURGH PA 15213	
SHERMAN MD, JOHN W	OPH	SNITZER MD, ARNOLD J	FP	STONE MD, WILLIAM A	AN
BOX 78 CLINTON PA 15026		748 N NEGLAY AVE PITTSBURGH PA 15206		MONTEFIORE HOSP PITTSBURGH PA 15213	
SHERMAN MD, LOUISE S	R	SNODGRASS JR MD, W HOMER	PD	STRAESSLEY MD, FRANCIS X	US
4800 FRIENDSHIP AVE PITTSBURGH PA 15224		1629 OLD BEULAH RD PITTSBURGH PA 15235		2249 LAUREL LN ALLISON PK PA 15101	
SHERMAN MD, SAML	PM	SNYDER MD, ALLEN P	GS	STRAKA MD, JOHN A	OTO
3500 5TH AVE PITTSBURGH PA 15213		1201 POWERS RUN RD PITTSBURGH PA 15238		7041 JENKINS ARCADE PITTSBURGH PA 15222	
SHERROD MD, JOHN H	FP	SNYDER MD, JAMES V	AN	STRANG MD, JAMES M	IM
SEWICKLEY VALLEY HOSP SEWICKLEY PA 15143		PRESBY UNIV HOSP PITTSBURGH PA 15213		5600 PENN AVE STE 208 PITTSBURGH PA 15206	
SHEUTE MD, LEENA P	AN	SNYDER MD, RICHARD C	FP	STREMPLE MD, JOHN F	GS
52 OAKVILLE COURT #28 PITTSBURGH PA 15220		850 CALIFORNIA AVE PITTSBURGH PA 15202		V A HOSPITAL PITTSBURGH PA 15261	
SHINN MD, ELLIOTT T		SNYDER MD, ROBERT B	GS	STRIMLAN MD, CHARLES V	IM
8004 JENKINS ARCADE PITTSBURGH PA 15222		3632 MAYFLOWER PL NASHVILLE TN 37204		55 WOODLAND DR PITTSBURGH PA 15228	
SHIPKOVITZ MD, HARVEY D	FP	SNYDER MD, WM J	IM	STUBBS MD, JOHN J	FP
1024 MAIN ST PITTSBURGH PA 15215		214 S TRENTON ST PITTSBURGH PA 15221		121 S HIGHLAND AVE PITTSBURGH PA 15206	
SHOEMAKER MD, ROBT J	P	SNYDERMAN MD, RUBEN	IM	STUTZ MD, IRVING L	IM
121 UNIVERSITY PL PITTSBURGH PA 15213		410 S CRAIG ST PITTSBURGH PA 15213		VETERANS HOSP PITTSBURGH PA 15240	
SHOENER MD, JOHN A	IM	SORBIESKI MD, JOSEPH	IM	SU MD, SHYH-MIN	IM
RD 3 CAMP MEETING BX 17 SEWICKLEY PA 15143		WEST PENN HOSPITAL PITTSBURGH PA 15232		532 S AIKEN AVE STE 200 PITTSBURGH PA 15232	
SHONBERG MD, IRVING L	GS	SOPFRANKO MD, JOS E	OPH	SUATONI JR MD, FRANK J	AN
60 ALEXANDER PL PITTSBURGH PA 15243		RD 4 SPRUCE HAVEN DR WEXFORD PA 15090		1166 HARVARD DR PITTSBURGH PA 15205	
SHORE MD, GEO R	PRM	SOLIS MD, WALTER	R	SUKANICH MD, KRIENGSAK	GS
BOX 57 PITTSBURGH PA 15230		845 ELM SPRINGS RD PITTSBURGH PA 15243		6608 JACKSON ST PITTSBURGH PA 15206	
SHORE MD, ROGER J	FP	SOLOSKO MD, DAVID	AN	SUKARACHANA MD, KANTHORN	PD
ST MARGARET MEM HOSP PITTSBURGH PA 15201		5811 HOME AVE PITTSBURGH PA 15232		3500 FIFTH AVE PITTSBURGH PA 15213	
SHRADER MD, LESTER C	IM	SOLOW MD, IRWIN A	IM	SULLIVAN MD, LAWRENCE X	GS
12 CHURCHILL RD PITTSBURGH PA 15235		8 DARLINGTON CT PITTSBURGH PA 15217		211 N WHITFIELD ST PITTSBURGH PA 15206	
SHRAGER MD, DANL S	P	SONGSANAND MD, PRACHARK	FP	SUMMERS MD, WILLIAM K	IM
6542 NORTHERMLAND ST PITTSBURGH PA 15217		104 HIMALAYA RD MONROEVILLE PA 15146		3811 OHARA ST PITTSBURGH PA 15261	
SHUTTLEWORTH MD, LAMONT V	FP	SORCE MD, RICHARD C	OBG	SUPER MD, BENJ	US
943 VALLEYVIEW RD PITTSBURGH PA 15243		MAGEE WOMENS HOSP PITTSBURGH PA 15213		5 BAYARD RD 109 PITTSBURGH PA 15213	
SIAR MD, WM J	PD	SORR MD, EDWARD M	OPH	SURAMPUDI MD, RAMANA K	PTH
4800 FRIENDSHIP AVE PITTSBURGH PA 15224		1420 CENTRE AVE PITTSBURGH PA 15219		MCKEESPORT HOSPITAL MCKEESPORT PA 15132	
SICONOLFI MD, ERNEST P	R	SOTODEMFAH MD, RAHIM	IM	SUSEN MD, ANTHONY F	NS
330 HAYS RD PITTSBURGH PA 15241		UNIV OF WV DEPT MED MORGANTOWN WV 26506		3600 FORBES ST PITTSBURGH PA 15213	
SIEBER JR MD, PAUL R	GS	SPANARD MD, RUSSELL A	FP	SUSSER MD, MURRAY R	FP
6818 REYNOLDS ST PITTSBURGH PA 15219		632 HILLSBORO ST PITTSBURGH PA 15204		RD 1 OVERBROOK RD VALENCIA PA 16059	
SIEBER MD, WM K	PD	SPEER MD, ANDREW B	FP	SUTTON MD, ROBT L	IM
3500 5TH AVE PITTSBURGH PA 15213		11122 FRANKSTOWN RD PITTSBURGH PA 15235		194 LINCOLN AVE PITTSBURGH PA 15202	
SIEWERS MD, RALPH D	GS	SPERLING MD, HERBERT V	IM	SWAMY MD, MALLIKARTUNA S	IM
U OF PGH SCH OF MED PITTSBURGH PA 15261		119 NANTUCKET DR PITTSBURGH PA 15238		1420 CENTRE AVE PITTSBURGH PA 15219	
SITH MD, VICTOR L	IM	SPIEGEL MD, CHAS	U	SMEGAL MD, OTTO F	FP
994 BROADHEAD RD CORAOPOLIS PA 15108		220 N DITHRIDGE ST PITTSBURGH PA 15213		1074 GREENTREE RD PITTSBURGH PA 15220	
SKER MD, EPHRAIM S	AN	SPIEGEL MD, DANIEL	OBG	SWENSEN MD, HAROLD E	ORS
1400 LOCUST ST PITTSBURGH PA 15219		1430 LINCOLN WAY MCKEESPORT PA 15131		200 MEYRAN AVE PITTSBURGH PA 15213	
SILBERMAN MD, LESLIE J	PD	SPOEHR MD, LUTHER W	FP	SWENSEN MD, NANCY M	AN
100 BRYN MAWR CT A 502 PITTSBURGH PA 15221		720 PERRY HIGHWAY PITTSBURGH PA 15229		11 OLD TIMBER TRAIL PITTSBURGH PA 15238	
SILVERBERG MD, JAY H	IM	SPRITZER MD, ALBERT A	IM	SWETERLITSCH MD, LOUIS H	FP
3500 5TH AVE PITTSBURGH PA 15213		4099 WM PENN HWY STE 70 MONROEVILLE PA 15146		723 FOREST GREEN DR COROPOLIS PA 15108	
SILVERBLATT MD, BERNARD L	OTO	SPRITZER MD, SUSAN M	OBG	SWITKES MD, HERMAN I	FP
1400 CENTRE AVE STE 411 PITTSBURGH PA 15219		4099 WM PENN HWY STE 70 MONROEVILLE PA 15146		V A HOSP ASPINWALL PITTSBURGH PA 15240	
SILVERBLATT MD, MARVIN L	IM	SRINIVASAGAM MD, NARASIMMAN	AN	TABACHNICK MD, THEODORE M	P
3600 FORBES AVE PITTSBURGH PA 15213		1813 WEST STREET MUNHALL PA 15120		1283 BEECHWOOD BLVD PITTSBURGH PA 15206	
SILVERMAN MD, ALEXANDER	D	SRODES MD, CHAS H	IM	TAITELBAUM MD, BEN	P
535 MED ARTS BLDG PITTSBURGH PA 15213		425 LOCUST ST PITTSBURGH PA 15218		ST FRANCIS HOSP COMM MH PITTSBURGH PA 15201	
SILVERMAN MD, JERRY D	IM	SRODES MD, W GLENN	N	TAJ ELIDIN MD, ADAM	PD
302 JENKINS BLDG PITTSBURGH PA 15222		4401 N PENN AVE PITTSBURGH PA 15224		ALLEG GEN HOSP PITTSBURGH PA 15212	
SILVERMAN MD, MENDAL	PD	STAFFORD MD, REGIS W	IM	TALBOTT MD, JOHN B	N
5540 DARLINGTON RD PITTSBURGH PA 15217		1501 LOCUST ST PITTSBURGH PA 15219		6667 WOODWELL PITTSBURGH PA 15217	
SILVESTER MD, MICHAEL J	FP	STALEY MD, JOS C	IM	TALL MD, MILTON G	PD
4144 PERRYVILLE AVE PITTSBURGH PA 15214		600 AMBERSON AVE PITTSBURGH PA 15232		2707 BROWNVILLE RD PITTSBURGH PA 15227	
SMITHRAARATCHY MD, CHRISANTHA N	GS	STALEY MD, ROBT W	N	TAMARELLI MD, JOHN A	GS
1026 FIRWOOD DR PITTSBURGH PA 15243		3700 5TH AVE PITTSBURGH PA 15213		411 MARION AVE PITTSBURGH PA 15221	
SIMON MD, DAVID J	FP	STALTER MD, RALPH J	IM	TANDON MD, DEVINDER L	IM
3308 NIAGARA ST PITTSBURGH PA 15213		ST FRANCIS HOSP STE 2-8 PITTSBURGH PA 15201		ST FRANCIS HOSP PITTSBURGH PA 15201	
SIMONE JR MD, SAMUEL T	GS	STANGER MD, ROBT H	P	TANNEHILL MD, NORMAN B	R
1515 LOCUST ST PITTSBURGH PA 15219		120 DAUGHERTY DR MONROEVILLE PA 15146		1506 BEAVER GRADE RD CORAOPOLIS PA 15108	
SINCHIOCO MD, CEFERINO S	AN	STANISH MD, FRANK X	OPH	TANNING MD, HOWARD M	OPH
MAGEE WOMENS HOSP PITTSBURGH PA 15213		217 SUNRIDGE RD PITTSBURGH PA 15238		1803 WEST ST HOMESTEAD PA 15120	
SINGH MD, DATAR	AN	STANITSKI MD, CARL L	ORS	TANTISIRA MD, BOONRAK	AN
231 MATHILDA ST #3 PITTSBURGH PA 15224		200 MEYRAN AVE STE 320 PITTSBURGH PA 15213		MAGEE WOMENS HOSP PITTSBURGH PA 15213	
SINGLETARY MD, ROBERT W	OPH	STANTON JR MD, JAMES N	OBG	TAUBER MD, JOS B	PRM
5601 PENN AVE PITTSBURGH PA 15206		705 SOUTH LINDEN AVE PITTSBURGH PA 15208		C/O J & L STEEL CORP ALTIQUIPPA PA 15001	
SKEZAS MD, MARION	GS	STARZ MD, WALTER E	OBG	TAUBERG MD, HERBERT R	ORS
1615 COURSEIN ST MC KEESPORT PA 15132		5131 CYPRESS ST PITTSBURGH PA 15224		3471 5TH AVE PITTSBURGH PA 15213	



TAVOULARIS MD, MARJORIE O	P	UPDEGRAFF MD, WM C	IM	WATSON MD, WM G	GS
ST FRANCIS HOSP PITTSBURGH PA 15201		53 HIGHLAND RD BETHEL PARK PA 15102		3601 FIFTH AVE PITTSBURGH PA 15213	
TEGZES JR MD, GEO	AN	URAM MD, HERBERT	GS	WATERS MD, EDMOND C	OPH
1918 WOODSIDE RD GLENSHAM PA 15116		4800 FRIENDSHIP AVE PITTSBURGH PA 15224		302 CORNWALL DR PITTSBURGH PA 15238	
TEMELES MD, ROY S	ORS	URBAN MD, RENA L	PRM	WAXMAN MD, HAROLD E	IM
550 GRANT ST PITTSBURGH PA 15219		103 ALGUNQUIN RD PITTSBURGH PA 15241		5 BAYARD RD APT 412 PITTSBURGH PA 15213	
TENENOUSER MD, BARRY	FP	URREA MD, J OSCAR	P	WAYLONIS MD, JOS R	OBG
4 PATRICE COURT PITTSBURGH PA 15221		6509 COVENTRY CT BETHEL PARK PA 15102		2000 WEST ST MUNHALL PA 15120	
TENICELA MD, RUBEN	AN	UTBERG MD, JOHN R	OBG	WAYNE MD, DENNIS O	P
PRESBY UNIV HOSP PITTSBURGH PA 15213		1544 NORTHWAY MALL PITTSBURGH PA 15237		16 BARTON DR PITTSBURGH PA 15221	
TEREDSAI MD, PRADIP E	IM	UY MD, NONITA T	AN	WEAVER MD, THOMAS D	FP
120 RUSKIN AVE PITTSBURGH PA 15213		MAGEE WOMENS HOSP PITTSBURGH PA 15213		3604 BRIGHTON RD PITTSBURGH PA 15212	
TERKEL MD, FREDERICK J	OBG	VAGLEY MD, RICHARD T	PS	WEBER MD, JOHN E	OBG
600 OVERBROOK BLVD PITTSBURGH PA 15210		532 S AIKEN AVE STE 500 PITTSBURGH PA 15232		2120 CARSON ST PITTSBURGH PA 15203	
TERNER MD, IRWIN S	OPH	VALCARCEL MD, SOFRONIO J	AN	WEBSTER JR MD, MARSHALL W	GS
527 BROAD ST SEWICKLEY PA 15143		4800 FRIENDSHIP AVE PITTSBURGH PA 15224		DEPT OF SURG U OF PGH PITTSBURGH PA 15261	
TESSARO MD, ANNE N	R	VANDEGRIFT MD, EARL	US	WECHSLER MD, HARRY L	D
15 WOODBROOK AVE PITTSBURGH PA 15215		10168 FRANKSTOWN RD PITTSBURGH PA 15235		502 5TH AVE MC KEESPORT PA 15132	
TETLOW MD, FRANK N	GS	VANKIRK JR MD, JOHN S	AN	WECHSLER MD, RICHARD L	IM
2130 E CARSON ST PITTSBURGH PA 15203		9579 ANDERSON RD PITTSBURGH PA 15237		220 MEYRAN AVE PITTSBURGH PA 15213	
THEERAKUSTIT MD, VIRACHAI	TS	VARLEY MD, WM J	R	WECHSLER MD, SYLVIA M	IM
371 N MAIN ST BUTLER PA 16001		ST JOSEPH HOSP PITTSBURGH PA 15203		177 W HUTCHINSON AVE PITTSBURGH PA 15218	
THEIS MD, STEVEN W	ORS	VASTOLOPOULOS MD, NICHOLAS N	FP	WECHT MD, CYRIL H	PTH
CARLTON HOUSE HOTEL 110 PITTSBURGH PA 15219		J J KANE HOSP PITTSBURGH PA 15243		542 4TH AVE PITTSBURGH PA 15219	
THIERS MD, GEO F	PD	VASQUEZ MD, RAMON A	FP	WEDDELL MD, HOWARD R	FP
4141 BROWNVILLE RD PITTSBURGH PA 15227		1100 STATE AVE CORAPOLIS PA 15108		3010 MYER BLVD MC KEESPORT PA 15132	
THOMA MD, GEO M	FP	VASUDEVAN MD, GOPALAN	IM	WEDEMEYER MD, ANNE L	PD
2630 SUNNYFIELD DR PITTSBURGH PA 15241		1711-2C ROYAL OAK RD PITTSBURGH PA 15220		MERCY HEALTH CTR PITTSBURGH PA 15219	
THOMAS MD, GEO J	AN	VEENIS MD, CORNELIUS Y	OPH	WEDEMEYER MD, PHILLIPS P	PD
5700 BUNKERHILL ST 401 PITTSBURGH PA 15206		PHYS BLDG 121 UNIV PL PITTSBURGH PA 15213		125 DESOTO ST PITTSBURGH PA 15213	
THOMAS MD, HENRY W	OBG	VERGNE MD, RAYMOND	IM	WEIGAND MD, FRANKLIN A	OS
4101 BROWNVILLE RD PITTSBURGH PA 15227		5713 ELWOOD ST PITTSBURGH PA 15232		80X 7285 PITTSBURGH PA 15213	
THOMAS MD, JOHN W	P	VERMINO MD, ROCCO A	OBG	WEIGEL JR MD, JOHN E	OBG
3700 FIFTH AVE PITTSBURGH PA 15213		5 GRANDVIEW AVE PITTSBURGH PA 15211		3600 FORBES AVE PITTSBURGH PA 15213	
THOMPSON MD, DAVID A	FP	VEY MD, EDWIN K	OPH	WEIGEL MD, A LIND	GS
405 EAST LUTZ ROAD ARCHBOLD OH 43502		532 S AIKEN AVE PITTSBURGH PA 15232		9066 PERRY HWY PITTSBURGH PA 15237	
THOMPSON MD, HERBERT	P	VIGGIANO MD, THOMAS R	IM	WEIGEL MD, JESSE A	FP
291 HAWTHORNE RD PITTSBURGH PA 15209		1141 PORTLAND ST PITTSBURGH PA 15206		2197 BEN FRANKLIN DR PITTSBURGH PA 15237	
THOMPSON MD, JAMES S	FP	VILLASenor MD, MARIANO M	FP	WEIGLER MD, RICHARD R	IM
2911 NT ROYAL BLVD GLENSHAM PA 15116		2219 POOR RICHARD LA PITTSBURGH PA 15237		3520 5TH AVE PITTSBURGH PA 15213	
THOMPSON MD, MARK E	IM	VILLELLA MD, EDWARD R	GS	WEIKERS MD, NORBERT J	N
THE NOB PITTSBURGH PA 15202		1501 LOCUST ST PITTSBURGH PA 15219		320 E NORTH AVE PITTSBURGH PA 15212	
THOMPSON MD, ROBERT L	OBG	VILBACK MD, G RAY	IM	WEILL JR MD, DAVID R	IM
211 N WHITFIELD ST PITTSBURGH PA 15206		500 S AIKEN AVE PITTSBURGH PA 15232		307 5TH AVE PITTSBURGH PA 15222	
THOMPSON MD, T EWING	IM	VITORI MD, EUGENE F	P	WEIMER MD, ROBT E	P
DIXMONT STATE HOSP SEWICKLEY PA 15143		4401 PENN AVE PITTSBURGH PA 15224		DIXMONT STATE HOSP SEWICKLEY PA 15143	
THOMPSON MD, WM G	FP	VOLKIN MD, LEONARD B	OTO	WEINBERG MD, RICHARD J	OPH
420 NORTH AVE PITTSBURGH PA 15209		77 RIDGECREST DR PITTSBURGH PA 15235		115 SHEFFIELD LA MCMURRAY PA 15317	
THOMS MD, JOS F	GS	VUJAN MD, ALEXANDER S	P	WEINBERGER MD, IRVING G	OPH
1706 RIALTO ST PITTSBURGH PA 15212		147 N CRAIG ST PITTSBURGH PA 15213		493 LONG DR PITTSBURGH PA 15241	
THORPE MD, HARVEY E	OPH	VUJEVICH MD, MARION M	D	WEINER MD, SIDNEY	FP
5820 AYLESBORO AVE PITTSBURGH PA 15217		115 LONGUEVUE DR MT LEBANON PA 15228		5825 5TH AVE PITTSBURGH PA 15232	
TICZON MD, ANDRES R	IM	WACHS MD, HIRSH	N	WEINERT JR MD, CARL R	ORS
4401 PENN AVE PITTSBURGH PA 15224		1155 FOLKSTONE DR PITTSBURGH PA 15243		405 SCHARS LANE PITTSBURGH PA 15237	
TIEGEL MD, WM J	FP	WADDELL MD, EDWARD H	IM	WEINERT MD, DONNA W	OPH
101 EMERSON AVE PITTSBURGH PA 15215		734 IYV ST PITTSBURGH PA 15232		405 SCHARS LANE PITTSBURGH PA 15237	
TIO MD, TIONG O	AN	WADHWA MD, RAJINDAR K	AN	WEINSTEIN MD, BARBARA J	R
700 FORBES AVE #1805 PITTSBURGH PA 15219		MAGEE WOMENS HOSP PITTSBURGH PA 15213		2201 BOND ST PITTSBURGH PA 15237	
TIPPING MD, JAMES S	IM	WADHWA MD, SAROJ R	OBG	WEINSTEIN MD, DAVID P	R
410 S CRAIG ST PITTSBURGH PA 15213		4800 FRIENDSHIP AVE PITTSBURGH PA 15224		2201 BOND ST PITTSBURGH PA 15237	
TISHERMAN MD, SAML E	IM	WAGNER JR MD, JOHN H	GS	WEINTRAUB MD, RICHARD A	IM
300 CEDAR BLVD PITTSBURGH PA 15228		4401 PENN AVE PITTSBURGH PA 15224		200 NORTHWOOD STE 410 GREENSBORO N C 27410	
TITCHWORTH MD, ROY L	IM	WAGNER MD, J HUBER	GS	WEISBAND MD, BENJ J	GS
6500 BEACON ST PITTSBURGH PA 15217		FAIRFAX HTL 4614 5TH AV PITTSBURGH PA 15213		NATIONAL BANK BLDG MCKEESPORT PA 15132	
TOMARELLI MD, RAYMOND C	OPH	WAIN MD, JOHN C	FP	WEISBERG MD, EDWARD S	OTO
809 EMPIRE BLDG PITTSBURGH PA 15222		3712 MAIN ST HOMESTEAD PA 15120		2545 MOSSIDE BLVD MUNROEVILLE PA 15146	
TOMLEY MD, JOHN E	PD	WALSBROT MD, EDWARD L	GS	WEIS8 MD, MALCOLM S	FP
1308 WINDERMERE DR PITTSBURGH PA 15218		222 S TRENTON AVE PITTSBURGH PA 15221		500 E BRUCETON RD PITTSBURGH PA 15236	
TORIN MD, JACK E	AN	WALBERG MD, HARRY W	FP	WEISSER MD, C WILLIAM	OPH
1537 FREE PORT RD NATRONA HGTS PA 15065		3723 BRIGHTON RD PITTSBURGH PA 15212		4401 PENN AVE PITTSBURGH PA 15224	
TORPEY JR MD, DAVID J	AN	WALD MD, MICHAEL E	IM	WEITZEL MD, WM K	GS
1591 WILLIAMSBURG RD PITTSBURGH PA 15243		3471 FIFTH AVE PITTSBURGH PA 15213		11 HOLLAND RD PITTSBURGH PA 15235	
TOWNSEND MD, WM H	FP	WALD MD, NIEL	IM	WENDORFF MD, HERMAN J	IM
4121 MAIN ST MUNHALL PA 15120		U-PGH SCHOOL P H PITTSBURGH PA 15213		3437 5TH AVE APT 405 PITTSBURGH PA 15213	
TRACHTENBERG MD, LEE A	US	WALKER MD, JOHN E	OBG	WENIGER MD, FREDERICK C	US
221 S ROOSEVELT COLUMBUS OH 43209		4815 LIBERTY AVE PITTSBURGH PA 15224		493 WOODLAND RD PITTSBURGH PA 15237	
TREGER MD, ALBERT	IM	WALL MD, JOHN N	OBG	WENIGER MD, FREDERICK L	P
220 MEYRAN AVE PITTSBURGH PA 15213		616 LINCOLN AVE PITTSBURGH PA 15202		3811 OTHARA ST PITTSBURGH PA 15213	
TRELLIS MD, EMIL S	P	WALLACE MD, HOMER D	FP	WERNER MD, GERHARD	US
540 N NEVILLE ST PITTSBURGH PA 15213		1407 MOUNT ROYAL BLVD GLENSHAM PA 15116		M-240 SCAIFE HALL PITTSBURGH PA 15261	
TRIMMER MD, MICHAEL N	FP	WALLER MD, LOUIS C	FP	WETSCHLER MD, STANLEY S	IM
6448 KELLY AVE PITTSBURGH PA 15221		6592 FRANKSTOWN AVE PITTSBURGH PA 15206		3633 REILAND RD PITTSBURGH PA 15227	
TROEN MD, PHILIP	IM	WALLEY III MD, ROBT E	AN	WHEATLEY MD, EDWARD R	R
3459 FIFTH AVE PITTSBURGH PA 15213		110 ETON DR PITTSBURGH PA 15215		7 OXFORD RD PITTSBURGH PA 15202	
TRUTER MD, CARL W	OBG	WALRATH SRD MD, MARTIN H	IM	WHITE MD, WM L	PS
840 ADMIRALTY PAKADE NAPLES FL 33940		719 JENKINS ARCADE PITTSBURGH PA 15222		3500 5TH AVE PITTSBURGH PA 15213	
TRUTER MD, EDMUND F	FP	WALSH MD, ARTHUR C	P	WHITESIDE MD, VIRGINIA E	PTH
430 BROWNVILLE RD PITTSBURGH PA 15210		121 UNIVERSITY PL PITTSBURGH PA 15213		123 MARION AVE GLENSHAM PA 15116	
TUCHINDA MD, JALIT	IM	WALSH MD, JOHN J	U	WHITMAN MD, ROBT S	FP
940 CHATHAM PARK DR PITTSBURGH PA 15220		214 HAMPTON RD PITTSBURGH PA 15215		3301 WM PENN HIGHWAY PITTSBURGH PA 15235	
TUNG MD, ALFRED S	AN	WALTER MD, C LEE	IM	WIBLE MD, LEROY C	AN
PRESB UNIV HOSP RM 2409 PITTSBURGH PA 15213		WEST PENN HOSP PITTSBURGH PA 15224		MERCY HOSP PITTSBURGH PA 15219	
TURAKHIA MD, BHARATI V	FP	WALTER MD, WILLARD F	OBG	WICKERHAM JR MD, EARL P	OPH
227 N BROWN AVE MERION STA PA 19066		270 GEORGE LA PITTSBURGH PA 15235		2225 WM PENN HIGHWAY PITTSBURGH PA 15235	
TURNER MD, MORRIS E	OBG	WALTER MD, WM J	OBG	WIENER MD, EUGENE S	PD
7881 MARK DR VERONA PA 15147		1024 BLACKRIDGE RD PITTSBURGH PA 15235		CHILDRENS HOSP PITTSBURGH PA 15213	
TURNER MD, OLIVER E	IM	WANG MD, YEN	R	WILDER MD, BRUCE L	NS
509 LIBERTY AVE PITTSBURGH PA 15222		COAL VALLEY RD BOX 1811 PITTSBURGH PA 15236		151 N CRAIG ST PITTSBURGH PA 15213	
TUTHILL MD, CHAS W	FP	WANSKI MD, Z JOSEPH	IM	WILKINS MD, DANL M	IM
35 BRADFORD AVE PITTSBURGH PA 15205		PO BOX 7188 PITTSBURGH PA 15213		4815 LIBERTY AVE PITTSBURGH PA 15224	
TUTTLE MD, ALFRED	GS	WARDE MD, DONAL A	IM	WILKINSON MD, JOHN H	IM
532 S AIKEN AVE PITTSBURGH PA 15232		832 CEDAR COURT CORNWELLS HGTS PA 19020		1801 WEST ST HOMESTEAD PA 15120	
TUTTLE MD, WM B	IM	WARGO MD, PETER J	OBG	WILLIAMS JR MD, PHILIP D	OPH
532 S AIKEN AVE STE 200 PITTSBURGH PA 15232		4815 LIBERTY AVE PITTSBURGH PA 15224		9150 PERRY HIGHWAY PITTSBURGH PA 15237	
TWERSKI MD, ABRAHAM J	P	WARGOVICH MD, RAYMOND M	IM	WILLIAMS MD, ANGELO M	FP
ST FRANCES GEN HOSP PITTSBURGH PA 15201		2294 CONSTITUTION BLVD MCKEESPORT PA 15135		500 E BRUCETON RD 725 PITTSBURGH PA 15236	
TYSON MD, CHARLES H	IM	WARING MD, CLARENCE W	OS	WILLIAMS MD, KENNETH H	IM
1717 PENN AVE STE 420 PITTSBURGH PA 15221		363 N PIKE RD SARVER PA 16055		WPIC - ROOM 957 PITTSBURGH PA 15261	
TYSON MD, ROBT G	PD	WARNER MD, ROBT E	OBG	WILLIAMS MD, LEON R	IM
733 WASHINGTON RD PITTSBURGH PA 15228		615 WASHINGTON RD PITTSBURGH PA 15228		5600 PENN AVE PITTSBURGH PA 15206	
UDDSTROM MD, CLARENCE N	NS	WASHBURN MD, VIRGINIA E	OBG	WILLIAMS MD, NORMAN S	R
800 LARCHMONT RD PITTSBURGH PA 15216		747 PINETREE RD PITTSBURGH PA 15243		MONTEFIORE HOSP PITTSBURGH PA 15213	
ULICNY MD, THOMAS L	N	WATSON MD, CHAS G	GS	WILLIAMS MD, VICTOR A	OTO
2624 MONTEREY DR PITTSBURGH PA 15241		3601 FIFTH AVE PITTSBURGH PA 15213		423 S HIGHLAND AVE PITTSBURGH PA 15206	
ULRICH MD, JACK M	IM	WATSON MD, JAMES R	GS	WILLIAMSON MD, MARK E	IM
2306 S BRADDOCK AVE PITTSBURGH PA 15218		3601 FIFTH AVE PITTSBURGH PA 15213		222 S TRENTON AVE PITTSBURGH PA 15221	



WILLISON MD, ROBT W GS  
101 BEAVER ST SEWICKLEY PA 15143  
WILMOTH MD, CLIFFORD L GS  
1035 KING AVE PITTSBURGH PA 15206  
WILSON JR MD, CHAS R IM  
1704 YORKTOWN PL PITTSBURGH PA 15235  
WILSON JR MD, H RANDOLPH OBG  
550 GRANT ST PITTSBURGH PA 15219  
WILSON MD, GEO W GS  
532 S AIKEN AVE PITTSBURGH PA 15232  
WILSON MD, JOS W FP  
9909 FRANKSTOWN RD PITTSBURGH PA 15235  
WILSON MD, ROBT J IM  
410 S CRAIG ST PITTSBURGH PA 15213  
WILSON MD, WALTER N OBG  
618 SWISSVALE AVE PITTSBURGH PA 15221  
WILSON MD, WM L IM  
97 FT COUCH RD PITTSBURGH PA 15241  
WINKLER MD, MARTIN OPH  
5017 JENKINS ARCADE BLD PITTSBURGH PA 15222  
WISHNEV MD, MARTIN A IM  
3471 FIFTH AVENUE PITTSBURGH PA 15213  
WISSINGER MD, H ANDREW ORS  
128 N CRAIG ST PITTSBURGH PA 15213  
WITHERSPOON MD, JOHN S FP  
704 LINCOLN AVE PITTSBURGH PA 15202  
WITTIG MD, ROBT L P  
230 N CRAIG ST PITTSBURGH PA 15213  
WOJCIAK DO, RAYMOND J US  
275 SILVER LN MCKEES ROCKS PA 15136  
WOLFF MD, CHAS K CRS  
660 LINCOLN AVE PITTSBURGH PA 15202  
WOLFF MD, REGIS A IM  
550 GRANT ST PITTSBURGH PA 15219  
WOLFFHOPE MD, BARBARA US  
925 1/2 GREENFIELD AVE PITTSBURGH PA 15217  
WOLFORD MD, JACK A P  
3811 O'HARA ST PITTSBURGH PA 15213  
WOLFSON JR MD, SIDNEY K GS  
3459 FIFTH AVE PITTSBURGH PA 15213  
WOLFSON MD, BERNARD AN  
MERCY HOSP PITTSBURGH PA 15219  
WOLFSON MD, JEROME H PD  
3600 FORBES AVE PITTSBURGH PA 15213  
WOLINSKY MD, ARTHUR P PTH  
5566 B HERS ST FT KNOX KY 40121  
WOLLMAN MD, MICHAEL R PD  
3515 5TH AVE PITTSBURGH PA 15213  
WONG JR MD, ALFONSO C IM  
2043 SHALLOW HILL RD#12 PITTSBURGH PA 15220  
WOOD MD, WM H US  
1000 OAKWOOD PL NATRONA HGTS PA 15065  
WORLEY MD, CARL M PS  
123 CENTRAL SQ PITTSBURGH PA 15228  
WORRALL MD, V THOMAS ORS  
128 N CRAIG ST PITTSBURGH PA 15213  
WRIGHT JR MD, GEO J N  
4401 PENN AVE PITTSBURGH PA 15224  
WRIGHT MD, GEO C FP  
803 MILLER AVE CLAIRTON PA 15025  
WRIGHT MD, L ALAN P  
VA HOSPITAL PITTSBURGH PA 15240  
WRIGHT MD, RICHARD E FP  
4141 BRUNSVILLE DR PITTSBURGH PA 15227  
WROBLESKI MD, HARRY F P  
552 N NEVILLE ST PITTSBURGH PA 15213  
WUNDERLICH JR MD, J ANDREAS PD  
634 UNIVERSITY RD PITTSBURGH PA 15228  
YANG MD, JAU-HSIN AN  
1272 FIRWOOD DR PITTSBURGH PA 15243  
YAROS MD, JOHN G FP  
APT 101 6315 5TH AVE PITTSBURGH PA 15206  
YATES MD, ADOLPH J GS  
127 E CUNNINGHAM ST BUTLER PA 16001  
YATES MD, ANTHONY P IM  
203 WOODRIDGE DR PITTSBURGH PA 15237  
YELLENIK MD, ANDREW C FP  
812 CEDAR AVE PITTSBURGH PA 15212  
YINGVORAPANT MD, SONCHAO PD  
2350 GOLFVIEW DR PITTSBURGH PA 15241  
YOCKEY MD, WM B PD  
201 PENN CTR BLVD PITTSBURGH PA 15235  
YOUNG MD, JAMES L GS  
1004 GARFIELD ST TARENTUM PA 15084  
YOUNG MD, LIONEL W R  
125 DESOTO ST PITTSBURGH PA 15213  
YOUNGUE JR MD, EUGENE L P  
1772 BEECHWOOD BLVD PITTSBURGH PA 15217  
YOUNT MD, JOHN A IM  
1000 LIBERTY AVE PITTSBURGH PA 15222  
ZACCARDI MD, JAMES P IM  
MERCY HOSP PITTSBURGH PA 15219  
ZAFAR MD, SYED A IM  
4401 PENN AVE PITTSBURGH PA 15224  
ZAHORCHAK MD, JOS A OTO  
100 WESTCHESTER DR PITTSBURGH PA 15215  
ZANGRILLI MD, JAMES G U  
1400 CENTER AVE STE 450 PITTSBURGH PA 15219  
ZANGWILL MD, DONALD P IM  
3600 FORBES AV SUITE 50 PITTSBURGH PA 15213  
ZEHEL MD, WENDELL E GS  
20 CEDAR BLVD PITTSBURGH PA 15228  
ZEILER MD, WM B PTH  
778 OSAGE RD PITTSBURGH PA 15216  
ZELEZNOCK MD, WM A FP  
660 LINCOLN AVE PITTSBURGH PA 15202  
ZELKOVIC MD, AUDREY A PD  
ST FRANCIS GEN HOSP PITTSBURGH PA 15201  
ZELLER MD, HARRY R AN  
ALQUIPPA HOSP ALQUIPPA PA 15001  
ZELLER MD, THEODORE C OPH  
2819 MORLOCK AVE MCKEESPORT PA 15132  
ZEMEL MD, REUBEN GS  
770 PIN OAK RD PITTSBURGH PA 15243  
ZIDO MD, ALBERT J FP  
9903 FRANKSTOWN RD PITTSBURGH PA 15235

ZIEMIANSKI MD, MATTHEW C OPH  
700 HURON AVE #18-C CAMBRIDGE MA 02138  
ZIKRIA MD, EMIR A TS  
532 S AIKEN AVE PITTSBURGH PA 15232  
ZILLWEGER MD, WM C FP  
8199 MCKNIGHT RD PITTSBURGH PA 15237  
ZIMMERMAN MD, CHAS W FP  
2141 ARDMORE BLVD PITTSBURGH PA 15221  
ZIMMERMAN MD, KARL CRS  
3500 5TH AVE PITTSBURGH PA 15213  
ZIMMERMAN MD, RONALD L PM  
2811 ROLLINS DR ALLISON PARK PA 15101  
ZISKIND MD, ZELDA FP  
121 S HIGHLAND AVE PITTSBURGH PA 15206  
ZITNER MD, GEO L P  
5449 ALBERMARLE ST PITTSBURGH PA 15217  
ZUBRITZKY MD, DESIDERIUS I IM  
1000 LIBERTY AVE PITTSBURGH PA 15222  
ZUBRITZKY MD, PAUL D FP  
1767 FOREST GROVE RD MCKEES ROCKS PA 15136  
ZUBRITZKY MD, STEPHEN A FP  
408 45TH ST PITTSBURGH PA 15201  
ZUCK MD, GEO A U  
902 JAMES ST PITTSBURGH PA 15212  
ZURHORST MD, EDWARD W US  
GATEWAY TOWERS GATEWAY CT PITTSBURGH PA 15222  
ZWEIG MD, NEAL IM  
300 CEDAR BLVD PITTSBURGH PA 15228

## Armstrong County

ALLMAN MD, JOHN H FP  
260 WHITE OAK DR NEW KENSINGTON PA 15068  
BALASH MD, WM R IM  
1623 UNION AVE NATRONA HGTS PA 15065  
BAUER MD, JAMES E R  
902 FREEPORT RD FREEPORT PA 16229  
BAUER MD, JOHN A FP  
RR 1 BOX 655 VANDERGRIFT PA 15690  
BIERER MD, EDWARD D GS  
206 N JEFFERSON ST KITTANNING PA 16201  
BOND MD, JOHN OTO  
125 N MC KEAN ST KITTANNING PA 16201  
BORJA MD, ROGELIO I U  
ARMSTRONG CO MEM HOSP KITTANNING PA 16201  
BRANDON MD, PHYLLIS K AN  
2273 CLAIRMONT DR PITTSBURGH PA 15241  
BUCK MD, KEITH K FP  
P O BOX 8 KITTANNING PA 16201  
BUSH MD, ALTON J FP  
RD 1 BOX 146 LEECHBURG PA 15656  
CASTANEDA MD, EMILIO E IM  
MEDICAL ARTS BLDG #4 KITTANNING PA 16201  
CERASO MD, SAHL T FP  
304 LONGFELLOW ST VANDERGRIFT PA 15690  
CHESKO MD, CLEMENT C FP  
415 4TH AVE TARENTUM PA 15084  
CHONDHRY MD, ZAFAR I NS  
318 SECOND AVE TARENTUM PA 15084  
CORDOBA MD, DIEGO R IM  
RD 7 COUNTRY CLUB MNR KITTANNING PA 16201  
CROSS JR MD, SAHL GS  
155 MULBERRY ST KITTANNING PA 16201  
DAJANI MD, TAHER A GS  
320 2ND AVE TARENTUM PA 15084  
EDMONSTON MD, GEO F OBG  
410 E 6TH AVE TARENTUM PA 15084  
FAIR MD, JACOB C FP  
249 ARCH ST KITTANNING PA 16201  
FOX MD, CHAS F FP  
BOX 240 VANDERGRIFT PA 15690  
FRALEY MD, HENRY W FP  
147 MAIN ST LEECHBURG PA 15656  
FREDERICK MD, PAUL L IM  
RD 3 2 MED ARTS BLDG KITTANNING PA 16201  
GALLAGHER MD, JOHN E FP  
BOX 305 APOLLO PA 15613  
GARROTT MD, JOHN W OBG  
R D 2 KITTANNING PA 16201  
GREENBAUM MD, JAMES K PD  
100 VINE ST KITTANNING PA 16201  
HEILMAN MD, HOWARD C US  
R D 2 KITTANNING PA 16201  
HENRY MD, LELAND T FP  
305 S 2ND ST APOLLO PA 15613  
JABRI MD, SABAH E OTO  
ARMSTRONG CTY MED HOSP KITTANNING PA 16201  
KAHN MD, V RAYMOND GS  
415 4TH AVE TARENTUM PA 15084  
KANG MD, SE-BOO AN  
ARMSTRONG MEM HOSP KITTANNING PA 16201  
KEIM MD, PETER J FP  
ALLEGHENY DR NATRONA HTS PA 15065  
KOHL MD, DAVID H GS  
3 MED ARTS BLDG RD 3 KITTANNING PA 16201  
KOST MD, KENNETH R GS  
RD 3 2 MED ARTS BLDG KITTANNING PA 16201  
LACE MD, RICHARD E PD  
MED ARTS BLDG NATRONA HGTS PA 15065  
LEAR MD, BENJ F FP  
223 FRANKLIN ST VANDERGRIFT PA 15690  
LOSASSO MD, DOMINIC E OPH  
BOX 336 VANDERGRIFT PA 15690  
MAJEWSKI MD, JERZY U  
ARMSTRONG MEM HOSP KITTANNING PA 16201  
MCLEOD MD, RODERICK R P  
RD 3 1 MED ARTS BLDG KITTANNING PA 16201  
MCNUTT MD, FRANK H FP  
208 N JEFFERSON ST KITTANNING PA 16201  
MILLER MD, CALVIN E FP  
R D 7 KITTANNING PA 16201

MINTER MD, DONALD W R  
BOX 99 WORTHINGTON PA 16262  
MONTGOMERY MD, ERNEST J GS  
327 E 6TH AVE TAKENTUM PA 15084  
MOORE MD, JAMES P FP  
710 FOURTH AVE FORD CITY PA 16226  
OWCZYKOWSKI MD, BERNARD J U  
1625 UNION AVE NATRONA HGTS PA 15065  
PACEK JR MD, JOHN FP  
410 4TH AVE TARENTUM PA 15084  
PACEK MD, ROBT F FP  
135 OAK MANOR DRIVE NATRONA HGTS PA 15065  
PITTS MD, WM H FP  
825 MAIN ST RURAL VALLEY PA 16249  
POLANCO MD, ALFONSO FP  
117 WOODLAND DR N KENSINGTON PA 15068  
PUGLIESE MD, AUGUST FP  
1107 TENNYSON DR VANDERGRIFT PA 15690  
ROBERTSON MD, FRANK O FP  
RD 1 FORD CITY PA 16226  
SERAFY MD, MICHAEL M FP  
119 HAZEL ST KITTANNING PA 16201  
SLEASE MD, CYRUS B FP  
183 S JEFFERSON ST KITTANNING PA 16201  
SOTUS MD, L NICHOLAS ORS  
RD 3 4 MED ART BLDG KITTANNING PA 16201  
STITT MD, HUGH I US  
BOX 305 KITTANNING PA 16201  
STOCKDALE MD, ROBT H R  
1209 MINNESOTA AVE NATRONA HGTS PA 15065  
SUWANSIRIKUL MD, NIPAPAN PD  
415 MARKET ST FREEPORT PA 16229  
SUWANSIRIKUL MD, SAKDIDEJ FP  
415 MARKET ST FREEPORT PA 16229  
THOMPSON MD, CHAS W FP  
BX346 425 OCONNUK ST FORD CITY PA 16226  
THOMPSON MD, HARRY J FP  
PO BOX 312 FORD CITY PA 16226  
UBINGER MD, WM N FP  
415 4TH AVE TARENTUM PA 15084  
VEGA MD, ROGELIO U  
PENN DR BRCH HVN RD 6 KITTANNING PA 16201  
WHOLEY MD, MARK H R  
816 WOODLAND AVE OAKMONT PA 15139  
WILSON MD, ARTHUR R FP  
10808 CAMELOT CIR SUN CITY AZ 85351  
WILSON MD, RICHARD A PM  
227 COLE RD SARVER PA 16055  
YANG MD, JAE-TAE GS  
326 CLEVELAND ST KITTANNING PA 16201  
YUCKEY MD, ROBT H OPH  
BOX 192 KITTANNING PA 16201

## Beaver County

AKHAVAN MD, JOHN H PD  
8 ST ANDREWS DR BEAVER FALLS PA 15010  
AMIN MD, VIKRAM IM  
ALQUIPPA HOSPITAL ALQUIPPA PA 15001  
ARUMUGHAM MD, PALANIAPPAN PD  
2315 MILL ST ALQUIPPA PA 15001  
ATWELL MD, LUYAL P GS  
17105 GULF BLVD APT 321 N REDINGTON BCH FL 3370  
BACH MD, WM G P  
176 VIRGINIA AVE ROCHESTER PA 15074  
BAGLIO MD, CORNADU M PTH  
175 ELM ST BEAVER PA 15009  
BALDWIN MD, THOS M OTO  
1015 SEVENTH AVE BEAVER FALLS PA 15010  
BALTIC JR MD, CHAS V ORS  
1607 3D ST BEAVER PA 15009  
BANSIDHAR MD, BHADRASING GS  
RD 1 MCCLAIN RD BEAVER FALLS PA 15010  
BENNINGHOFF MD, DAVID C IM  
2315 MILL ST ALQUIPPA PA 15001  
BERKMAN MD, EUGENE F ORS  
1607 3D ST BEAVER PA 15009  
BOAL JR MD, JOHN H OBG  
385 2D ST BEAVER PA 15009  
BOAL MD, ERWIN S FP  
1509 STATE ST BADEN PA 15005  
BONADIO MD, PETER M FP  
110 HILL DR BEAVER PA 15009  
BUNTEMPO MD, FRANKLIN A OPH  
234 ADAMS ST ROCHESTER PA 15074  
BURKOVIC MD, EMBRIE J FP  
1011 6TH AVE BEAVER FALLS PA 15010  
BOYD MD, THOS S FP  
830 MIDLAND AVE MIDLAND PA 15059  
BRABSON MD, HOWARD W FP  
549 STATE ST BADEN PA 15005  
BRANT MD, ROBERT I GS  
1520 3RD AVE NEW BRIGHTON PA 15066  
BUCK MD, CLARENCE J FP  
141 SE BALDWIN CT PT CHARLOTTE FLA 33950  
BURGER MD, JOS G OBG  
320 COLLEGE AVE BEAVER PA 15009  
BURICK MD, WAYNE P R  
745 TODD AVE ELLWOOD CTY PA 16117  
BUSH MD, HERMAN FP  
440 BANK ST BEAVER PA 15009  
CAMPBELL MD, G ROBERT D  
1607 3RD ST BEAVER PA 15009  
CARLSON MD, KENNETH E PTH  
157 RIDGEVIEW DR BEAVER PA 15009  
CHAMOVITZ MD, DAVID L IM  
2370 HOSPITAL DR ALQUIPPA PA 15001  
CHU MD, FELIPE L FP  
ALQUIPPA HOSP ALQUIPPA PA 15001  
COFFEY MD, DAVID H FP  
544 STATE ST BADEN PA 15005



COGHLAN MD, WM P	GS	LEW MD, CHUNG M	FP	SWICK 2ND MD, J HOWARD	FP
1400 7TH AVE BEAVER FALLS PA 15010		1302 PENNSYLVANIA AVE MONACA PA 15061		1314 8TH AVE BEAVER FALLS PA 15010	
CONRADY MD, WM E	R	LIAM MD, SHANG C	FP	TAYLOR MD, MORGAN F	U
307 7TH ST EXT BEAVER FALLS PA 15010		211 VIRGINIA DR BEAVER PA 15009		262 CONNECTICUT AVE ROCHESTER PA 15074	OPH
CONTE MD, ANTHONY A	IM	LUGAR MD, EDWARD R	FP	THEL JR MD, HENRY C	OPH
255 3RD ST BEAVER PA 15009		333 FRANKLIN AVE ALIQUIPPA PA 15001		930 3RD ST 8X204 BEAVER PA 15009	
CRAIN MD, RICHARD H	R	MACKALL MD, MELVERN M	FP	THEL MD, HENRY C	OPH
307 MEADOW LANE SEWICKLEY PA 15143		381 3RD ST BEAVER PA 15009		PO BOX 458 BEAVER PA 15009	
CROZIER MD, DAVID J	OBG	MALLINGER MD, SAML H	FP	THOMAS JR MD, HAROLD D	FP
302 JEFFERSON ST ROCHESTER PA 15074		706 HEMLOCK DR ALIQUIPPA PA 15001		2113 IRWIN ST ALIQUIPPA PA 15001	
CRUMRINE MD, NORMAN R	OTO	MARCUS MD, GARY J	PTH	TOMASI MD, SAML J	FP
650 SECOND ST BEAVER PA 15009		120 RIDGEVIEW DR BEAVER PA 15009		1119 6TH AVE BEAVER FALLS PA 15010	
CRUMRINE MD, RICHARD S	OTO	MARINO MD, FREDERICK E	OBG	TREIDEL MD, ERNEST E	FP
123 DUNCAN CIRCLE BEAVER PA 15009		260 CONNECTICUT AVE ROCHESTER PA 15074		698 MAPLEWOOD AVE AMBRIDGE PA 15003	
CUDDY MD, VINCENT D	GS	MARTUN MD, ROY H	PRM	TRENT MD, DOUGLAS E	OBG
1400 7TH AVE BEAVER FALLS PA 15010		628 MARKET ST BRIDGEWATER PA 15009		614 13TH ST BEAVER FALLS PA 15010	
CULLEY MD, ANDREW M	PTH	MARKSON MD, VICTOR I	IM	TRITSCHLER MD, JOS P	FP
1450 DUTCH RIDGE RD BEAVER PA 15009		1307 6TH AVE BEAVER FALLS PA 15010		603 4TH AVE NEW BRIGHTON PA 15066	
DAMAZO MD, ELPIDIO D	FP	MAKSHALL MD, JOHN S	IM	TSUNG MD, WEN-HAN	PD
619 15TH ST BEAVER FALLS PA 15010		PO BOX 189 BEAVER PA 15009		PO BOX 497 BEAVER PA 15009	
DAMAZO MD, NATIVIDAD S	FP	MARTSOLF MD, JOHN	GS	VOGEL JR MD, JULIUS A	PD
619 15TH ST BEAVER FALLS PA 15010		P O BOX 34 NEW BRIGHTON PA 15066		336 COLLEGE AVE BEAVER PA 15009	
DAVIS JR MD, EDWARD T	FP	MARTSOLF MD, PHILIP F	US	WEIGEL MD, JOS H	P
402 VERMONT AVE ROCHESTER PA 15074		BOX 244 NEW BRIGHTON PA 15066		290 W PARK ST ROCHESTER PA 15074	
DAVIS MD, GROVER T	FP	MCCLOSKEY MD, GEO A	PD	WEYAND MD, JAMES G	GS
628 MARKET ST BRIDGEWATER PA 15009		647 3RD ST BEAVER PA 15009		PT ARUNDEL KENNEDYBUNKPRT ME 04046	
DEJESUS JR MD, ROMAN Y	AN	MCCONNEL MD, CHAS S	OPH	WIBULOUTAI MD, BUONTERM	GS
120 FAIRFIELD DR NEW BRIGHTON PA 15066		1599 3RD ST BEAVER PA 15009		690 6TH ST BEAVER PA 15009	
DONJANCIC MD, JOHN T	FP	MCCREARY 3RD MD, THUS W	IM	WILKIE MD, LOUIS J	R
816 SPEYER AVE MONACA PA 15061		MCCREARY PROF ARTS BLDG BEAVER PA 15009		WED CTR OF BEAVER CO BEAVER FALLS PA 15010	
DOUDS MD, H EUGENE	OPH	MCCREARY MD, THOS W	PTH	WILSON MD, RUTH W	IM
1215 8TH AVE BEAVER FALLS PA 15010		699 C 2ND ST BEAVER PA 15009		647 3RD ST BEAVER PA 15009	
DUNN MD, CEDRIC E	OBG	MCGUIRE MD, FRANCIS E	GS	WONG DO, HENRY H	FP
614 13TH ST BEAVER FALLS PA 15010		215 SHAFER RD CORAOPOLIS PA 15108		MED CTR OF BEAVER CO ROCHESTER PA 15074	
DURBIN MD, JOHN P	GS	MCMILLEN MD, CLARENCE L	FP	YEE MD, ROBT A	P
113 WINDY GHOU BEAVER PA 15009		545 STATE ST BADEN PA 15005		407 13TH ST NEW BRIGHTON PA 15066	
DURSCHINGER MD, GEORGE M	FP	MCMPPERSON MD, KENNETH M		YUKEVICH MD, JOHN P	FP
6300 MONGHT PASS RD 711 SARASOTA FL 33581		925 6TH AVE NEW BRIGHTON PA 15066		701 MAPLEWOOD AVE AMBRIDGE PA 15003	
EMANUEL MD, ABRAHAM	OBG	MERRIMAN MD, W CLAIR	PD	ZALAMEA MD, PETRONIO F	PD
921 8TH AVE BEAVER FALLS PA 15010		190 3RD ST BEAVER PA 15009		216 EVANS DR ELLWOOD CITY PA 16117	
EVANGELISTA MD, BENILDA P	FP	MIANO MD, LIDIA	FP	ZERNICH JR MD, STEPHEN	GS
344 MT VERNON DR ELLWOOD CITY PA 16117		1410 3RD AVE NEW BRIGHTON PA 15066		HOSPITAL DR ALIQUIPPA PA 15001	
EVANGELISTA MD, PRISCO T	GS	MICHEL MD, JOHN P	FP	ZERNICH MD, MICHAEL R	ORS
2 PITTSBURGH CIR ELLWOOD CITY PA 16117		BOX 439 CLEMENTON NJ 08021		HOSPITAL DR ALIQUIPPA PA 15001	
FORTUNA MD, JOSEPH A	FP	MIN MD, TAE C	PTH	ZERNICH MD, WALLACE	FP
430 LINCOLN AVE BEAVER PA 15009		106 MAPLEWOOD DR BEAVER PA 15009		HOSPITAL DR ALIQUIPPA PA 15001	
FUCHS MD, BERNARD	R	MITCHELL MD, JOHN A	IM		
224 UNIVERSITY DR ALIQUIPPA PA 15001		COLLEGE DRIVE MONACA PA 15061			
FUNKHOUSER MD, JAY L	FP	MITCHELL MD, MICHAEL J	D		
721 5TH AVE NEW BRIGHTON PA 15066		MITCHL ASSOC 192-6TH ST AMBRIDGE PA 15003			
GARCIA MD, JOSE F	R	MUNYAK MD, JOHN G	GS		
3509 8TH AVE BEAVER FALLS PA 15010		199 9TH ST MONACA PA 15061			
GAYDOS MD, JOHN D	FP	NOTARO MD, JOHN	FP		
1098 KENNEDY DR AMBRIDGE PA 15003		2349 MILL ST ALIQUIPPA PA 15001			
GOGGIN MD, LEON D	FP	PALLONE DD, LESLIE	FP		
620 BEAVER AVE MIDLAND PA 15059		108 LITTLE BEAVER DR BEAVER PA 15009			
GRAY MD, HERBERT M	PTH	PANTALONE MD, ALBERT	GS		
350 ADAMS ST ROCHESTER PA 15074		2315 MILL ST ALIQUIPPA PA 15001			
GREEN MD, ARTHUR H	FP	PATEL MD, MANOJKUMAR R	OPH		
746 MAPLEWOOD AVE AMBRIDGE PA 15003		2500 HOSPITAL DR ALIQUIPPA PA 15001			
GRESSLY MD, DONALD W	IM	PATRICK MD, DAVID R	U		
PO BOX 189 BEAVER PA 15009		262 CONNECTICUT AVE ROCHESTER PA 15074			
GRIFFIN MD, PERCY W	FP	PETTLER MD, MASHL F	US		
410 5TH ST AMBRIDGE PA 15003		PO BOX 72 BEAVER FALLS PA 15010			
HADDAD MD, GEO R	PD	PIROLI MD, DUILIO D	IM		
402 13TH ST NEW BRIGHTON PA 15066		2000 MC MINN ST ALIQUIPPA PA 15001			
HAGES MD, FOSTER	FP	PURI MD, PAUL A	GS		
2300 SHEFFIELD RD ALIQUIPPA PA 15001		1400 7TH AVE BEAVER FALLS PA 15010			
HALLISEY MD, JOHN G	FP	RADLER MD, JOHN K	ORS		
20TH AND DAVIDSON STS ALIQUIPPA PA 15001		265 3RD ST BEAVER PA 15009			
HAMMER MD, SAML F	FP	RAGOOWANSI MD, TULSIDAS N	FP		
746 MAPLEWOOD AVE AMBRIDGE PA 15003		119 CREST DR BEAVER PA 15009			
HARTFORD MD, THOS B	OPH	RAO MD, TALLAM J	GS		
816 12TH ST BOX 640 BEAVER FALLS PA 15010		MCBC ROCH UNIT HULL ST ROCHESTER PA 15074			
HAYER MD, PAUL M	FP	REITZ MD, JOHN D	PTH		
559 MAPLEWOOD AVE AMBRIDGE PA 15003		MED CTR OF BEAVER CO ROCHESTER PA 15074			
HEINEMAN JR MD, ARTHUR C	IM	REYES MD, SATURINO M	GS		
719 7TH AVE PATTERSON H BEAVER FALLS PA 15010		152 RIDGEVIEW DR BEAVER PA 15009			
HEINLE JR MD, EDWARD W	IM	RICE MD, WM T	R		
336 COLLEGE AVE BEAVER PA 15009		262 CONNECTICUT AVE ROCHESTER PA 15074			
HELFRIED MD, JOS A	FP	RICHARDSON MD, HARRISON M	R		
201 W EVERGREEN AVE PHILADELPHIA PA 19118		331 COMMERCE ST BEAVER PA 15009			
HELMICK MD, WAYNE W	FP	ROCERETO MD, PAUL V	FP		
349 NEW YORK AVE ROCHESTER PA 15074		1821 CAMPBELL TOPEKA KS 66604			
HETZLER MD, NORMAN A	GS	RODGERS MD, EDSON R	FP		
1100 WASHINGTON AVE MONACA PA 15061		335 BEAVER ST BEAVER PA 15009			
MINEMAN MD, MARQUIS W	GS	ROSS MD, MAURICE V	FP		
812 MIDLAND AVE MIDLAND PA 15059		RD 2 NEW BRIGHTON PA 15066			
HORMOZDI MD, FRAYDOON	OBG	RUSH MD, GEORGE B	FP		
COLONIAL ARMS APT D-19 MONACA PA 15061		2405 CLUBHOUSE CIR 103 SARASOTA FL 33580			
HOYT MD, CREIG S	IM	SANPEDRO MD, ROME O	FP		
183 GREENLEA DR CORAOPOLIS PA 15108		602 W BEAVER ST ZELIENOPLE PA 16063			
JAFARNIA MD, MOHAMED R	OBG	SEHGAL MD, KULDEEP	U		
PO BOX 219 BEAVER PA 15009		MED CTR HOSP DR ALIQUIPPA PA 15001			
JAMISON 2ND MD, JAMES B	U	SHAFER MD, DONALD Y	FP		
910 8TH AVE BEAVER FALLS PA 15010		P O BOX 137 NEW BRIGHTON PA 15066			
JOHNSON MD, MAX E	FP	SHEETS MD, RAYMOND L	PD		
945 FRANKLIN ST ALIQUIPPA PA 15001		1125 8TH AVE BEAVER FALLS PA 15010			
JONES JR MD, HARRY B	FP	SHETTY MD, KANDAVAR N	IM		
2114 NEWELL AVE ALIQUIPPA PA 15001		2349 MILL ST ALIQUIPPA PA 15001			
JONES MD, RICHARD E	AN	SHUGERT MD, GUY S	FP		
2835 4TH AVE BEAVER FALLS PA 15010		290 ADAMS ST ROCHESTER PA 15074			
KENNEDY MD, NELSON M	FP	SHUGERT MD, JOHN H	GS		
R D 2 DARLINGTON PA 16115		262 CONNECTICUT AVE ROCHESTER PA 15074			
KILPATRICK MD, GERTRUDE E	FP	SIA MD, JOSE K	FP		
1501 6TH AVE BEAVER FALLS PA 15010		438 CENTER GRANGE RD MONACA PA 15061			
KIM MD, WMA S	OBG	SLOSS MD, JAMES O	FP		
2315 MILL ST ALIQUIPPA PA 15001		1425 3RD ST BEAVER PA 15009			
KONRAD MD, MARK G	R	SMITH JR MD, JAMES W	GS		
437 MAPLE LN SEWICKLEY PA 15143		1417 7TH AVE BEAVER FALLS PA 15010			
KRAYER JR MD, NICHOLAS H	IM	SMITH MD, JAMES W	FP		
444 DRAVO AVE BEAVER PA 15009		BABCOCK & WILCOX BX 401 BEAVER FALLS PA 15010			
LEE MD, SEQUO C	IM	SNYDER MD, HARRY I	FP		
736 GOLDN SHWR S FINEGAY FPO 9F 96630		2112 NEWELL AVE ALIQUIPPA PA 15001			
LEHMAN MD, JOHN W	ORS	SUTTON JR MD, JOHN C	FP		
811 13TH ST BEAVER FALLS PA 15010		417 32ND ST BEAVER FALLS PA 15010			

## Bedford County

COLVIN MD, VICTOR G	IM	SCHELLSBURG PA 15559
DELASALAS MD, ERNESTO M	IM	
207 SOUTH JULIANA ST BEDFORD PA 15522		
EYLER MD, J ALBERT	FP	
112 S BEDFORD ST BEDFORD PA 15522		
GEORGE MD, JOHN O	FP	
60 S ANDERSON ST BEDFORD PA 15522		
GORDON MD, JAMES K	OBG	
602 E PITT ST BEDFORD PA 15522		
GRANA MD, PHILIP C	OPH	
FT BEDFORD INN STE 301 BEDFORD PA 15522		
GRIFFITHS MD, CHARLES W	GS	
RD 5 BOX 129 BEDFORD PA 15522		
HARTLE MD, JOHN E	FP	
145 SOUTH ST EVERETT PA 15537		
KUTZ MD, EUGENE R	R	
401 S RICHARD ST BEDFORD PA 15522		
MAFFUCCI JR MD, VICTOR	FP	
P O BOX 650 BEDFORD PA 15222		
MCCAMAN MD, WESLEY F	FP	
39 N SPRING ST EVERETT PA 15537		
MYERS MD, JAMES R	FP	
220 W MAIN ST EVERETT PA 15537		
PALIN MD, WM E	GS	
P O BOX 637 BEDFORD PA 15522		
PLADD MD, QUINTIN M	IM	
30 N SPRING ST EVERETT PA 15537		
RINARD MD, GRAFFIOUS L	FP	
232 E PENN ST BEDFORD PA 15522		
SHIELDS MD, EDWARD A	IM	
207 S JULIANA ST BEDFORD PA 15522		
SIPES MD, DWIGHT R	GS	
11 W 3D ST EVERETT PA 15537		
TORRES MD, ROBIN G	OBG	
16 RIDGE AVE EVERETT PA 15537		
WEIGLE MD, KEITH E	R	
208 STATE ST EVERETT PA 15537		
WHITMORE MD, JOHN T	IM	
REAR 1068 NATIONAL HWY LAVALLE MD 21502		

## Berks County

AGNEW MD, EDWARD A	FP	
1544 ROSE VIRGINIA AVE WYOMISSING PA 19610		
AGOURIDIS MD, NICHOLAS T	OBG	
310 N 11TH ST READING PA 19604		
AITA MD, PAUL C	GS	
301 S 7TH AVE W READING PA 19602		
ALEXANDER MD, R WILLIAM	R	
544 ELM ST READING PA 19601		
ALLEN MD, ROBT W	P	
720 N 5TH AVE READING PA 19601		
ALLEY MD, SAMIE A	GS	
1146 ELM ST READING PA 19604		
ANDERSON MD, JOHN B	OBG	
1340 W PENN AVE WYOMISSING PA 19610		



## BERKS

AURANDT MD, HENRY N	OBG	DIETRICH DO, LEONARD M	FP	HOLFORD MD, FRED D	IM
301 S SEVENTH AVE W READING PA 19602		610 E MAIN ST BX 243 KUTZTOWN PA 19530		ST JOSEPHS HOSP READING PA 19603	
AUSTIN MD, MICHAEL	FP	DONLY MD, DONOVAN L	FP	MORST MD, ELMER L	P
203 BRIGHTON AVE READING PA 19606		730 CENTRE AVE READING PA 19601		715 LAKE AVE WYOMISSING PA 19610	
AVELLA MD, BERNARD N	IM	DONOVAN MD, ROBT S	FP	MOUCK MD, E KARL	ORS
301 S 7TH AVE W READING PA 19602		BOX 700 BLANDON PA 19510		1324 HAMPDEN BLVD READING PA 19604	
BANCOFF MD, CARL	IM	DUDA MD, ANDREW M	GS	MOYT MD, RALPH C	IM
12TH & WALNUT STS READING PA 19603		317 BROOKLINE PLAZA READING PA 19611		RD 1 BOX 428-8 BIRDSBORO PA 19508	
BANEY JR MD, CHAS M	FP	DUFFY MD, SCOTT S	IM	HUNTER MD, JOHN S	FP
239 STATE ST HAMBURG PA 19526		301 S 7TH AVE WEST READING PA 19611		117 PHILADELPHIA AVE SHILLINGTON PA 19607	
BARRETT MD, JOHN S	IM	EAGER MD, J MICHAEL	OBG	HUNTZBERGER MD, SAML S	FP
301 S 7TH AVE WEST READING PA 19602		301 S 7TH AVE WEST READING PA 19611		608 PENNSYLVANIA AVE SINKING SPRING PA 19608	
BARRIOS MD, MARIO F	FP	EASTLAND MD, THEODORE W	FP	IMBER MD, IRVING	IM
2105 ROSEWOOD CT WYOMISSING PA 19601		407 W VINE ST FLEETWOOD PA 19522		428 WALNUT ST READING PA 19601	
BEAR MD, JOHN M	FP	EISENBERG MD, H GRANT	OBG	IMBODEN MD, SAML H	FP
239 STATE ST HAMBURG PA 19526		310 LYNOAK AVE SHILLINGTON PA 19607		810 FARR PL READING PA 19602	
BECKER MD, WARD G	FP	EMKEY MD, KENNETH D	IM	IMPINK MD, ROBT R	GS
341 EAST WALNUT ST KUTZTOWN PA 19530		3473 MIDVALE AVE PHILADELPHIA PA 19129		405 OLEY ST READING PA 19601	
BEEM MD, JOHN W	OPH	EMKEY MD, RONALD D	IM	INNIS MD, PATRICIA A	FP
206 S 6TH AVE WEST READING PA 19611		1422 OLD MILL RD WYOMISSING PA 19610		121 WINDSOR ST READING PA 19601	
BEETEL MD, CHRISTOPHER J	TS	ERICKSEN MD, ARTHUR N	IM	JAY JR MD, WENDELL T	IM
301 S 7TH AVE W READING PA 19602		1836 SALEM RD COLONY PK READING PA 19610		600 MUSEUM RD READING PA 19610	
BERTOLET MD, CHAS B	FP	ERMOLD MD, DONALD R	IM	JENNINGS MD, WM P	PTH
39 N 23RD ST READING PA 19606		425 E LANCASTER AVE SHILLINGTON PA 19607		READING HOSP READING PA 19602	
BERTOLETTE MD, RICHARD D	P	FARBER MD, DAVID N	OPH	JEWELL JR MD, JAMES H	TS
810 KENHORST BLVD READING PA 19611		134 N 5TH ST READING PA 19601		301 S 7TH AVE STE230 W READING PA 19602	
BIALAS MD, HENRY N	FP	FARBER MD, HAROLD I	IM	JIMERSON MD, CEDRIC C	GS
727 PENN AVE WEST READING PA 19602		308 N 5TH ST READING PA 19601		234 N 5TH ST READING PA 19601	
BISBING MD, JOHN H	IM	FAUST MD, DONALD S	R	JOHNSON MD, ALFRED T	FP
517 ELM ST READING PA 19601		BOX 68 WERNERSVILLE PA 19565		2240 PENN AVE WEST LAWN PA 19609	
BITETTO MD, NICOLA	IM	FEICK MD, RALPH H	FP	JOHNSON MD, HERBERT C	NS
ST JOSEPHS HOSP READING PA 19603		807 N 10TH ST READING PA 19604		601 SPRUCE ST WEST READING PA 19602	
BOWER MD, JOHN R	P	FISCHER MD, EDWARD C	R	JONES MD, IRVING H	IM
840 CENTRE AVE READING PA 19601		THE READING HOSP READING PA 19602		RD #1 BOX 250 READING PA 19607	
BOWER MD, JOHN R	OBG	FOCHT MD, JOHN A	FP	KASTENBAUM MD, MICHAEL	IM
1340 PENN AVE WYOMISSING PA 19610		260 E WASHINGTON ST WERNERSVILLE PA 19565		330 NORTH 5TH ST READING PA 19601	
BRACONARD MD, FRANCIS J	IM	FOLDES ROTH MD, ELISABETH	FP	KEARNEY MD, JOHN M	GS
301 S 7TH AVE W READING PA 19611		105 S 5TH ST READING PA 19602		120 PROSPECT ST READING PA 19606	
BRICKBAUER MD, ROLAND M	OPH	FRANCO MD, FRANK A	IM	KEFFER MD, WM H	IM
RD 1 BOX 300 MOHNTON PA 19540		102 N 11TH ST READING PA 19601		413 OLEY ST READING PA 19601	
BRUBAKER MD, ELWOOD R	OBG	FRANTZ MD, ROBT C	PRM	KEISER MD, EDWIN L	FP
301 S 7TH AVE WEST READING PA 19602		WESTERN ELECTRIC N11THS READING PA 19604		256 W DOUGLASS ST READING PA 19601	
BUB MD, BARRY	FP	FRIEDMAN MD, ELLIS F	ORS	KELLER MD, ELI J	FP
1800 HAMPDEN BLVD READING PA 19604		1424 PENN AVE WYOMISSING PA 19610		1101 GREGG AVE READING PA 19607	
BUCKLEY MD, JOHN J	OBG	FUSCORIPKA MD, GIOVANNA D	IM	KELLER MD, JOHN E	OTO
250 N 12TH ST READING PA 19604		1216 MEADE ST READING PA 19611		939 N 5TH ST READING PA 19601	
BURNS MD, DONALD T	OPH	GABLE MD, JOS E	FP	KELLER MD, LYNNWOOD V	FP
1500 PENN AVE WYOMISSING PA 19610		2129 N 17TH ST READING PA 19604		106 S 4TH ST READING PA 19602	
BUSH MD, WM M	OBG	GALLEN MD, JOHN H	FP	KERSHNER MD, MARILYN S	R
8 N 11TH ST READING PA 19601		2950 VAN REED RD SINKING SPRING PA 19608		RD 1 WERNERSVILLE PA 19565	
BUTTERWORTH MD, THOS	D	GEHMAN MD, MILTON J	FP	KERST MD, JOHN C	FP
411 WALNUT ST READING PA 19601		38 E LANCASTER AVE SHILLINGTON PA 19607		148 W OLEY ST READING PA 19601	
CARABELLO MD, CHAS A	PD	GEHRIS MD, LEROY A	FP	KEVENY MD, JOHN J	IM
316 S 5TH ST READING PA 19602		808 N 3RD ST READING PA 19601		1019 FRANKLIN ST READING PA 19602	
CARUSO MD, PETER V	R	GERHART MD, GEO R	FP	KING MD, WEIR L	IM
746 SUMMIT CHASE DR READING PA 19611		3351 PERKIOMEN READING PA 19606		120 PROSPECT ST READING PA 19606	
CASSIDY MD, WM J	IM	GIACCIA MD, AMATU	FP	KLEINER MD, ANTUN J	OBG
112 N 11TH ST READING PA 19601		600 SCHUYLKILL AVE READING PA 19601		1435 GARFIELD AVE WYOMISSING PA 19610	
CEFARATTI MD, MICHAEL D	OPH	GILFILLAN MD, A GEORGE	PD	KLEPPINGER MD, RICHARD K	OBG
232 N 5TH ST READING PA 19601		1436 PENN AVE WYOMISSING PA 19610		301 S 7TH AVE WEST READING PA 19602	
CHAMBERLIN MD, GEORGE W	R	GILMORE MD, IRVIN W	FP	KOLTON MD, VLADIMIR J	FP
10712 CAMEO DR SUN CITY AZ 85351		5313 ALLENTOWN PIKE TEMPLE PA 19560		1448-50 SPRUCE ST READING PA 19602	
CHENSEE MD, JASPER G	PTH	GLOSSER MD, WM E	GS	KOTZEN MD, HERMAN F	PD
2147 PERKIOMEN AVE MT PENN PA 19606		1240 DAUPHIN AVE WYOMISSING PA 19610		301 S 7TH AVE STE 150 W READING PA 19611	
CHETT MD, NICHOLAS J	FP	GOODMAN MD, GERALD A	R	KRAMER MD, KENNETH	R
203 NOBLE ST SHOEMAKRSVILLE PA 19555		1305 OLD MILL RD WYOMISSING PA 19610		855 N PARK RD C-203 WYOMISSING PA 19610	
CHOWDHURY MD, A RAB	IM	GORDON MD, MICHAEL E	R	KRAMER MD, RANDALL K	FP
777 COURT ST 1ST FL READING PA 19601		91 GRANDVIEW BLVD WYOMISSING HLS PA 19609		226 E WYOMISSING AVE MOHNTON PA 19540	
CHRIST MD, NICHOLAS J	FP	GOTTSHALL MD, SAML C	AN	KRIEBEL MD, DOROTHY E	AN
141 N WALNUT ST BIRDSBORO PA 19508		145 N 6TH ST READING PA 19603		FURNACE RD WERNERSVILLE PA 19565	
CINELLI MD, CLETO G	ORS	GOUGER MD, DALE B	P	KRING MD, CARROLL S	FP
420 N 5TH ST READING PA 19601		301 S 7TH AVE W READING PA 19602		140 W WINDSOR ST READING PA 19601	
CITRO MD, LAURENCE A	R	GRANADOS MD, NICANOR G	IM	KURJANOWICZ MD, MADIM	FP
998 EDGEWOOD DR SPRINGFIELD PA 19064		1555 SCHUYLKILL AVE READING PA 19601		623 N 5TH ST READING PA 19601	
CLYMER MD, ROBT H	U	GRANADOS MD, SUZITA N	PD	LADIKIA MD, JOS A	N
301 S 7TH AVE WEST READING PA 19602		1555 SCHUYLKILL AVE READING PA 19601		308 WARWICK DR READING PA 19610	
CONN MD, C HAROLD	IM	GREENE MD, LUCILLE T	FP	LAMBERT MD, KENNETH P	OBG
301 S 7TH AVE READING PA 19602		412 N 12TH ST READING PA 19601		233 W MAIN ST KUTZTOWN PA 19530	
COMESS MD, RAYMOND R	GS	GREENE MD, RICHARD J	IM	LANE MD, C DARRELL	PTH
714 N 5TH ST READING PA 19601		1601 PALM ST READING PA 19604		PO BOX 231 BOWMANVILLE PA 17507	
COPE MD, DAVID A	OTO	GRIM MD, MARK D	FP	LATHAN MD, STEPHEN F	ORS
301 S 7TH AVE READING PA 19602		MAIN ST OLEY PA 19547		1432 OLD MILL RD WYOMISSING PA 19610	
COTTRELL MD, JOHN C	PTH	GRUBB MD, WILLARD Y	FP	LATTIN MD, GARY M	IM
407 N TULPEHOCKEN RD READING PA 19601		ROUTE 100 BALLY PA 19503		OT JOSEPHS HOSPITAL READING PA 19601	
CRAIG MD, PAUL C	OPH	GRUBER MD, JOHN W	IM	LEE MD, JUNG-PIL	U
1934 OLD WYOMISSING RD WYOMISSING PA 19610		301 S 7TH AVE W READING PA 19602		318 N 5TH ST READING PA 19601	
CRAMP MD, LLOYD L	GS	GUMINA MD, GUISEPPE G	ORS	LEIDY MD, JOHN P	FP
301 S 7TH AVE W READING PA 19602		230 N 6TH ST READING PA 19601		122 OLEY ST READING PA 19601	
CRYSTAL MD, HARRY	FP	HANGEN MD, NORMAN M	FP	LEINBACH MD, THOS C	ORS
713 N 5TH ST READING PA 19601		3328 PLAZA DR READING PA 19605		301 S 7TH AVE WEST READING PA 19611	
DASHE MD, MYER M	FP	HARRIS MD, LAWRENCE K	IM	LEISAMITZ MD, ELLIOTT G	IM
606 N 10TH ST READING PA 19604		COMMUNITY GENERAL HOSP READING PA 19603		855 N PARK RD L303 WYOMISSING PA 19610	
DAVENPORT MD, RICHARD E	GS	HASSLER MD, CARL W	FP	LEISAMITZ MD, PAUL A	FP
RT 2 BOX 543 PRINCETON WV 24740		606 WELLINGTON AVE READING PA 19609		36 N 11TH ST READING PA 19601	
DAVIS MD, ARNOLD V	GS	HAUPT JR DO, HARVEY R	FP	LEONI MD, JOSEPH	U
301 S 7TH AVE WEST READING PA 19602		711 N FIFTH ST READING PA 19601		931 PENN AVE WYOMISSING PA 19610	
DEACH MD, ROBT A	FP	HAUSER MD, RAYMOND J	FP	LEVAN MD, JOHN B	IM
FAMILY MED CENTER READING PA 19606		1660 PENN AVE WYOMISSING PA 19610		8 ELI CT THE MEWS READING PA 19607	
DEBENEDICTIS MD, KENNETH J	IM	HEARD MD, W DON	IM	LIGNELLI MD, GREGORY J	NS
600 MUSEUM RD READING PA 19602		2114 ELDER ST READING PA 19604		1630 E HIGH ST PUTTSTOWN PA 19464	
DELVECCIO MD, LEONARD W	FP	HEINBACH MD, WILFRED F	IM	LLOYD MD, EDGAR C	AN
308 OLD AIRPORT RD DOUGLASSVILLE PA 19518		313 N 5TH ST READING PA 19601		READING HOSP ANES DEPT WEST READING PA 19602	
DEMY MD, MERLYN R	P	HEISEY MD, JOHN C	IM	LODER DO, DONALD I	FP
1817 BERNVILLE RD READING PA 19601		39 THOMAS OAKS DR POTTSTOWN PA 19464		143 E WALL ST LEESPORT PA 19533	
DENBY MD, ROBT A	PD	HENNINGER MD, WM H	AN	LOEPER MD, DONALD J	FP
25 STEVENS AVE WEST LAWN PA 19609		ST JOSEPHS HOSP READING PA 19603		BALLY PA 19503	
DENGLER JR MD, ROBT E	OS	HEY JR MD, E BERRY	IM	LOHMANN MD, ALBERT E	GS
307 S SPRUCE ST BIRDSBORO PA 19508		301 S 7TH AVE WEST READING PA 19602		1310 FARR RD READING PA 19602	
DERSH MD, JEROME	OPH	HIEHLE MD, JOHN F	R	LONGENECKER MD, BENJ E	FP
232 N 5TH ST READING PA 19601		THE READING HOSP READING PA 19602		4301 KUTZTOWN RD TEMPLE PA 19560	
DESANCIS JR MD, JOS J	IM	HILDRETH MD, EUGENE A	IM	LONGENECKER MD, ROGER N	FP
1506 DAUPHIN AVE WYOMISSING PA 19610		READING HOSP & MED CTR READING PA 19603		EAST PENN MEDICAL CENTE BLANDON PA 19510	
DESJARDINS JR MD, GEORGE P	FP	HILLIG MD, JOHN E	OBG	LORD MD, WILLIAM H	FP
2412 LASALLE DR WEST LAWN PA 19609		1304 MONROE AVE WYOMISSING PA 19618		918 ELIZABETH AVE READING PA 19605	
DESJARDINS MD, GEO P	PTH	HOCH MD, WILLIS S	PTH	LOUGHEAD JR MD, JOHN R	OBG
1415 ALSACE RD READING PA 19604		444 DONALYN LN BERYN PA 19312		223 E LANCASTER AVE SHILLINGTON PA 19607	



LOWRY MD, W NORMOOD	ORS	REED MD, MARK S	PTH	STOLZ MD, PAUL K	R
WERNERSVILLE STATE HOSP WERNERSVILLE PA 19565		READING HOSP READING PA 19603		R D # 1 FLEETWOOD PA 19522	
LUSCH MD, CHAS J	OS	REED MD, RONALD M	IM	STOUDT MD, DONALD E	N
1617 MEADOWLARK RD WYOMISSING PA 19610		312 W 38TH ST READING PA 19606		301 S 7TH AVE WEST READING PA 19602	
MAIORANA MD, S LEROY	OBG	REICHARD MD, RICHARD C	FP	STRAUB MD, RUSSELL E	GS
1153 PENN AVE WYOMISSING PA 19610		112 S HOME AVE TOPTON PA 19562		35-21 E KENT AVE LAURELDALE PA 19605	
MALICK MD, GERALD P	OBG	REIDENBERG MD, LEON	OBG	STRAUSE JR MD, HAROLD L	OPH
301 S 7TH AVE W READING PA 19602		C-01 1801 CAMBRIDGE AVE WYOMISSING PA 19610		530 CENTRE AVE READING PA 19601	
MANALO MD, NORA N	AN	REIFSNYDER MD, WM H	IM	STRAUSE MD, HAROLD L	OPH
10 IRON CIR FLYING HLS READING PA 19607		612 MUSEUM RD READING PA 19602		322 N 5TH ST READING PA 19601	
MARCUS MD, JEROME I	PTH	REIGH MD, ERNEST E	NS	STRAUSS MD, ABRAHAM J	R
1801 CAMBRIDGE AVE B06 WYOMISSING PA 19610		RD 3 BOX 836 MOHNTON PA 19540		609 N 26TH ST READING PA 19606	
MARSHALL MD, JOHN E	FP	REINSEL MD, RICHARD C	GS	STRUNK MD, HAROLD A	AN
RD 1 HOMELSDORF PA 19567		301 S 7TH AVE W READING PA 19602		1801 N 15TH ST READING PA 19604	
MATTHEWS MD, GEO R	R	RENTSCHLER MD, EDWIN B	IM	SUMMONS MD, HOWARD J	U
READING HOSP READING PA 19603		239 N 5TH ST READING PA 19601		931 PENN AVE WYOMISSING PA 19610	
MAZZA JR MD, PATRICK A	FP	RETTEN MD, PHILIP L	IM	SWEET MD, WM A	GS
ST JOSEPHS HOSP READING PA 19603		612 MUSEUM RD READING PA 19602		301 S 7TH AVE WEST READING PA 19602	
MCCRAE MD, CHARLES R	ORS	REUBEN MD, MARK S	PD	SWITZER MD, CARL E	FP
606 MUSEUM RD READING PA 19602		720 SUMMIT CHASE DR READING PA 19611		19 S 3RD ST HAMBURG PA 19526	
MCKINNEY MD, WM L	IM	RIGHTMYER MD, JOHN N	FP	SZARKO MD, FRANK J	R
317 N 6TH ST READING PA 19601		122 N 4TH ST HAMBURG PA 19526		READING HOSPITAL READING PA 19601	
MCLEAN MD, JAMES J	IM	RIGHTS MD, THEODORE H	PRM	TALLMAN MD, EDWIN H	FP
ST JOSEPHS HOSP READING PA 19603		COMM GEN HOSP READING PA 19601		OLEY PA 19547	
MCSHANE MD, JAMES R	IM	RISSEY MD, MARK G	P	TERRY MD, F LEE	IM
CUAN SLAN BANTRY COUNTY CORK EIRE		25 N KEMP ST KUTZTOWN PA 19530		600 ELM AVE READING PA 19605	
MCTAMMANY MD, J ROBERT	OBG	ROBERTSON MD, JOHN J	FP	TIETBOHL JR MD, RALPH H	FP
620 WALNUT ST READING PA 19601		30 E MAIN ST KUTZTOWN PA 19530		25 STEVENS WEST LAWN PA 19609	
MEHARG JR MD, JOHN G	IM	RODRIGUEZ MD, ADOLFO E	GS	TOMKIEWICZ MD, THADDEUS J	FP
1307 SCOTT CRT-WHITFIEL READING PA 19609		301 S 7TH AVENUE W READING PA 19602		1516 ECKERT AVE READING PA 19602	
MEHARG MD, J GEORGE	OBG	ROEDER MD, JOHN H	AN	TOSHO MD, GIANFRANCO F	OTO
855 N PARK RD APT U-203 WYOMISSING PA 19610		READING HOSP READING PA 19603		301 S 7TH AVE READING PA 19602	
MENDELSON MD, EUGENE	OBG	ROMIG MD, RONALD S	GS	TREXLER MD, ETHAN L	FP
FAMILY MED CTR ST LAHRE READING PA 19606		301 SOUTH SEVENTH AVE WEST READING PA 19611		15 S FRANKLIN ST FLEETWOOD PA 19522	
MENGES JR MD, JOB F	ORS	ROTENBERG MD, LARRY A	P	TREXLER MD, HAROLD L	FP
1424 PENN AVE WYOMISSING PA 19610		1320 VAN STEFFY AVE READING PA 19610		218 S 6TH AVE WEST READING PA 19611	
MEYERS MD, BARRY E	GS	ROTHERMEL MD, EARL W	FP	TROYEN MD, HARRY D	U
714 N 5TH ST READING PA 19601		LUTHERAN HOME TOPTON PA 19562		351 N 5TH ST READING PA 19601	
MEYERS MD, JOHN L	FP	ROTHERMEL MD, JOHN K	FP	URBATAIS MD, PETER M	FP
320 E 4TH ST SHILLINGTON PA 19607		STRAUSSTOWN PA 19559		135 W PENN AVE WERNERSVILLE PA 19565	
MILES MD, MICHAEL A	FP	ROWAN MD, NOEL M	IM	VALENCIA MD, CELEDONIO C	FP
2 COMMUNITY DR L SHILLINGTON PA 19607		301 S 7TH AVE W READING PA 19602		357 PENNA AVE SHILLINGTON PA 19607	
MILLER MD, HENRY N	IM	ROWAN MD, SANDRA K	PD	VANDENBOSCH MD, JOHN T	IM
233 N 6TH ST READING PA 19601		310 N 11TH ST READING PA 19604		101 WHEATLAND AVE SHILLINGTON PA 19607	
MOFFITT MD, VINCENT J	PD	ROZANSKI MD, STANLEY J	OBG	VENIER MD, LEON H	PM
52 SURREY WAY EXTON PA 19341		941 FRANKLIN ST READING PA 19602		ST JOSEPHS HOSP READING PA 19603	
MOLL MD, THOS B	OPH	RUBRIGHT MD, GEO L	FP	VERBINSKI MD, TED	OBG
301 S 7TH AVE STE 105 WEST READING PA 19611		300 S 5TH ST READING PA 19602		13400 PENN AVE WYOMISSING PA 19610	
MONDALA-OCBO MD, ELISA V	AN	RUDDOLPH MD, ROBERT I	D	WADEMAN MD, ROSS L	GS
2 CHIP LANE SHILLINGTON PA 19607		400 N 5TH ST READING PA 19601		16 CARDINAL PLACE WYOMISSING PA 19610	
MORRISSEY JR MD, E JAMES	ORS	RUNYEON MD, WM K	GS	WAGNER MD, JOHN B	FP
1121 PENN AVE WYOMISSING PA 19610		301 S 7TH AVE WEST READING PA 19602		301 S 7TH AVE WEST READING PA 19602	
MORRISSEY MD, E JAMES	ORS	RUTH MD, JOHN F	FP	WALKER MD, WM W	D
1121 PENN AVE WYOMISSING PA 19610		740 PENN AVE READING PA 19602		150 N 11TH ST READING PA 19601	
MORROW MD, BERT A	GS	SCHAEBLER MD, M LEE	FP	WANCZYK MD, CASIMIR J	OBG
301 S 7TH AVE WYOMISSING PA 19602		701 JEFFERSON BLVD READING PA 19609		WARING MD, JOHN H	FP
MOSER MD, MANNY H	PS	SCHARTEL DO, ALBERT P	FP	325 E PHILADELPHIA AVE BOYERTOWN PA 19512	
2812 VAN REED RD READING PA 19609		451 DOUGLASS ST READING PA 19601		WEAVER MD, KENT E	FP
MUHLBERG MD, JOHN P	PD	SCHWARTZ MD, ABRAHAM I	FP	2509 PERKIOMEN AVE READING PA 19606	
1436 PENN AVE WYOMISSING PA 19610		1510 ALSACE RD READING PA 19604		WEAVER MD, MARY F	FP
MULLIGAN MD, ROBT L	R	SCHWEIZER MD, ROBT R	FP	BOX 523 RD #3 READING PA 19606	
READING HOSP READING PA 19603		137 E PENN AVE ROBESONIA PA 19551		WELSH MD, JAMES F	PTH
NAGLE MD, ARLINGTON A	FP	SCORNAVACCHI MD, JOS M	U	COMMUNITY GEN HOSP READING PA 19601	
RD 1 HOMELSDORF PA 19567		2152 PERKIOMEN AVE READING PA 19606		WERLEY MD, WALTER M	US
NASE MD, PAUL K	OPH	SCULLY MD, JOHN P	D	720 OLD MILL RD APT C-8 WYOMISSING PA 19610	
206 S 6TH AVE WEST READING PA 19602		150 N 11TH ST READING PA 19601		WESTCOTT MD, RICHARD J	GS
NIEBAUM MD, ALBERT H	FP	SEDA MD, HECTOR J	OTO	78 GRANDVIEW BLVD WYO HILLS PA 19609	
RD 1 BOX 365A CRESCO PA 18326		301 S 7TH AVE READING PA 19602		WESTENDORP MD, ANDRE C	FP
NUGENT MD, FRED B	OBG	SEO MD, JIN S	AN	135 N 6TH ST READING PA 19601	
715 OLD MILL RD # F-6 WYOMISSING PA 19610		215 N 12TH ST READING PA 19603		WIENER MD, STEPHEN G	D
OPFLINGER MD, ARTHUR F	FP	SEXTON JR MD, GEO L	OBG	1111 PENN AVE WYOMISSING PA 19610	
2509 PERKIOMEN AVE READING PA 19606		301 S 7TH AVE WEST READING PA 19602		WIEST MD, PHILIP R	OTO
ORQUIZA MD, CLODUALDO S	U	SHAFFER MD, IRVIN G		238 N 6TH ST READING PA 19601	
931 PENN AVE WYOMISSING PA 19610		135 N 6TH ST READING PA 19604		WILLIAMS MD, HERMAN J	FP
PACIULLI MD, RAFFAELE	ORS	SHAM MD, HARNISHKUMAR	PD	1801 CAMBRIDGE AVE WYOMISSING PA 19610	
420 N 5TH ST READING PA 19601		230 N FIFTH ST READING PA 19601		WILLIAMS MD, JOHN J	FP
PAN MD, EDWARD L	ORS	SHEFFER MD, M LEONARD	FP	523 CARSONIA AVE READING PA 19606	
420 N 5TH ST READING PA 19601		3628 ST LAURENCE AVE READING PA 19606		WILLWERTH MD, JAMES W	R
PAOLINI MD, MAURO J	PD	SHEMANSKI MD, CLEM J		EPHRATA COMMUNITY HOSP EPHRATA PA 17522	
1401 ORCHARD RD WYOMISSING PA 19610		32 FAIRWAY RD FLYING HL READING PA 19607		WINANS MD, LEWIS E	IM
PARKER JR MD, JAMES H	OPH	SHETTY MD, RATNAKAR S	IM	READING HOSP & MED CTR READING PA 19603	
1500 PENN AVE WYOMISSING PA 19610		19 CHELTENHAM DR WYOMISSING PA 19610		WINSTON MD, NORMAN J	R
PATADIA MD, CHANDRAKANT	FP	SHIPPEN MD, EUGENE R	FP	323 N 5TH ST READING PA 19601	
230 N 5TH ST SUITE 510 READING PA 19601		7300 CENTRE AVE READING PA 19601		WISWESSER MD, GEO A	P
PEARAH MD, J DAVID	OPH	SHULTZ MD, BARRY S	U	301 S 7TH AVE W READING PA 19611	
1517 DURNWOOD RD READING PA 19609		301 S 7TH AVE WEST READING PA 19611		WOLF MD, FRANKLIN M	GS
PENTA MD, JOHN J	OTO	SHULTZ MD, THOS E	PTH	1522 OLD WYOMISSING RD WYOMISSING PA 19610	
237 S 5TH ST READING PA 19602		5 WENDY RD READING PA 19601		WONG JR MD, JAMES	IM
PENTA MD, JOHN M	OTO	SHUMAN MD, JOHN F	IM	1019 FRANKLIN ST READING PA 19602	
3117 MERRITT PKWY SINKING SPG PA 19608		301 S 7TH AVE #300 W READING PA 19602		WOODRING MD, LEONARD R	FP
PERFECT MD, FREDERICK R	OTO	SHUMAN MD, NANCY A	IM	1155 PENN AVE WYOMISSING PA 19610	
BOX 113 RD 1 ROBESONIA PA 19551		1617 FARR RD WYOMISSING PA 19610		WORNAS MD, CHRISTIAN G	IM
PERLWUTTER MD, GORDON S	R	SILVERBERG MD, ROBERT L	FP	227 N 6TH ST READING PA 19601	
1711 READING BLVD WYOMISSING PA 19610		31 HEARTHSTONE DR READING PA 19606		WOTRING MD, JOHN M	OPH
PETERSON MD, HELEN H	FP	SIMPSON MD, JAMES H	FP	220 N 6TH ST READING PA 19601	
STATE SCH & HOSP HAMBURG PA 19526		2911 BRUNSWICK RD MEMPHIS TN 38134		WOYNAROWSKI MD, JOHN A	FP
PIFER DO, JOHN F	FP	SLIMMER JR MD, SAM L	FP	826 N 5TH ST READING PA 19601	
63 NORTH 4TH ST HAMBURG PA 19526		THE READING HOSP READING PA 19602		WUMMER MD, BRIAN A	FP
PLYMYER MD, RAY E	IM	SMITH MD, BARTON L	IM	R D 1 HOMELSDORF PA 19567	
600 MUSEUM RD READING PA 19611		301 S 7TH AVE WEST READING PA 19602		YEAGLEY MD, HEBER E	R
POLLAK MD, LEWIS	OBG	SMITH MD, RAYMOND L	PS	1409 OLD MILL RD WYOMISSING PA 19610	
332 N 5TH ST READING PA 19601		2210 BRESSLER DR WYOMISSING PA 19610		YOM MD, HAROLD N	FP
POTKONSKI MD, LEOPOLD A	P	SOUDERS MD, THOS B	OPH	32 LARCHWOOD RD WYOMISSING PA 19610	
245 ROSEDALE DR POTTSWOWN PA 19464		900 N 5TH ST READING PA 19601		YOUNDT MD, LUKE B	R
PROSERPI MD, SERGIO V	PS	SPANNUTH MD, JOHN R	IM	EPHRATA COMMUNITY HOSP EPHRATA PA 17522	
301 S 7TH ST W READING PA 19602		321 N 5TH ST READING PA 19601		YUN MD, JAE K	R
PRUZINSKY MD, STEPHEN R	FP	STELMACH MD, M PETER	FP	1845 LORRAINE RD READING PA 19604	
120 PROSPECT ST READING PA 19606		1500 OAK LANE READING PA 19604		YUND MD, LOWELL C	ORS
PUGLIESE MD, PETER T	FP	STEWART MD, THOMAS A	FP	ZAJDOWICZ MD, THADDEUS R	IM
R D 1 BERNVILLE PA 19506		314-1 SPRINGSIDE DR E SHILLINGTON PA 19607		230 FAIRVIEW DR KUTZTOWN PA 19530	
QUEREAU MD, J VAN DYKE	OPH	STOLZ MD, JOHN C	R	ZIENTEK MD, LEON T	OPH
138 N 5TH ST READING PA 19601		BOX 426 ROUTE 3 FLEETWOOD PA 19522		120 PROSPECT ST READING PA 19606	
RAMSEY JR MD, HARRY E	IM	STOLZ MD, JONATHAN L	R	ZOBIAN MD, EDWARD J	FP
2211 GRING DR WYOMISSING PA 19610		18 JUNCO DR WYOMISSING PA 19610		206 S 6TH AVE WEST READING PA 19602	
REBER MD, HOWARD F	U				
1322 PERKIOMEN AVE READING PA 19602					



ZOLGHADRI MD, SIAVASH  
324 N 5TH ST READING PA 19601

IM

FRIDAY MD, DANL M  
CLAY AVENUE EXT TYRONE PA 16686  
GETTEMY MD, RALSTON O  
449 LAURY RD NEW WILMINGTON PA 16142  
GIBBONS MD, WM P  
1211 14TH AVE ALTOONA PA 16601  
GINSBURG MD, HARRY H  
9 CHARTWELL CT ROCHESTER NY 14618  
GOSHORN MD, ROY W  
521 BELLVIEW AVE BELLWOOD PA 16617  
GRAB MD, EDMUNDO M  
2700 8TH AVE ALTOONA PA 16602  
HADUCK MD, LEONARD A  
RD 4 BX 245 A ALTOONA PA 16601  
HARRIS MD, MARTIN E  
ALTOONA HOSP ALTOONA PA 16603  
HASABNIS MD, SUHAS P  
501 HOWARD AVE ALTOONA PA 16601  
HASSEN MD, IRFAN H  
2500 5TH ST ALTOONA PA 16601  
HAYFORD JR MD, HUGH  
1309 11TH ST ALTOONA PA 16601  
HEATON MD, VINCENT W  
421 WATER ROARING SPRING PA 16673  
HEIMBACH MD, JAMES A  
607 7TH ST JUNIATA ALTOONA PA 16601  
HELFFRICHD MD, RICHARD S  
2323 3RD AVE ALTOONA PA 16602  
HENDRICKS MD, CHAS S  
404 EAST WOPSY AVE ALTOONA PA 16601  
HILL MD, ROBT J  
501 HOWARD AVE ALTOONA PA 16601  
HIMES JR MD, RALPH F  
1216 11TH AVE ALTOONA PA 16601  
HOMMER JR MD, J SCOTT  
2500 5TH ST ALTOONA PA 16601  
HOOVLER MD, PHILIP W  
RD 2 BOX 234 HOLLIDAYSBURG PA 16648  
HULL MD, BEN L  
3704 EL CENTRO ST PETERSBURG BCH FLA  
HURST MD, JOHN W  
501 HOWARD AVE ALTOONA PA 16601  
INGOLDSBY MD, EUGENE C  
1218 13TH AVE ALTOONA PA 16601  
ISAKOV MD, ASPARUM D  
R D 2 BOX 59 HOLLIDAYSBURG PA 16648  
JONES MD, LARRY W  
704 POPLAR ST RUARING SPGS PA 16673  
KACZOR MD, STANLEY F  
2608 BROAD AVE ALTOONA PA 16601  
KARUNARATNE MD, ESIRIWIICKREME  
ALTOONA HOSP RAD DEPT ALTOONA PA 16603  
KEAGY MD, ROBT M  
3510 BAKER BLVD ALTOONA PA 16602  
KING MD, SAML V  
515 26TH ST ALTOONA PA 16602  
KRON MD, IRA B  
604 BEAUMONT DR ALTOONA PA 16602  
LEWIS MD, KATHRYN A  
TYRONE OUTPATIENT CLINI TYRONE PA 16686  
LOVELL MD, DONALD R  
401 MAIN ST BELLWOOD PA 16617  
MACEK MD, RALPH C  
116 UNION AVENUE ALTOONA PA 16602  
MAGEE MD, RICHARD B  
501 HOWARD AVE ALTOONA PA 16601  
MALKOFF MD, JACK  
501 HOWARD AVE ALTOONA PA 16602  
MANETTA MD, ALBERTO  
2700 8TH AVENUE ALTOONA PA 16602  
MANIGLIA MD, ANGELO J  
702 18TH ST ALTOONA PA 16602  
MATTAS MD, OLIVER E  
1213 14TH AVE ALTOONA PA 16601  
MCKINNEY MD, HENRY D  
501 HOWARD AVE ALTOONA PA 16601  
MEISNER MD, MARVIN H  
PENN FARM ESTATES DUNCANSVILLE PA 16635  
MELOY MD, JOHN H  
80X 246 RD 2 HOLLIDAYSBURG PA 16648  
MEYERS MD, ALLAN F  
501 HOWARD AVE ALTOONA PA 16601  
MILES MD, GEO H  
1121 26TH AVE ALTOONA PA 16601  
MILLER MD, MARLYN W  
R D 2 BOX 325 ALTOONA PA 16601  
MOFFITT MD, H FRED  
3409 BAKER BLVD ALTOONA PA 16602  
MONTANEZ MD, JAIME A  
805 CHESTNUT AVE ALTOONA PA 16601  
MORELLI MD, MARION A  
223 HIGH ST WILLIAMSURG PA 16693  
MUTHVEERAPPAN MD, VEERAPPAN  
1212 MADISON AVE ALTOONA PA 16602  
OLEARY MD, JAMES H  
105 31ST ST ALTOONA PA 16602  
PARIS MD, MARK F  
909 E MAIN ST ROAKING SPRING PA 16673  
PERSING JR MD, HARRY M  
2520 BROAD AVE ALTOONA PA 16601  
POLLOCK MD, ARTHUR E  
1217 14TH AVE ALTOONA PA 16601  
PROSSER MD, JOHN O  
408 UNION ST HOLLIDAYSBURG PA 16648  
RHEE MD, YOUNG W  
1217 13 AVE ALTOONA PA 16601  
RICE MD, DONALD H  
MR 42-A FRANKSTOWN RD HOLLIDAYSBURG PA 16648  
RODRIGUEZ MD, JULIO A  
515 26TH ST ALTOONA PA 16602  
ROSCH MD, JEFFREY M  
1126 8TH AVE ALTOONA PA 16602  
ROSCH MD, JULIUS C  
2300 BROAD AVE ALTOONA PA 16601  
SCHULTZ MD, EDWARD D  
CLAYSBURG PA 16625

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CLAYSBURG PA 16625

SCHULTZ MD, EDWARD J  
CLAYSBURG PA 16625  
SHAHEEN MD, ROBT G  
2633 BROAD AVE ALTOONA PA 16601  
SHAUB JR MD, HOWARD G  
817 PENN ST HOLLIDAYSBURG PA 16648  
SHEEDY MD, JOHN G  
116 UNION AVE ALTOONA PA 16602  
SHINDEL MD, JAMES H  
BOX 212 R D 3 ALTOONA PA 16602  
SILVERMAN MD, JOS S  
4304 LYNNDALE ROAD ALTOONA PA 16602  
SINGH MD, BALDEV  
2300 PARK BLVD ALTOONA PA 16601  
SKRENTNY MD, THOS T  
1214 13TH AVE REAR ALTOONA PA 16601  
SNYDER MD, CLAUDE E  
3800 7TH AVE #21 ALTOONA PA 16602  
SPONSLER MD, RODNEY L  
3109 4TH ST ALTOONA PA 16602  
STITZEL MD, ELWOOD W  
403-409 CENTRAL TRUST B ALTOONA PA 16601  
STOKER MD, JOHN W  
615 HOWARD AVE ALTOONA PA 16601  
STOWELL MD, JOS M  
501 HOWARD AVE ALTOONA PA 16601  
STRASSMAN MD, JACK  
1119 13TH AVE ALTOONA PA 16601  
SUTTON MD, CHAS A  
RD 3 BOX 640 DUNCANSVILLE PA 16635  
SWAMI MD, SRI C  
TYRONE HOSP MED CTR TYRONE PA 16686  
THOMAS MD, MERLE J  
2907 COLUMBIA DR ALTOONA PA 16602  
TIPTON DO, MARY E  
421 6TH AVE ALTOONA PA 16601  
TOLIS MD, BASILE D  
112 UNION AVE ALTOONA PA 16602  
TSAI MD, MING C  
RD 3 PENN FARMS DUNCANSVILLE PA 16635  
TUSHIM MD, JOS N  
1116 13TH AVE ALTOONA PA 16601  
VENKATAPPAN MD, RAJ R  
1200 ADAMS AVE ALTOONA PA 16602  
WALKER MD, LEON R  
311 UNION ST HOLLIDAYSBURG PA 16648  
WEBSTER MD, PAUL F  
MERCY HOSP DPT RAD ALTOONA PA 16601  
WERTZ MD, ROBT E  
501 HOWARD AVE ALTOONA PA 16601  
WILEY MD, BERT C  
RD 4 BOX 215 BEDFORD PA 15522  
WINGERT JR MD, J PAUL  
501 HOWARD AVE ALTOONA PA 16601  
WINIARSKI MD, JANUSZ  
2601 8TH AVE ALTOONA PA 16602  
WUSTROW MD, HEINZ J  
4329 6TH AVE ALTOONA PA 16602  
YOUSHAM MD, DENNIS G  
501 HOWARD AVE ALTOONA PA 16601  
ZAVAHIR MD, M FEIZAL  
920 PENN ST REAR HOLLIDAYSBURG PA 16648  
ZIMMERMAN MD, A LEONARD  
501 HOWARD AVE ALTOONA PA 16601

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## Bradford County

ARONSTAM MD, ROBT H  
GUTHRIE CLINIC LTD SAYRE PA 18840  
BAKER MD, DAN R  
GUTHRIE CLINIC LTD SAYRE PA 18840  
BECK MD, JAN  
GUTHRIE CLINIC LTD SAYRE PA 18840  
BECK MD, WM C  
GUTHRIE CLINIC SAYRE PA 18840  
BLOOD JR MD, JOS B  
GUTHRIE CLINIC LTD SAYRE PA 18840  
BOSELLI MD, BRUCE D  
GUTHRIE CLINIC SAYRE PA 18840  
BRENNER JR MD, SAML S  
103 GUTHRIE SQ SAYRE PA 18840  
BUCKTHAL MD, PAUL E  
203 MAPLE ST SAYRE PA 18840  
BUNAD MD, ROMULO M  
GUTHRIE CLINIC SAYRE PA 18840  
CADDY MD, JOS B  
630 S MAIN ST ATHENS PA 18810  
CAMERON MD, DONALD D  
WAYNE CO MEMORIAL HOSP HONESDALE PA 18431  
CARPENDER MD, JAMES W  
BX 432 RD 1 CARBONDALE PA 18407  
CARSON MD, BARBARA A  
GUTHRIE CLINIC SAYRE PA 18840  
CHADWICK MD, HAROLD H  
WY30X PA 18854  
CHARLTON MD, BRIAN L  
230 CANTON ST TROY PA 16947  
CLOUGH MD, DONALD M  
GUTHRIE CLINIC SAYRE PA 18840  
CONKLIN MD, STANLEY D  
506 S ELM AVE SAYRE PA 18840  
CORNER JR MD, GEO W  
GUTHRIE CLINIC SAYRE PA 18840  
DANZI MD, JOSEPH T  
GUTHRIE CLINIC LTD SAYRE PA 18840  
DESHMUKH MD, NARAYAN  
GUTHRIE CLINIC LTD SAYRE PA 18840  
DIENHART MD, KARL J  
GUTHRIE CLINIC SAYRE PA 18840

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## Blair County

ADAMS MD, ANNE K  
64 CLOVER DR HOLLIDAYSBURG PA 16648  
ADAMS MD, JAMES  
BLAIR MEDICAL CENTER ALTOONA PA 16601  
ATIGNER MD, WILLIAM J  
2301 BROAD AVE ALTOONA PA 16601  
AYERS MD, LLOYD R  
509 ALLEGHENY ST HOLLIDAYSBURG PA 16648  
AYRES MD, JOHN A  
1251 LOGAN AVE TYRONE PA 16686  
AZAD MD, MOHAMED N  
2705 OYSART AVE ALTOONA PA 16602  
BENITEZ MD, FRANCISCO W  
PO BOX 528 ALTOONA PA 16603  
BERARDINELLI MD, JOHN L  
501 HOWARD AVE ALTOONA PA 16601  
BIESINGER MD, GEO J  
501 HOWARD AVE ALTOONA PA 16601  
BISHOP MD, DAVID W  
PA RAILROAD COMPANY ALTOONA PA 16603  
BLOOM MD, C HENRY  
1212 15TH ST ALTOONA PA 16601  
BOUCHER MD, IRVAN A  
218 LOGAN BLVD ALTOONA PA 16602  
BOWERS MD, LEROY W  
TYRONE MED CTR CLAY AVE TYRONE PA 16686  
BOWMAN MD, DAVID H  
14 WICKLOW CT HOLLIDAYSBURG PA 16648  
BOWSER JR MD, EDWARD R  
410 FOURTH ST ALTOONA PA 16602  
BRADLEY MD, VERNON F  
501 HOWARD AVE ALTOONA PA 16601  
BRIDENBAUGH MD, ROBT P  
300 OAKDALE RD MARTINSBURG PA 16662  
BULGER MD, RICHARD H  
NEW ENTERPRISE PA 16664  
BURKET MD, DANL G  
1108 13TH AVE ALTOONA PA 16601  
BURKET MD, LOUIS C  
322 5TH AVE ALTOONA PA 16602  
BURKET MD, RAMON C  
810 GROVE ST ROARING SPRINGS PA 16673  
CASSIDY MD, JOS A  
309 POWELL AVE CRESSON PA 16630  
CHEN MD, CHIEN H  
V A HOSP ALTOONA PA 16603  
CHEUNG MD, HOO J  
1113 PENN ST HOLLIDAYSBURG PA 16648  
CHO MD, DOO W  
ALTOONA HOSP CMHC ALTOONA PA 16603  
CHOPRA MD, RAMESH K  
1901 BELLEMEADE DR ALTOONA PA 16602  
CONNOLLE MD, JOHN F  
319 N LOGAN BLVD ALTOONA PA 16602  
COTTE MD, BETTY L  
25 SYLVAN DR HOLLIDAYSBURG PA 16648  
COTTE MD, HAROLD R  
25 SYLVAN DR HOLLIDAYSBURG PA 16648  
CRIDER MD, DONALD B  
501 HOWARD AVE ALTOONA PA 16601  
DCRUZ MD, JOSEPH F  
1220 13TH AVENUE ALTOONA PA 16601  
DEKONING MD, JOHANNES L  
5144 W CHESTNUT ST ALTOONA PA 16601  
DELMER MD, AUGUSTO W  
958 MAIN ST COALPORT PA 16627  
DELOZIER MD, NEIL H  
1310 7TH AVE DUNCANSVILLE PA 16635  
DESANTES MD, FRANK A  
1219 14TH AVE ALTOONA PA 16601  
DIBERT MD, LAWRENCE W  
306 PLUM ST WILLIAMSURG PA 16693  
DIETRICH MD, RONALD A  
615 HOWARD AVE ALTOONA PA 16601  
DLUZANSKY MD, JAMES J  
501 HOWARD AVE ALTOONA PA 16601  
DONGELL JR MD, ROBT J  
406 JACKSON ST GALLITZIN PA 16641  
DRASKOCZY MD, STEVEN P  
BLAIR MED ASSOC ALTOONA PA 16601  
DUMEYER MD, WM H  
ALTOONA HOSP ALTOONA PA 16603  
EGAN MD, ROBT F  
501 HOWARD AVE ALTOONA PA 16601  
ENGLAND MD, KENNETH B  
501 CHURCH ST ROARING SPG PA 16673  
ENGLISH MD, JAMES B  
1106 13TH AVE ALTOONA PA 16601  
ERVIN MD, LAWRENCE M  
931 MAIN ST COALPORT PA 16627  
FABINYI MD, GEZA T  
24 MANSION BLVD ALTOONA PA 16602  
FALL MD, MICHAEL H  
1209 14TH AVE ALTOONA PA 16601  
FEES JR MD, ANCH W  
501 HOWARD AVE ALTOONA PA 16601  
FLEMING MD, GEORGE E  
OAK KNOLL HOLLIDAYSBURG PA 16648  
FOCHLER MD, FRANCIS J  
501 HOWARD AVE ALTOONA PA 16601  
FORSE JR MD, DAVID P  
909 E MAIN ST ROARING SPRING PA 16673  
FRAIRE MD, ARMANDO E  
MERCY HOSPITAL LAB ALTOONA PA 16603

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## Bucks County

DOWNNEY MD, THOS R	P			DOWNES DO, CAROLYN R	IM	
GUTHRIE CLINIC SAYRE PA 18840				94 FIELDSTONE RD LEVITTOWN PA 19056		
DUROCHER MD, FRANCES A	IM			DRAGANOSKY MD, EUGENE A	OBG	
GUTHRIE CLINIC SAYRE PA 18840				1801 MEADOWBROOK RD FEASTERVILLE PA 19047		
FALKENBERG MD, K JORG	OTO			DREZNER MD, MALCOLM E	GS	
GUTHRIE CLINIC LTD SAYRE PA 18840				TAYLORSVILLE RD WASH CROSSING PA 18977		
FLOOD MD, JAMES M	D			DUANE MD, JULIA M	PD	
GUTHRIE CLINIC SAYRE PA 18840					BEDMINSTER PA 18910	
GARMAN MD, RAY F	IM			DUNKLE MD, DAVID B	FP	
GUTHRIE CLINIC SAYRE PA 18840				20 HEIGHTS LANE FEASTERVILLE PA 19047		
GERGEN MD, WERNER A	OBG			EFFINGER MD, GEROLD J	IM	
GUTHRIE CLINIC SAYRE PA 18840				142 BELLEVUE AVE BX 17 PENNDL PA 19047		
GOLSHAN MD, KAZEM	OTO			ELLIN MD, VICTOR B	FP	
GUTHRIE CLINIC LTD SAYRE PA 18840				100 UNION ST MORRISVILLE PA 19067		
HINSMAN JR MD, JOHN A	IM			ERLICHMAN MD, I FULTON	IM	
GUTHRIE CLINIC LTD SAYRE PA 18840				2 SHADYWOOD RD LEVITTOWN PA 19056		
JACOBSON MD, MORACE H	U			EVANS MD, ROBT J	U	
802 S MAIN ST ATHENS PA 18810				1115 GLORIA LANE YARDLEY PA 19067		
JAGDISH MD, KALKUNTE R	TS			EVES MD, JOHN H	OTO	
GUTHRIE CLINIC LTD SAYRE PA 18840				GREEN ACRES DUBLIN PIKE FOUNTAINVILLE PA 18923		
JENNINGS MD, CONOR P	AN			FALCO MD, FRANK G	IM	
GUTHRIE CLINIC SAYRE PA 18840				801 PEBBLE HILL RD DOYLESTOWN PA 18901		
JOHNSON MD, ELTING C	IM			FANNIN MD, THOS S	FP	
12 WALNUT ST TOWANDA PA 18848				725 RADCLIFFE ST BRISTOL PA 19007		
JOHNSON MD, THOS B	FP			FARR MD, NASSER A	FP	
108 MAIN ST TOWANDA PA 18848				806 ROUTE 413 BRISTOL PA 19007		
KELLY MD, JOHN A	PTH			FAST MD, WILLIS B	GS	
ROBERT PACKER HOSP SAYRE PA 18840				155 WILLOW DR LEVITTOWN PA 19054		
KERSTING MD, JOHN W	P			FAUNCE III MD, JAMES G	OBG	
GUTHRIE CLINIC LTD SAYRE PA 18840				117 CHESTNUT DR N DOYLESTOWN PA 18901		
KIELTY MD, JOHN T	FP			FEIGLEY MD, DONALD M	FP	
208 MAIN ST TOWANDA PA 18848				32 S 10TH ST QUAKERTOWN PA 18951		
KIKKAWA MD, KAZUTOSHI	R			FIELD MD, HAROLD C	ORS	
GUTHRIE CLINIC SAYRE PA 18840				242 THORNIDGE DR LEVITTOWN PA 19054		
KING MD, ARTHUR B	NS			FITZPATRICK MD, FRANCIS T	PD	
GUTHRIE CLINIC SAYRE PA 18840				72 EAST STATE ST DOYLESTOWN PA 18901		
KULCZYCKI MD, EDWARD	OPH			FLACCO MD, ALBERT J	PD	
GUTHRIE CLINIC SAYRE PA 18840				53 PINWOOD DR LEVITTOWN PA 19054		
LIVELY MD, HENRY S	IM			FORSYTH MD, ALICE J	GS	
GUTHRIE CLINIC LTD SAYRE PA 18840				601 E SEDGWICK ST PHILADELPHIA PA 19119		
LUFT MD, WM C	PTH			FORTNUM MD, WALTER G	FP	
GUTHRIE CLINIC LTD SAYRE PA 18840				1554 PRINCETON AVE TRENTON N J 08638		
LYNCH MD, JOHN C	FP			FREDRICKSON MD, VICTOR J	FP	
304 N MAIN ST ATHENS PA 18810				40 E COURT ST DOYLESTOWN PA 18901		
MACKAY MD, BRUCE R	IM			FREEBORN MD, WM P	US	
GUTHRIE CLINIC SAYRE PA 18840				R D 1 NEW HOPE PA 18938		
MACKLER MD, GERALD L	IM			FRIEDMAN MD, PHILLIP	FP	
GUTHRIE CLINIC LTD SAYRE PA 18840				131 S BELLEVUE AVE LANGHORNE PA 19047		
MAHON JR MD, FRANK B	U			GALLETTA MD, MARYANN C	FP	
GUTHRIE CLINIC LTD SAYRE PA 18840				RD 1 LOT 44 WASH CROSSING PA 18977		
MCCALLUM MD, JOHN D	FP			GANZ MD, MICHAEL A	P	
263 TROY ST BOX 85 CANTON PA 17724				BROAD MEADOWS PERKASIE PA 18944		
MCCOY MD, ORLO G	FP			GARNER MD, BLAINE R	FP	
BOX 195 CANTON PA 17724				309 E WASHINGTON AVE NEWTOWN PA 18940		
MCDERMOTT MD, MARIE M	FP			GATES MD, THOS W	FP	
WARREN CENTER RD LITTLE MEADOWS PA 18830				132 SANDYWOOD DR DOYLESTOWN PA 18901		
MEIKLE MD, CHAS E	FP			GETTER MD, PHILIP H	OPH	
417 N MAIN ST ATHENS PA 18810				711 LAWN AVE SELLERSVILLE PA 18960		
MEYER MD, KENNETH K	GS			GILLEN MD, DENNIS R	FP	
GUTHRIE CLINIC SAYRE PA 18840				247 N MAIN ST NEW HOPE PA 18938		
MURLAND MD, ALBERT M	ORS			GIRONE MD, JOS A	PD	
GUTHRIE CLINIC LTD SAYRE PA 18840				LAWN AVE PROF BLDG SELLERSVILLE PA 18960		
NAGLE MD, WARREN C	U			GODSHALL MD, RICHARD W	ORS	
GUTHRIE CLINIC SAYRE PA 18840				PENNRIDGE MED ARTS BLDG SELLERSVILLE PA 18960		
NARAYANAN MD, EDATHIL K	PD			GOLDBERG MD, HARVEY E	IM	
208 LAMBERT ST SAYRE PA 18840				GOLDSMITH MD, DONALD P	IM	
NILES JR MD, JOHN S	GS			1202 STRATFORD AVE MELROSE PK PA 19126		
CRYSTAL LAKE RD 1 CARBONDALE PA 18407				GONZALES MD, ALBERT	FP	
NOONE MD, JAMES P	FP			1321 NE 41ST ST FT LAUDERDALE FL 33308		
MED ARTS BLDG TOWANDA PA 18848				GOODWIN MD, STANLEY L	GS	
PACANOWSKI MD, JOHN P	PD			BOX 320 RR 1 VALLEY RD FURLONG PA 18925		
GUTHRIE CLINIC LTD SAYRE PA 18840				GRAHAM MD, HOWARD R	GS	
PERRY MD, RAYMOND A	IM			2131 BETHEL RD LANSDALE PA 19446		
BOX 197-B RD 1 N TOWANDA PA 18848				GREEN MD, BRADFORD	OBG	
PETERSON MD, KARL R	FP				ROYAL OAK MD 21662	
PO BOX 127 NYALUSING PA 18853				GREEN MD, RUSSELL P		
RANCK MD, SIDNEY G	OBG			GREEN ACRES PROF BLDG FOUNTAINVILLE PA 18923		
GUTHRIE CLINIC LTD SAYRE PA 18840				GRIBB MD, JOHN J	OBG	
REDDING MD, WILLIS A	FP			144 MEMORIAL DR DOYLESTOWN PA 18901		
206 MAIN ST TOWANDA PA 18848				GUPTA MD, MAHESH C	PD	
RENTSCHLER MD, HENRY D	OPH			4700 ANACONDA RD CORNWELLS HGTS PA 19020		
720 SOUTH MAIN ST ATHENS PA 18810				HAECKLER MD, WM S	FP	
ROCKMAN MD, MANLEY	FP			BRISTOL-STUCKERT RDS WARRINGTON PA 18976		
220 S ELMER AVE SAYRE PA 18840				HALE MD, ROBERT H	IM	
ROYCE MD, PAUL C	IM			148 MEMORIAL DR DOYLESTOWN PA 18901		
GUTHRIE CLINIC LTD SAYRE PA 18840				HANSEN MD, CARL A	ORS	
SEWELL MD, WM H	TS			PENNRIDGE MED ARTS BLDG SELLERSVILLE PA 18960		
GUTHRIE CLINIC SAYRE PA 18840				HARRIS MD, WM T	OBG	
SHALLENBERGER MD, PAUL L	IM			46 RED RIDGE RD LEVITTOWN PA 19056		
GUTHRIE CLINIC SAYRE PA 18840				HARTMANN MD, DAVID B	ORS	
SHELLING MD, RICHARD E	IM			3471 5TH AVENUE PITTSBURGH PA 15213		
GUTHRIE CLINIC LTD SAYRE PA 18840				HAUPT MD, LAMAR E	FP	
SWEIGART MD, GENE M	U			119 VIRGINIA AVE PERKASIE PA 18944		
GUTHRIE CLINIC LTD SAYRE PA 18840				HAYMAN MD, HARRY B	OBG	
TALMAGE MD, EDWARD A	AN			81 CRABTREE DR LEVITTOWN PA 19055		
GUTHRIE CLINIC LTD SAYRE PA 18840				HEDRICK MD, GERALD W	FP	
TAMA MD, LAWRENCE	GS			1733 DIAMOND ST SELLERSVILLE PA 18960		
R D 1 TOWANDA PA 18848				HELZNER MD, RICHARD C	R	
THOMAS MD, JOHN M	GS			3668 OAK LANE FURLONG PA 18925		
GUTHRIE CLINIC LTD SAYRE PA 18840				HIDALGO MD, HORACIO A	FP	
TY MD, JAMES S	R			1 SUGAR MAPLE LANE LEVITTOWN PA 19055		
GUTHRIE CLINIC LTD SAYRE PA 18840				HIPP MD, THOMAS J	PD	
WANAMAKER MD, JOHN L	IM			LAWN AVE PROF CTR SELLERSVILLE PA 18960		
GUTHRIE CLINIC LTD SAYRE PA 18840				HORWITZ MD, MILTON R	OTO	
WEAVER MD, DONALD R	PTH			10 S CLINTON ST DOYLESTOWN PA 18901		
GUTHRIE CLINIC LTD SAYRE PA 18840				HOUGAARD MD, JOHN P	FP	
WERT MD, ROY E	ORS			28 FLAME HILL RD LEVITTOWN PA 19056		
212 N PENNA AVE SAYRE PA 18840				HUNTER MD, MARVIN T	PS	
WIDNER MD, BLAISE A	IM			P S ASSN 10 S CLINTON S DOYLESTOWN PA 18901		
GUTHRIE CLINIC LTD SAYRE PA 18840				JAKABIN MD, JOHN A	AN	
WILT MD, JOHN W	IM			1333 BUCK RD FEASTERVILLE PA 19047		
GUTHRIE CLINIC LTD SAYRE PA 18840				JAMBRO MD, ROBT D	IM	
WINSTON MD, RALPH B	IM			1321 LANG-NEWTOWN RD LANGHORNE PA 19047		
GUTHRIE CLINIC LTD SAYRE PA 18840				JARMAN MD, MARTHA L	FP	
ZEHM MD, RALPH D	R				RICHBORO PA 18954	
GUTHRIE CLINIC LTD SAYRE PA 18840						



JAVIAN JR MD, THOMAS A ORS  
ST MARY MEDICAL BLDG LANGHORNE PA 19047  
JAZAYERY MD, ALI PTH  
GRANDVIEW HOSPITAL SELLERSVILLE PA 18960  
KALMAR MD, OSCAR R FP  
3559 HULMERVILLE RD CORNWELLS HGTS PA 19020  
KAPLAN MD, GERALD F GS  
WARMINSTER GEN HOSP C WARMINSTER PA 18974  
KARDISH MD, THOS J FP  
5 CHERRY BLOSSOM DR SOUTHAMPTON PA 18966  
KAUFMAN MD, ALAN C IM  
PENNRIDGE MED ARTS BLDG SELLERSVILLE PA 18960  
KENNY MD, ROSE M PTH  
DOYLESTOWN HOSP DOYLESTOWN PA 18901  
KETELS MD, ERK A OBG  
1228 NEW RODGERS RD LEVITTOWN PA 19056  
KIM MD, HAK R OBG  
81 CRABTREE DR LEVITTOWN PA 19055  
KIM MD, YOUNG W AN  
36 SUTPHIN RD YARDLEY PA 19067  
KIM MD, YUNG S FP  
490 TEMPLE PL QUAKERTOWN PA 18951  
KITTLEBERGER MD, WM C OBG  
520 WASHINGTON AVE SELLERSVILLE PA 18960  
KNOUSE MD, ALBERT B FP  
1 SUGAR MAPLE LANE LEVITTOWN PA 19055  
KNOWLES MD, CHARLES A FP  
2136 BRISTOL PIKE CORNWELLS HTS PA 19020  
KOCH MD, JOS C PRM  
U S STEEL CO FAIRLESS HILLS PA 19030  
KOELSCH MD, ROBERT R D  
PENNRIDGE MED ARTS BLDG SELLERSVILLE PA 18960  
KOO MD, JA K OBG  
GRAND VIEW HOSP SELLERSVILLE PA 18960  
KRATZ MD, VERNON H P  
407 SCHOOL HOUSE RD SELLERSVILLE PA 18960  
KRESSLEY MD, CLAIRMONT A FP  
1667 S W 32ND ST ALLENTOWN PA 18103  
LAMBRIS MD, JOHN E OPH  
1568 WOODBOURNE RD LEVITTOWN PA 19057  
LANDES MD, RAY P IM  
540 HARLEYSVILLE PIKE SOUDERTON PA 18964  
LANE MD, JOHN D FP  
1202 POND ST BRISTOL PA 19007  
LAUDENSLAGER MD, ELMER C FP  
10 S CLINTON DOYLESTOWN PA 18901  
LAVIN MD, ROBERT J FP  
GRANDVIEW HOSPITAL SELLERSVILLE PA 18960  
LEDIS MD, SEYMOUR PD  
2 HISTERIA LANE LEVITTOWN PA 19054  
LEE MD, CHANCHI U  
11829-A ACADEMY RD PHILADELPHIA PA 19154  
LEE MD, JENNIFER C AN  
1031 KEYSTONE DR SELLERSVILLE PA 18960  
LEIBY MD, DAVID K FP  
9 S MAIN ST NEW HOPE PA 18938  
LEISTER MD, HOWARD A FP  
400 WASHINGTON AVE NEWTOWN PA 18940  
LEVIN MD, GENE D ORS  
LANDMARK BLDG DOYLESTOWN PA 18901  
LEVIN MD, MORRIS R  
1437 FT WASHINGTON AVE AMBLER PA 19002  
LEVIN MD, RICHARD L D  
1723 WOODBOURNE RD LEVITTOWN PA 19057  
LIEBMAN MD, IRVIN M D  
59 PINEMOOD DR LEVITTOWN PA 19054  
LINDENMUTH MD, EDMUND K OS  
BUCKS CO DEPT OF HEALTH DOYLESTOWN PA 18901  
LIPSON MD, M BARRY ORS  
BX 297 505 WASHINGTON A NEWTOWN PA 18940  
LOEV MD, MARVIN OBG  
1339 WOODBOURNE RD LEVITTOWN PA 19057  
LOUX MD, NORMAN L P  
COMPANH DR SOUDERTON PA 18964  
LYONS MD, WILBERT A P  
LA FOUNDATION MENTL HLT SELLERSVILLE PA 18960  
MADANY MD, BAHJI M U  
7155 OLD ORCHARD LANE BRISTOL PA 19007  
MADON MD, FRANCIS P IM  
2ND ST & MERRY DELL DR CHURCHVILLE PA 18966  
MAGRO MD, FRANCESCO P FP  
BOX H MILFORD N J 08848  
MAKETA MD, JOHN E FP  
515 S OLDS BLVD FAIRLESS HILLS PA 19030  
MANH MD, HAROLD J OBG  
80 2ND STREET PIKE SOUTHAMPTON PA 18966  
MAZAHERI MD, AHMED U  
DOYLESTOWN HOSP DOYLESTOWN PA 18901  
MAZIARZ MD, DENNIS M PD  
99 HEDGEROW DR MORRISVILLE PA 19067  
MCFADDEN MD, JOHN F IM  
102 WOODEN BRIDGE RD HOLLAND PA 18966  
MCGARRY MD, THOS F IM  
9301 FRANKFORD AVE PHILADELPHIA PA 19114  
MCGARVEY MD, JOSEPH F IM  
14 B MEMORIAL DR DOYLESTOWN PA 18901  
MCGRAW JR MD, JOHN J PTH  
826 GALER ROAD NEWTOWN SQ PA 19073  
MCGUCKIN MD, JOSEPH M ORS  
339 PEPPER RD HUNTINGDON VLY PA 19006  
MCILVAINE MD, PAUL W FP  
218 MULBERRY ST BRISTOL PA 19007  
MEARS MD, ELMER E FP  
1 POST LANE LEVITTOWN PA 19054  
MEHTA MD, MANILAL B U  
9400 E ROSECRANS AVE BELLFLOWER CA 90706  
MELTZER MD, RONALD S U  
13 RELIANCE CT TELFORD PA 18969  
METZGER MD, WALTER S P  
918 PUTNAM DR YARDLEY PA 19067  
MILLER MD, ALAN M OTO  
833 DURHAM DR PENNDALL PA 19047  
MILLER MD, DAVID H OPH  
57 STREET RD SOUTHAMPTON PA 18966  
MINEHART MD, CHARLES R IM  
140 A SOUTH MAIN ST YARDLEY PA 19067  
MISKIEL JR DO, EDWARD J IM  
244 GOLDENRIDGE DR LEVITTOWN PA 19057  
MONROE MD, MELVIN PTH  
GRANDVIEW HOSP SELLERSVILLE PA 18960  
MONTEITH JR MD, WM E GS  
10 S CLINTON DOYLESTOWN PA 18901  
MORRISON JR MD, DAVID P OPH  
875 N EASTON RD DOYLESTOWN PA 18901  
MOYER MD, DENNIS L GS  
711 LAWN AVE PO BOX 209 SELLERSVILLE PA 18960  
MOYER MD, LEROY GS  
52 W BROAD ST SOUDERTON PA 18964  
MOYER MD, PAUL R IM  
264 W STATE ST DOYLESTOWN PA 18901  
MOYER MD, STANLEY M FP  
519 JUNIPER ST QUAKERTOWN PA 18951  
MULLIN MD, RAYMOND J GS  
155 WILLOW DRIVE LEVITTOWN PA 19054  
NADAL MD, RAMON B IM  
1723 WOODBOURNE RD ST LEVITTOWN PA 19057  
NAJJ MD, MOHAMMED H AN  
APT 1-149 WOODBAURNE AP LEVITTOWN PA 19056  
NAPLES MD, JERRY F OBG  
2222 TRENTON RD LEVITTOWN PA 19056  
NASE MD, DONALD F IM  
PENNRIDGE MED ARTS BLD SELLERSVILLE PA 18960  
NASE MD, PAUL M FP  
HILLTOWN PIKE LINE LEXINGTON PA 18932  
NELSON MD, MORTIMER T OBG  
1288 NEW RODGERS RD LEVITTOWN PA 19056  
NEST MD, DANL A OTO  
10 S CLINTON ST DOYLESTOWN PA 18901  
NEWSON MD, JOHN H FP  
CARDALLS CORNER YARDLEY PA 19067  
NOE JR MD, WILLIAM L US  
1267 PLYMOUTH PL DAYTONA BEACH FLA 32014  
NUSCHKE MD, JOHN D FP  
205 W RELIANCE RD SOUDERTON PA 18964  
OMANA MD, JESUS E OBG  
118 N MAIN ST SELLERSVILLE PA 18960  
OMBAO MD, JOSE R GS  
618 HOOD BLVD FAIRLESS HILLS PA 19030  
ONDERKA MD, JAMES O R  
169 SPRING GRON MILL DR NEWTOWN PA 18940  
ORT MD, W FREDERICK FP  
RD 2 BOX 314A COOPERSBURG PA 18036  
PACILISANU MD, ZENO G P  
6 FULLTURN RD LEVITTOWN PA 19056  
PARLEE MD, DONALD E R  
75 FOXCROFT DR DOYLESTOWN PA 18901  
PAULEY MD, LOIS P PD  
RD 2 PINEVILLE RD NEWTOWN PA 18940  
PAULEY MD, WM G IM  
MEDICAL ARTS BLDG LEVITTOWN PA 19054  
PERSHING MD, HUGH S FP  
CHERRY LANE WYCOMBE PA 18980  
PETERS MD, MICHAEL IM  
FAIRHILL RD RD 1 HATFIELD PA 19440  
PETERS MD, STANLEY F FP  
PLUMSTEADVILLE PA 18949  
PFROMMER MD, JAMES H FP  
CHURCH RD TELFORD PA 18969  
PITKOW MD, RONALD B ORS  
8117 HAWTHORNE LN ELKINS PARK PA 19117  
PREIS MD, FRANCIS J FP  
705 STATE RD CROYDON PA 19020  
PRESS JR MD, RICHARD A FP  
5000 BENSALEM BLVD CORNWELLS HGTS PA 19020  
PRICE MD, RICHARD T FP  
1301 N 5TH ST PERKASIE PA 18944  
PRICKETT MD, JOHN A R  
1574 EASTON RD HARRINGTON PA 18976  
PRYOR JR MD, CHAS A GS  
PENNRIDGE MED ARTS BLDG SELLERSVILLE PA 18960  
RADOFF MD, MARVIN L OTO  
833 DURHAM DR PENNDALL PA 19047  
RAIFORD MD, JOHN M OBG  
1339 WOODBOURNE RD LEVITTOWN PA 19057  
REAVEY-CANTWELL MD, NELSON H IM  
BOX 258 FURLONG PA 18925  
REINHART MD, RAYMOND B R  
BX 97AA R D 2 NEW HOPE PA 18938  
RICHARDS MD, JOHN C P  
1405 TOWNSHIP LINE RD CHALFONT PA 18914  
RICHIE MD, A THOMAS FP  
ROUTE 263 BUCKINGHAM PA 18912  
RICKER MD, ARTHUR J FP  
36 S MAIN ST NEW HOPE PA 18938  
RINGOLD MD, MURRAY H FP  
71 PINEMOOD DR LEVITTOWN PA 19054  
RISING MD, DAVID C ORS  
599 DIAMOND ST SELLERSVILLE PA 18960  
RIVERA MD, VICTOR C PD  
104 ST MARY MED BLDG LANGHORNE PA 19047  
ROEDER MD, KATHLEEN M FP  
1144 SECOND ST SOUTHAMPTON PA 18966  
ROMANO MD, VINCENT E OBG  
256 RADCLIFFE ST BRISTOL PA 19007  
ROSEN MD, JOHN N P  
GARDENVILLE PA 18926  
ROTHSTEIN MD, EDWARD P PD  
LAWN AVE PROF BLDG SELLERSVILLE PA 18960  
RUEBEL MD, ARMIN A U  
76 W COURT ST DOYLESTOWN PA 18901  
RUEBEL MD, CATHERINE D PD  
RD 1 GORDON RD DOYLESTOWN PA 18901  
RUFE MD, REDDING H FP  
BOX 275 CHALFONT PA 18914  
SABUL MD, WM J FP  
313 GOLDENRIDGE DR LEVITTOWN PA 19057  
SANTOS MD, RODOLFO J IM  
ST MARYS MED BLDG 109 LANGHORNE PA 19047  
SCHILLER MD, RUTH P PD  
LAWN AVE PROF BLDG SELLERSVILLE PA 18960  
SCHLACKMAN MD, NEIL PD  
LAWN AVE PROF BLDG SELLERSVILLE PA 18960  
SCHULTZ MD, HERBERT M IM  
3002 SATURN DR GRIFFISS AFB NY 13441  
SCHUMACHER MD, LEWIS R IM  
16 DONALDSON ST DOYLESTOWN PA 18901  
SCHWARTZ MD, MILTON A FP  
85 MAKEFIELD RD MUKRISVILLE PA 19067  
SHAFFER MD, GEORGE W FP  
14 BRIGHTON CT GAITHERSBURG MD 20760  
SHAM MD, RAJNIKANT S IM  
1723 WOODBOURNE MD STE LEVITTOWN PA 19057  
SHANKAR MD, RAM G OTO  
355 RICHARD RD YARDLEY PA 19067  
SHETZLEY MD, CARL M FP  
BUCKINGHAM PA 18912  
SHOEMAKER JR MD, LESTER E R  
HONEYHOLLOW RD RD 2 DOYLESTOWN PA 18901  
SHOEMAKER MD, DAVID M FP  
256 TRUMBOLDERSVILLE RD QUAKERTOWN PA 18951  
SHOENTHAL MD, WM J FP  
80 W BRIDGE ST NEW HOPE PA 18938  
SIEGEL MD, WM IM  
PENNRIDGE MED ARTS BLDG SELLERSVILLE PA 18960  
SIEGER MD, JOS P R  
FOUNTAINVILLE PA 18923  
SIMONS MD, CARL I ORS  
44 SWEETBRIAR LANE LEVITTOWN PA 19055  
SIMPSON MD, ZACHARY A GS  
10 S CLINTON DOYLESTOWN PA 18901  
SINAIO MD, PETER A U  
1723 WOODBOURNE MD LEVITTOWN PA 19057  
SMITH MD, WALTER M FP  
119 S MAIN ST RICHLANDTOWN PA 18955  
SMUKLER MD, ARTHUR J P  
PENNSBURY PROF CTR MORRISVILLE PA 19067  
SNYDER MD, ALAN I U  
ST MARY MED BLDG STE 11 LANGHORNE PA 19047  
SNYDER MD, RALPH E P  
378-A PINE RIDGE DR WHSPRNG PINES NC 28389  
SONG MD, SANG W PTH  
179 BUCKSHIRE DR HULLAND PA 18966  
SOUDER MD, FRANCIS R FP  
27 N MAIN ST TELFORD PA 18969  
SOULLIARD MD, DONALD H PTH  
1852 JANNEY TERN LANGHORNE PA 19047  
SPEAR MD, BARBARA A P  
NEW BRITAIN RD R D 3 DOYLESTOWN PA 18901  
SPEERS MD, HERBERT K OBG  
1339 WOODBOURNE RD LEVITTOWN PA 19057  
SPIVACK MD, JACK ORS  
44 SWEETBRIAR LN LEVITTOWN PA 19055  
SPRATT MD, ROBT H PRM  
44 CAMERON RD HUNTINGDON VLY PA 19006  
STIBLER MD, MARY G P  
4 DEER DALE DR E LEVITTOWN PA 19056  
STRAUSS MD, RICHARD E D  
205 RADCLIFFE ST BRISTOL PA 19007  
STROUSE MD, J WILLARD FP  
BELLEVILLE AND GREEN ST HULMEVILLE PA 19047  
SUGDEN MD, WM A FP  
BX 278 BUCKINGHAM PA 18912  
SWEETSER JR MD, ARTHUR A FP  
1 N FIFTH ST PERKASIE PA 18944  
SZETO MD, ONWARD FP  
2285 OAKFIELD RD HARRINGTON PA 18976  
TATEM 3RD MD, HENRY R R  
415 MANOR DR DUBLIN PA 18917  
TE MD, TOMAS T OPH  
1532PARK AVE PROF BLDG QUAKERTOWN PA 18951  
THOMAS JR MD, HOWARD P PD  
LAWN AVE PROF BLDG SELLERSVILLE PA 18960  
TIBBELS MD, EWING M OTO  
332 BRENDWOOD DR LANGHORNE PA 19047  
TICE MD, WALTER R FP  
PO BOX 101 QUAKERTOWN PA 18951  
TOLENTINO MD, PAULITO L AN  
LOWEY BUCKS HOSP BRISTOL PA 19007  
TOREKI MD, WILLIAM FP  
449 N PENNA AVE MORRISVILLE PA 19067  
TRANUSE MD, MAKY A IM  
MIDDLETOWN TRACE APT 15 LANGHORNE PA 19047  
TREDICI MD, LOUIS M P  
131 WESTBURY CT DOYLESTOWN PA 18901  
TREIMAN MD, MAHRIS I FP  
20 HEIGHTS LANE FEASTERVILLE PA 19047  
TRUE MD, A CURTIS OS  
YORKSHIRE RD RD 4 DOYLESTOWN PA 18901  
VANDERBEEK MD, RICHARD R IM  
14-B MEMORIAL DR DOYLESTOWN PA 18901  
VASSALUZZO MD, FRANCIS J FP  
20 HEIGHTS LANE FEASTERVILLE PA 19047  
VASSALUZZO MD, JULIO E FP  
1749 FITE TERRACE LANGHORNE PA 19047  
VLESSING MD, ELIAS IM  
15 LAKESIDE DR LEVITTOWN PA 19054  
WAGNER MD, KENNETH L P  
1517 DURHAM DR PENNDALL PA 19047  
WALTON MD, JOSEPH M OS  
45 HEDGES AVE CHATHAM NJ 07928  
WANG MD, ANDREUS IM  
26 PEPPERELL DR LANGHORNE PA 19047  
WARRENDER MD, WILLIAM F IM  
781 2ND ST PIKE SOUTHAMPTON PA 18966  
WEISBERG MD, RUBT A FP  
85 MAKEFIELD RD MUKRISVILLE PA 19067  
WEISEL JR MD, WM F FP  
230 THICKON AVE QUAKERTOWN PA 18951  
WENGER MD, JAY A R  
GRAND VIEW HOSP SELLERSVILLE PA 18960  
WESTCOTT MD, WM I IM  
465 E STATE ST DOYLESTOWN PA 18901  
WHITE MD, ALBERT E FP  
1711 MAKEFIELD RD YARDLEY PA 19067  
WILLARD MD, SAHL B FP  
10 S CLINTON ST DOYLESTOWN PA 18901  
WILLIAMS JR MD, GOMER T FP  
2531 DARK HOLLOW RD JAMISON PA 18929



WINN JR MD, CHAS L GS  
 PENNBRIDGE MED ARTS BLDG SELLERSVILLE PA 18960  
 WOLF MD, STEPHEN H PD  
 2 MISTERIA LANE LEVITTOWN PA 19054  
 WOODMAN MD, THOS J P  
 32 N BROAD ST DOYLESTOWN PA 18901  
 ZANKMAN MD, NATHAN PD  
 1339 WOODBOURNE RD LEVITTOWN PA 19057  
 ZANNI MD, ANTHONY L P  
 111 N 49TH ST PHILADELPHIA PA 19139  
 ZENOZI MD, SIRUS AN  
 30 GLEN DR DOYLESTOWN PA 18901  
 ZUCKERMAN MD, NATHAN OBG  
 885 WEBER DR YARDLEY PA 19067

## Butler County

ARMSTRONG MD, WM J IM  
 342 N MAIN ST BUTLER PA 16001  
 ASHBAUGH MD, WM H PD  
 210 CENTRAL DR BUTLER PA 16001  
 BANGHART MD, HARRY E IM  
 EAST BROADWAY SALEM NY 12865  
 BARRERA JR MD, A RODOLFO OBG  
 423 S MAIN ST BUTLER PA 16001  
 BEAN MD, CARL B R  
 195 HAVEN HILL DR BUTLER PA 16001  
 BELLA MD, ROMEO H AN  
 BUTLER CO MEM HOSP BUTLER PA 16001  
 CAMERON MD, LAURA M IM  
 586 WHITESTOWN RD BUTLER PA 16001  
 COHEN MD, ARCHIBALD C IM  
 900 BAY DR APT 423 MIAMI BEACH FL 33141  
 COTTINGTON MD, GORDON M ORS  
 165 BRUGH AVE BUTLER PA 16001  
 CRIEBS MD, DELMAS L OPH  
 124 W CUNNINGHAM BUTLER PA 16001  
 DANIELSON MD, CARL L GS  
 233 FAIRWAY LN BUTLER PA 16001  
 DICUCCIO MD, WILLIAM A FP  
 208 EDGEWOOD RD BUTLER PA 16001  
 DIESS MD, ROBT G US  
 1025 E BRADY ST BUTLER PA 16001  
 DONALDSON MD, JAMES O FP  
 128 WOODRIDGE RD BUTLER PA 16001  
 DRENNEN JR MD, JAMES K GS  
 101 GROSVENOR DR BUTLER PA 16001  
 DUDECK MD, CARL R GS  
 184 OAK HILLS HEIGHTS BUTLER PA 16001  
 DUSTER MD, AMIL M FP  
 305 1/2 CENTER AVE BUTLER PA 16001  
 ECKERT MD, ROBT T IM  
 300 N MC KEAN ST BUTLER PA 16001  
 EISLER MD, WM L FP  
 330 N MAIN ST BUTLER PA 16001  
 FITZSIMMONS MD, WM R OBG  
 319 W JEFFERSON ST BUTLER PA 16001  
 FLEMING MD, WM H OTO  
 129 S MC KEAN ST BUTLER PA 16001  
 FOX MD, DONALD C PD  
 301 N MC KEAN ST BUTLER PA 16001  
 GABRIEL MD, LUZ G P  
 530 N MAIN ST APT 802 BUTLER PA 16001  
 GARCIA MD, ALFREDO J IM  
 312 W JEFFERSON ST BUTLER PA 16001  
 GOEHRING MD, DONALD E OTO  
 106 S MAIN ST BUTLER PA 16001  
 GREGG MD, THOS S R  
 BUTLER COUNTY MEM HOSP BUTLER PA 16001  
 HAN MD, SAMUEL I IM  
 314 N WASHINGTON ST BUTLER PA 16001  
 HINCHBERGER MD, PAUL A FP  
 121 E CUNNINGHAM ST BUTLER PA 16001  
 HOCH MD, VINCENT A FP  
 100 S MAIN ST BUTLER PA 16001  
 HUNT MD, ROBT E FP  
 124 W PEARL ST BUTLER PA 16001  
 HUST MD, FREDERICK S R  
 104 WOODLAND RD BUTLER PA 16001  
 IMBRIE MD, DAVID E FP  
 327 N MAIN ST BUTLER PA 16001  
 JENNEY MD, FLORENCE S PTH  
 1813 TULANE AVE ALAMOGORDO NM 88310  
 JOHNSON JR MD, NELSON E FP  
 337 E PENN ST BUTLER PA 16001  
 KERR MD, WM F FP  
 2120 CAROL DR R D 2 SAXONBURG PA 16056  
 KIM MD, YANG K PTH  
 BUTLER CO MEM HOSP BUTLER PA 16001  
 KRAE MD, ANASTASIA FP  
 MARS PA 16046  
 LAUREANO MD, REYNALDO E IM  
 944 MERCER RD BUTLER PA 16001  
 LUCAS MD, ROBT S IM  
 425 N WASHINGTON ST BUTLER PA 16001  
 LUTTON MD, EDWARD C GS  
 304 BEECH RD BUTLER PA 16001  
 LYNN MD, CHARLES A R  
 600 N MAIN ST 27 BUTLER PA 16001  
 MAUST MD, PAUL E GS  
 165 BRUGH AVE 205 BUTLER PA 16001  
 MCCORRY MD, ROBT C ORS  
 165 BRUGH AVE BUTLER PA 16001  
 MCKEE MD, ROBT E GS  
 305 UNION NATL BANK BLD BUTLER PA 16001  
 MIRANDA MD, CESAR P IM  
 PSC 3 BX 15893 HOSP CLR APO SAN FRAN CA 96432  
 MOLCHANY MD, ERNEST P FP  
 CHICORA MED CTR CHICORA PA 16025  
 MOORE MD, ERNEST E FP  
 165 BRUGH AVE 305 BUTLER PA 16001

NALLATHAMBI MD, HELGA N PTH  
 202 W DIAMOND ST BUTLER PA 16001  
 NALLATHAMBI MD, SHAMIKKAN A IM  
 202 W DIAMOND ST BUTLER PA 16001  
 NAST MD, MAX S FP  
 510 E LOCUST ST BUTLER PA 16001  
 NEY MD, FRANCIS G R  
 108 GROSVENOR DR BUTLER PA 16001  
 NUNNA MD, NAGABHUSHANAM IM  
 230 S WASHINGTON ST BUTLER PA 16001  
 PARK MD, BOYD N AN  
 126 GREEN HILL DR BUTLER PA 16001  
 PHERSON MD, WM J GS  
 435 E HOLYOKE RD BUTLER PA 16001  
 PIRRELLO MD, ANTHONY M PTH  
 BUTLER CO MEM HOSP BUTLER PA 16601  
 PURDUM MD, FREDERICK P 16028  
 P O BOX 461 PURDUM ST EAST BRADY PA  
 PURVIS JR MD, JOS D IM  
 371 N MAIN ST BUTLER PA 16001  
 RUFF MD, CURTIS C GS  
 305 UNION BANK BLDG BUTLER PA 16001  
 SEGU MD, SUBRAMANYAM OPH  
 350 WEST 10TH ST ERIE PA 16502  
 SEKARAN MD, KAMALESH K PD  
 416 UNION NATL BANK BUTLER PA 16001  
 SEKARAN MD, SUMASUNDARAM K GS  
 416 UNION BANK BUTLER PA 16001  
 SETHI MD, SURENDRA K IM  
 230 S WASHINGTON ST BUTLER PA 16001  
 SHADLE MD, JOHN W IM  
 400 N MAIN ST BUTLER PA 16001  
 SHANNON MD, DEAN R OBG  
 127 E CUNNINGHAM ST BUTLER PA 16001  
 SPINA MD, CARMEN M FP  
 127 E CUNNINGHAM ST BUTLER PA 16001  
 STANDEN MD, CALVIN W US  
 GRAND AVE MARS PA 16046  
 STEWART MD, ARTHUR I FP  
 HARMONY PA 16037

SUTTON JR MD, EDWARD L D  
 21 MED ARTS BLDG BUTLER PA 16001  
 TIBURCIO JR MD, ALBINO F FP  
 165 BRUGH AVE BUTLER PA 16001  
 TOLENTINO MD, JULIAN C OBG  
 127 E CUNNINGHAM ST BUTLER PA 15116  
 TOLOFF MD, EDWARD M FP  
 12 BUTLER TOWERS BUTLER PA 16001  
 TREDENNICK MD, CHAS N OPH  
 110 E DIAMOND BUTLER PA 16001  
 TSAI MD, MING-SHANG FP  
 P O BX 145 VA HOSP BUTLER PA 16001  
 TURNBLACER MD, CHAS B OTO  
 400 N MAIN ST BUTLER PA 16001  
 WAHL MD, DAYNE F FP  
 835 EDMOND ST HARMONY PA 16037  
 WEISSMAN MD, JERRY OPH  
 3018 STURBRIDGE CT ALLISON PARK PA 15101  
 WELLMAN MD, RICHARD H IM  
 V A HOSPITAL BUTLER PA 16001  
 WICK MD, JOHN L OPH  
 25 RED OAK RD BUTLER PA 16001  
 WYMER MD, RALPH M OBG  
 348 N MC KEAN ST BUTLER PA 16001

## Cambria County

AGUILERA MD, BONIFACIO T TS  
 609 SOMERSET AVE WINDBER PA 15963  
 ALLEN JR MD, HERBERT V FP  
 2472 BEDFORD ST JOHNSTOWN PA 15904  
 ANTEMANN MD, RICHARD W R  
 1101 R FRANKLIN ST JOHNSTOWN PA 15905  
 ARSENOVIC MD, ALEXANDAR I PD  
 PUB 179 SUMMER HILL PA 15958  
 ASHMAN MD, GEO S OPH  
 503 TIOGA ST JOHNSTOWN PA 15905  
 ASHMAN MD, PHILIP IM  
 1949 BATES DRIVE JOHNSTOWN PA 15905  
 AZER MD, MAGDI S TS  
 88 OSBORNE ST JOHNSTOWN PA 15905  
 BANTLY MD, VICTOR S FP  
 715 OAK ST JOHNSTOWN PA 15902  
 BEERMAN MD, CURTIS A PD  
 1141 FRANKLIN ST JOHNSTOWN PA 15905  
 BENKO MD, STEPHEN T PS  
 1020 FRANKLIN ST #202 JOHNSTOWN PA 15905  
 BENSHOFF MD, ALBERT M PTH  
 1020 FRANKLIN ST JOHNSTOWN PA 15905  
 BENSHOFF MD, ARTHUR M FP  
 1302 SOMERSET AVE WINDBER PA 15963  
 BERGER MD, KARL PD  
 225 VINE ST JOHNSTOWN PA 15901  
 BLOOM MD, MEYER IM  
 1111 FRANKLIN ST JOHNSTOWN PA 15905  
 BONDY MD, THOS J AN  
 545 GOUCHER ST AP58 JOHNSTOWN PA 15905  
 BORECKY MD, DAVID C IM  
 353 MARKET ST JOHNSTOWN PA 15901  
 BOYER MD, EDWIN C FP  
 917 SUNNEHMANNA DV JOHNSTOWN PA 15905  
 BRADLEY MD, SAM L IM  
 1135 FRANKLIN ST JOHNSTOWN PA 15905  
 BREMER MD, HARRY J FP  
 237 LINCOLN ST JOHNSTOWN PA 15901  
 BRISINI MD, PATRICK D U  
 CENTRETOWN MALL JOHNSTOWN PA 15901  
 BURGACHER MD, JAMES S P  
 1020 FRANKLIN ST 300 JOHNSTOWN PA 15905  
 BURKETT MD, DONALD E FP  
 813 JEFFERSON AVE PORTAGE PA 15946

BUSH MD, STEPHEN T PTH  
 320 MAIN ST JOHNSTOWN PA 15901  
 CALDERON MD, CELIA S PD  
 MEM HOSP-PULM FUNC LAB JOHNSTOWN PA 15905  
 CALDERON MD, DOMINADOR C IM  
 MEM HOSP-PULM FUNC LAB JOHNSTOWN PA 15905  
 CAPRIOTTI MD, ROBT J OTO  
 300 MARKET ST JOHNSTOWN PA 15901  
 CARDELLINO MD, THOS J IM  
 1157 FRANKLIN ST JOHNSTOWN PA 15905  
 CARNEY MD, FRANK T U  
 1111 FRANKLIN ST JOHNSTOWN PA 15905  
 CAROFF MD, ROMUALD J FP  
 2451 BEDFORD ST JOHNSTOWN PA 15904  
 CASALE MD, LAWRENCE F ORS  
 88 OSBORNE ST JOHNSTOWN PA 15905  
 CASTELLON-VOGEL MD, CARLOS H FP  
 LEE HOSP 320 MAIN ST JOHNSTOWN PA 15901  
 CERMELE MD, NICHOLAS A GS  
 300 MARKET ST JOHNSTOWN PA 15901  
 CHIANESE MD, FRANK A P  
 353 MARKET ST JOHNSTOWN PA 15905  
 CHOBY MD, JOS P FP  
 520 E COURT ST DOYLESTOWN PA 18901  
 COBERN MD, CHAS B R  
 1020 FRANKLIN ST JOHNSTOWN PA 15905  
 COHEN MD, JEROME H OPH  
 326 PENN AVE JOHNSTOWN PA 15905  
 COREY MD, WILLIAM T GS  
 OAKWOOD HILL APT 14 LIGONIER PA 15658  
 CORSON MD, HAMPTON P OBG  
 1111 FRANKLIN ST JOHNSTOWN PA 15905  
 CNIK MD, JOHN C AN  
 1086 FRANKLIN ST JOHNSTOWN PA 15905  
 DANDREA MD, RAYMUND L FP  
 BIGLER AVE SPANGLER PA 15775  
 DAVIS MD, JAMES K FP  
 142 ALGONQUIN ST JOHNSTOWN PA 15904  
 DAVIDSON MD, WM R ORS  
 1111 FRANKLIN JOHNSTOWN PA 15905  
 DHANER MD, VIRENDER P IM  
 230 TALL TIMBER DR JOHNSTOWN PA 15904  
 DOYLE MD, ALBERT F U  
 218 FRANKLIN ST JOHNSTOWN PA 15901  
 DUGAN MD, THOS M P  
 100 PALLISER ST JOHNSTOWN PA 15905  
 DUKE MD, BRUCE E GS  
 1111 FRANKLIN ST JOHNSTOWN PA 15905  
 DUNN MD, ROBERT E AN  
 2367 WOODCREST DR JOHNSTOWN PA 15905  
 DVORCHAK MD, GEO E FP  
 BOX 37 HASTINGS PA 16646  
 EARLEY MD, MORTON J FP  
 HASTINGS PA 16646  
 ECKENRODE MD, JAMES A US  
 73 ENT DR BIG SPRINGS TX 79720  
 EDELSTEIN MD, ABE J D  
 1401 LUZERNE ST EXT JOHNSTOWN PA 15905  
 EPERJESSY MD, ERNEST Z US  
 1315 MIDWAY WINDBER PA 15963  
 EVANS MD, HILARY PTH  
 320 MAIN ST JOHNSTOWN PA 15901  
 FADEN MD, GERSON FP  
 218 W HIGH ST EBENSBURG PA 15931  
 FEES MD, ARCHIBALD W FP  
 BIGLER AVE SPANGLER PA 15775  
 FIKRI MD, ERDEN GS  
 353 MARKET ST JOHNSTOWN PA 15901  
 FLORA MD, WM K OTO  
 1138 CONFER AVE JOHNSTOWN PA 15905  
 FURIGAY MD, RODOLFO L GS  
 609 SOMERSET AVE WINDBER PA 15963  
 FURNARY MD, JAMES S GS  
 353 MARKET ST JOHNSTOWN PA 15901  
 GALBRAITH MD, DAVID J PD  
 1900 BAUMGARDNER AVE WINDBER PA 15963  
 GALLUCCI MD, CHAS L OTO  
 353 MARKET ST JOHNSTOWN PA 15901  
 GANNON MD, REYNALDU T AN  
 1086 FRANKLIN ST JOHNSTOWN PA 15905  
 GOLDBLATT MD, SIDNEY A PTH  
 1086 FRANKLIN ST JOHNSTOWN PA 15905  
 GRADY MD, JAMES W GS  
 2150 HILLHOLM AVE JOHNSTOWN PA 15905  
 GRESS MD, GORDON A IM  
 1111 FRANKLIN ST JOHNSTOWN PA 15905  
 GRESS MD, WM W FP  
 120 S MAIN ST DAVIDSVILLE PA 15928  
 GRIFFITH MD, GLENN G GS  
 1111 FRANKLIN ST JOHNSTOWN PA 15905  
 GVOZDEN MD, ROBT GS  
 128 FAIRFIELD AVE JOHNSTOWN PA 15906  
 HAMATY MD, RONALD M OBG  
 CENTRE TOWN MALL JOHNSTOWN PA 15901  
 HANZEL MD, GEO D IM  
 1020 FRANKLIN ST STE 30 JOHNSTOWN PA 15905  
 HARRIGER MD, CLYDE E FP  
 636 SCALP AVE JOHNSTOWN PA 15904  
 HARTNETT MD, ROBT W FP  
 243 VINE ST JOHNSTOWN PA 15901  
 HASBUN MD, ELIAS IM  
 501 MAGEE AVE PATTON PA 16668  
 HEDRICK MD, THOS A PD  
 506 JOHNS 8&T BLDG JOHNSTOWN PA 15901  
 HENRIQUES MD, EROL D FP  
 213 S MARION ST EBENSBURG PA 15931  
 HILL MD, EDWARD ORS  
 1111 FRANKLIN ST JOHNSTOWN PA 15905  
 HIROKAWA MD, RONALD H US  
 QTRS F-11 US NAVAL HOSP PHILADELPHIA PA 19145  
 HIRSCH MD, WM P FP  
 MERCY HOSP JOHNSTOWN PA 15905  
 HOFFMAN MD, CHAUNCEY FP  
 150 MACRIDGE AVE JOHNSTOWN PA 15904  
 HOLM MD, ERIC K NS  
 1626 SHELburne DR JOHNSTOWN PA 15905



HORNER MD, BARBARA A	US	PARK MD, NEIL I H	OBG	TREDENNICK MD, JOHN T	PTH
97 DARTMOUTH JOHNSTOWN PA 15905		609 SOMERSET AVE WINDBER PA 15963		300 MARKET ST JOHNSTOWN PA 15901	
HORWIN MD, SAM L	R	PAVICH MD, RUDOLPH W	PRM	TUKANOWICZ MD, STANISLAW A	NS
568 ELKNUT LANE JOHNSTOWN PA 15905		1128 DITHRIDGE DR JOHNSTOWN PA 15905		203 GREENE ST JOHNSTOWN PA 15905	
HUDSON MD, GEO H	FP	PLUMMER MD, ROBT A	FP	TURNER MD, VERA V	FP
1084 BEDFORD ST JOHNSTOWN PA 15902		R D 2 BOX 86 WINDBER PA 15963		417 MARGARET AVE JOHNSTOWN PA 15905	
HUEBNER MD, JOHN J	FP	PONTEJOS MD, SERGIO O	R	VOYTKO MD, RICHARD E	FP
PO BOX 188 JOHNSTOWN PA 15907		136 MAIN ST BX 438 CARROLLTOWN PA 15722	OPH	TIIGA ST JOHNSTOWN PA 15905	
HUGHES MD, WM L	GS	POST MD, JARVIS H	IM	MARIKOO MD, SHIBAN K	U
721 VIEWMONT AVE JOHNSTOWN PA 15905		500 SWANK BLDG JOHNSTOWN PA 15901		1111 FRANKLIN ST JOHNSTOWN PA 15905	
HUNSBARGER MD, CHAS L	OPH	POTE JR MD, HARRY H	IM	MAY MD, GEO E	FP
406 MAIN ST JOHNSTOWN PA 15901		845 LUZERNE ST JOHNSTOWN PA 15905		769 PARK AVE JOHNSTOWN PA 15902	
ISLAMOFF MD, IGOR I	GS	PRICE MD, RICHARD E	IM	MERTZ MD, ROBT R	R
128 WALNUT ST JOHNSTOWN PA 15901		90 LULAY ST JOHNSTOWN PA 15915		1086 FRANKLIN ST JOHNSTOWN PA 15905	
KATTER MD, GEO W	IM	PRUCHNIC MD, WILLIAM F	IM	WHEELING MD, GEO F	GS
803 U S BANK BLDG JOHNSTOWN PA 15901		1157 FRANKLIN ST JOHNSTOWN PA 15906		WINDBER HOSP WINDBER PA 15963	
KEVENK MD, KERIM C	R	QUINN MD, JOHN K	AN	WHEELING MD, GEO H	ORS
1086 FRANKLIN ST JOHNSTOWN PA 15905		320 MAIN ST JOHNSTOWN PA 15901		722 FRANKLIN ST JOHNSTOWN PA 15905	
KIM MD, HWAN Y	AN	RAYMOND MD, EUGENE E	GS	WHITE MD, WARREN F	D
320 MAIN ST JOHNSTOWN PA 15901		634 SOMERSET ST JOHNSTOWN PA 15905		1111 FRANKLIN ST JOHNSTOWN PA 15905	
KIRBY MD, CLAUDE W	FP	RAYMOND MD, JOS W	OPH	WILDER MD, DAVID W	R
815 2ND ST CRESSON PA 16630		US NATL BNK BLDG RM 907 JOHNSTOWN PA 15901	US	1271 LAUREL VIEW DR JOHNSTOWN PA 15905	
KITSKO MD, WM T	P	RAYMOND MD, PAUL A	US	WILSON MD, JOHN W	R
P-60INDIAN LAKE RD 1 CENTRAL CITY PA 15926		312 CHERRY LA JOHNSTOWN PA 15904		1086 FRANKLIN ST JOHNSTOWN PA 15905	
KLEWENS MD, ROBT F	IM	REDDY MD, WM J	GS	WINEY MD, WILFRED H	IM
19 ROSE ST JOHNSTOWN PA 15905		824 SUNNEHANNA DR JOHNSTOWN PA 15905		1111 FRANKLIN ST JOHNSTOWN PA 15905	
KOSCO MD, GEORGE M	R	REEDER MD, CHARLES F	FP	WINSTANLEY MD, ROBT A	OPH
1038 HAVERFORD ST JOHNSTOWN PA 15905		724 SCALP AVE JOHNSTOWN PA 15904		500 SWANK BLDG JOHNSTOWN PA 15901	
KREGER MD, SPENCER	P	REESE MD, JACK W	GS	WINT MD, SAMUEL J	FP
770 VIEWMONT AVE JOHNSTOWN PA 15905		213 10TH ST BARNESBORO PA 15714		125 WORK DR JOHNSTOWN PA 15904	
KRESAK MD, GEO F	FP	RESPECT MD, PATRICK B	ORS	WRIGHT MD, RAY FORD E	FP
1278 FRANKLIN ST JOHNSTOWN PA 15905		1111 FRANKLIN ST JOHNSTOWN PA 15905		RD 2 BOX 287 NORTH EAST MD 21901	
LANTOS MD, RAYMOND J	IM	REYES MD, ALFREDO M	FP	YATES MD, WM A	GS
1111 FRANKLIN ST JOHNSTOWN PA 15905		EBENSBURG STATE HOSP EBENSBURG PA 15931	FP	300 MARKET ST JOHNSTOWN PA 15901	
LAVELLE MD, PAUL E	P	RHOADS MD, HARRY M	FP	YERGER MD, JOHN F	PTH
433 DEPOT ST LATROBE PA 15650		436 PARK AVE JOHNSTOWN PA 15902		2250 MENOMER BLVD JOHNSTOWN PA 15905	
LEWINE MD, YALE S	FP	RIDDLES MD, PAUL W	US	ZIMMERMAN MD, RICHARD P	GS
1814 MENOMER BLVD JOHNSTOWN PA 15905		R D 1 BEDFORD PA 15522		1111 FRANKLIN ST JOHNSTOWN PA 15905	
LONGWELL JR MD, BENTON E	FP	RIITER MD, MARIO	IM	ZOBEL MD, ARTHUR C	FP
US NATL BNK BLDG RM 813 JOHNSTOWN PA 15901		307 VINE ST JOHNSTOWN PA 15901		920 DREXEL AVE JOHNSTOWN PA 15905	
LOVETTE MD, JOHN B	GS	ROCK MD, JAMES A	PTH		
353 MARKET ST JOHNSTOWN PA 15901		320 MAIN ST JOHNSTOWN PA 15901			
LUND MD, PEERE C	AN	RODGERS MD, LEROY A	FP		
1086 FRANKLIN ST JOHNSTOWN PA 15905		CONEMAUGH VLY MEM HOSP JOHNSTOWN PA 15905	FP		
LUTHER MD, ROBERT J	FP	ROGERS MD, GEO E	FP		
839 STANFORD AVE JOHNSTOWN PA 15905		1766 LYTER DR JOHNSTOWN PA 15905			
MAGLEY MD, ROBT C	FP	ROSENBAUM MD, ARON	FP		
300 W HIGHLAND AVE EBENSBURG PA 15931		506 15TH ST WINDBER PA 15963			
MAHAN MD, ROBT G	FP	SABO MD, JOSEPH R	FP		
353 MARKET ST JOHNSTOWN PA 15901		FOURTH AVE HASTINGS PA 16646			
MARAVALLI MD, CAMILLE J	OPH	SAHLANEY MD, GEO	FP		
406 MAIN ST JOHNSTOWN PA 15901		109 CHANDLER AVE JOHNSTOWN PA 15906			
MATHUR MD, DINESH P	IM	SAHLANEY MD, WM J	FP		
1020 FRANKLIN ST JOHNSTOWN PA 15905			SEWARD PA 15954		
MAYER MD, WM F	PD	SAMII MD, ALI M	TS		
420 ORCHARD ST JOHNSTOWN PA 15905		201 LUZERNE ST JOHNSTOWN PA 15905			
MCANENY MD, JAMES L	FP	SCHAEFER MD, THOS J	GS		
1041 CAPE MAY AVE CAPE MAY N J 08204		300 MARKET ST RM 301 JOHNSTOWN PA 15901			
MCANENY MD, JOHN B	R	SCHILLER MD, HARVEY J	US		
1210 SANDY LANE #143 RIVERA BEACH FL 33404		609 SOMERSET AVE WINDBER PA 15963			
MCCLOSKEY MD, JOHN P	OPH	SCHROCK MD, LAURA J	GS		
514 LUZERNE ST JOHNSTOWN PA 15905		R D 4 BOX 253 A JOHNSTOWN PA 15905			
MCDONALD MD, LARRY V	PD	SCHULTZ MD, SAM L	OBG		
501 23RD P O BOX 176 WINDBER PA 15963		524 GROVE AVE JOHNSTOWN PA 15902			
MCKENNA MD, THOS J	OPH	SEEBER MD, JOHN J	PM		
902 U S BANK BLDG JOHNSTOWN PA 15901		913 ST CLAIR RD JOHNSTOWN PA 15901			
MEYERS MD, PAUL T	OTO	SEIFERT MD, THOS E	OBG		
333 THE ESPLANADE A-201 VENICE FL 33595		353 MARKET ST JOHNSTOWN PA 15901			
MEYERS MD, S BENJAMIN	US	SEWAK MD, MICHAEL E	FP		
110 BLISS ST JOHNSTOWN PA 15905		268 MAIN ST CONEMAUGH PA 15909			
MICHAUD MD, JOS E	PD	SHARBAUGH MD, DONALD G	FP		
1141 FRANKLIN ST JOHNSTOWN PA 15905			CARROLLTOWN PA 15722		
MIALICK MD, PETER J	GS	SHERIDAN DD, JOSEPH F	PD		
504 WAYNE ST JOHNSTOWN PA 15905		1020 FRANKLIN ST STE 30 JOHNSTOWN PA 15905			
MIKESIC MD, MICHAEL G	US	SHERWIN MD, LYSLE W	OBG		
449 WOODMONT RD JOHNSTOWN PA 15905		609 SOMERSET AVE WINDBER PA 15963			
MILLER MD, JAMES E	IM	SHOPE MD, EARL S	PTH		
609 SOMERSET AVE WINDBER PA 15963		RD 1 ALUM BANK PA 15521			
MILLER MD, WILLIAM I	FP	SINHA MD, ASOK K	GS		
BOX 50 FLEET PO SAN FRANCISCO CA 96680		CARRIAGE HILL APTS #50 JOHNSTOWN PA 15905			
MITAL MD, MOHAN S	IM	SIVULICH MD, MICHAEL J	OPH		
1461 PAULTON ST JOHNSTOWN PA 15905		406 MAIN ST JOHNSTOWN PA 15901			
MITAL MD, NIRMAL G	R	SLOAN MD, GERALD H	U		
1461 PAULTON STREET JOHNSTOWN PA 15905		R D 1 MINERAL POINT PA 15942			
MITCHELL MD, DONALD D	OBG	SMITH MD, VICTORIA T	PM		
1111 FRANKLIN ST JOHNSTOWN PA 15905		R D 2 BOX 255A EBENSBURG PA 15931			
MONTELEONE JR MD, PAUL N	PTH	SMITH MD, WM P	FP		
755 LUZERNE ST JOHNSTOWN PA 15905		116 W HIGH ST EBENSBURG PA 15931			
MORGAN MD, OWEN K	OPH	SMOYER MD, RONALD L	FP		
JOHNSTOWN BNK TRUST BLD JOHNSTOWN PA 15901		233 MIFFLIN ST JOHNSTOWN PA 15905			
MORRISON JR MD, RALPH W	FP	SOIRSSON JR MD, FERDINAND L	OBG		
434 GROVE AVE JOHNSTOWN PA 15902		353 MARKET ST JOHNSTOWN PA 15901			
MOSES MD, JAMES M	ORS	SRIVASTAVA MD, SHEONATH P	IM		
1111 FRANKLIN ST JOHNSTOWN PA 15905		223 COLLEGIATE DR JOHNSTOWN PA 15904			
MOYER MD, JOHN H	IM	STONE MD, JOHN P	US		
1086 FRANKLIN ST JOHNSTOWN PA 15905		849 PARK AVE WINDBER PA 15963			
MRKICH MD, ROBT	FP	STOVER MD, DONALD L	FP		
911 CALDWELL AVE PORTAGE PA 15946		120 S MAIN ST DAVIDSVILLE PA 15928			
MURPHY MD, GERALD L	OBG	STRAUS MD, PAUL M	OTO		
LEE HOSPITAL JOHNSTOWN PA 15901		300 MARKET ST JOHNSTOWN PA 15901			
MURRAY MD, RICHARD C	FP	STRUNK MD, THOS J	U		
720 S 5TH AVE PATTON PA 16668		1111 FRANKLIN ST JOHNSTOWN PA 15905			
MUSSIO MD, JOHN A	NS	TAN JR MD, RAMON N	AN		
444 WAYNE ST JOHNSTOWN PA 15905		417 DEVON DR JOHNSTOWN PA 15904			
NIDO MD, MICHAEL P	R	TAYLOR MD, JAMES T	GS		
LEE HOSP JOHNSTOWN PA 15901		530 LUZERNE ST JOHNSTOWN PA 15905			
NORDBERG JR MD, ROBERT E	GS	TEMPLIN JR MD, WM B	GS		
200 BIGLER AVE SPANGLER PA 15775		300 MARKET ST RM 301 JOHNSTOWN PA 15901			
NOVAK MD, ALBERT A	FP	THOMAS MD, NATHAN O	US		
148 ZINNIA LA ASTATULA FL 32705		346 MAIN ST MEYERSDALE PA 15552			
PALMER JR MD, WM E	R	THOMPSON MD, ROBERT E	R		
320 MAIN ST JOHNSTOWN PA 15901		1086 FRANKLIN ST JOHNSTOWN PA 15905			
PANEK MD, BERNARD S	FP	TOMHAYE MD, ROBT H	OBG		
353 MARKET ST JOHNSTOWN PA 15901		1111 FRANKLIN ST JOHNSTOWN PA 15905			
PARCINSKI DO, RICHARD E	IM	TREDENNICK MD, CHAS K	US		
1020 FRANKLIN ST JOHNSTOWN PA 15905		127 CHANDLER AVE JOHNSTOWN PA 15906			

## Carbon County

A80 MD, ORLANDO A	GS
2710 SCHOENERSVILLE RD BETHLEHEM PA 18017	
BATCHELOR MD, ROGER P	US
117 COLUMBIA AVE PALMERTON PA 18071	
BONNER MD, WM R	OPH
3 W WHITE ST SUMMIT HILL PA 18250	
COPE MD, EDWIN S	IM
374 HARVARD AVE PALMERTON PA 18071	
DAIT MD, JOSE E	U
128 MEADOWCREST PK LEHIGHTON PA 18235	
DIAZ MD, FLORIEL P	GS
R D 2 LEHIGHTON PA 18235	
DOUGHERTY MD, JOS J	FP
55 E PHILLIPS ST CUALDALE PA 18218	
EVANS MD, JOHN J	FP
36 W CATAMISSA ST NESQUEHONING PA 18240	
FARR MD, JAMES	OBG
180 N 12TH ST LEHIGHTON PA 18235	
FRANTZ MD, ROBT R	FP
415 MAHONING ST LEHIGHTON PA 18235	
FRITZINGER MD, GEO O	FP
415 MAHONING ST LEHIGHTON PA 18235	
GLADDING MD, RICHARD M	FP
RD 4 LEHIGHTON PA 18235	
GOPLERUD MD, ELIZABETH J	OBG
PALMERTON HOSP PALMERTON PA 18071	
GOWM MD, CHRISTOPHER B	R
GNADEN HUETTEN HOSP LEHIGHTON PA 18235	
GRYNKEWICH MD, SERGE E	IM
RD 2 LEHIGHTON PA 18235	
HOUSER MD, BENJ P	OTO
BOX 97 AIRPORT DR SUMMERLND KEY FL 33042	
KUPP MD, JOHN H	OTO
582 DELAWARE AVE PALMERTON PA 18071	
LAIQON MD, EUGENE E	IM
135 E RIDGE ST COALDALE PA 18218	
LENTZ MD, SYLVESTER E	FP
RD 1 BX 354-A LEHIGHTON PA 18235	
LESHOCK MD, LEON E	IM
355 COLUMBIA AVE PALMERTON PA 18071	
MACOM MD, VORRIE B	FP
134 W RIDGE ST LANSFORD PA 18232	
MAROUN MD, WM J	R
HUETTEN MEM HOSP LEHIGHTON PA 18235	
MEDINA MD, RODRIGO D	FP
336 KIDDIE LN BX 66 WALNUTPORT PA 18088	
MICHAEL MD, SAMI I	P
GNADEN HUETTEN HOSP LEHIGHTON PA 18235	
MONTES MD, MANUEL Y	FP
THE PALMERTON HOSPITAL PALMERTON PA 18071	
MOSER MD, FLOYD	R
R D 1 ANDREAS PA 18211	
RAZA MD, HYDER S	GS
124 IRON ST RM 206 LEHIGHTON PA 18235	
RHODES MD, JOHN F	R
GNADEN HUETTEN HOSP LEHIGHTON PA 18235	
SALAZAR MD, EDGARDO P	FP
135 LAFAYETTE AVE PALMERTON PA 18071	
SMITH MD, CHAS F	PD
RD 6 BX 63 LEHIGHTON PA 18235	
SNYDER MD, MARVIN C	FP
846 MAHONING ST LEHIGHTON PA 18235	
STEELE MD, JOHN E	IM
2ND & SOUTH STS LEHIGHTON PA 18235	
THOMAS JR MD, GEO P	FP
72 BROADWAY JIM THORPE PA 18229	
THOMAS MD, GEO P	GS
135 LAFAYETTE AVE PALMERTON PA 18071	



VISPERAS MD, MARIO F GS  
1280 GASPAR ST BETHLEHEM PA 18017  
WEIDAW MD, HAROLD R FP  
R D 3 TAMAQUA PA 18252

## Centre County

BABCOCK MD, JOHN R GS  
421 N ALLEGHENY ST BELLEFONTE PA 16823  
BAKER MD, ROY F FP  
MADERA PA 16661  
BARNES MD, WM T GS  
111 S ALLEN ST STATE COLLEGE PA 16801  
BATORY MD, KATHERINE H PD  
157 W JEFFERSON ST PHILADELPHIA PA 19122  
BENDER MD, GEO E PRM  
254 S BARNARD ST STATE COLLEGE PA 16801  
BENSON MD, DAVID R FP  
252 WILLOWBANK BELLEFONTE PA 16823  
BISHOP MD, WAYNE E PD  
611 UNIVERSITY DR SUTE STATE COLLEGE PA 16801  
CAMPBELL JR MD, JAMES M OPH  
233 EASTERLY PARKWAY STATE COLLEGE PA 16801  
CARNEY MD, PAUL L FP  
233 EASTERLY PKWY STATE COLLEGE PA 16801  
CARRIER MD, RALPH E FP  
574 S TRANSIT ST APT 7 LOCKPORT NY 14094  
CHUBB MD, NICHOLAS C FP  
4212 DUNWOODY RD MARTINEZ GA 30907  
CLAIR MD, GERALD F OBG  
232 S BURROWS ST STATE COLLEGE PA 16801  
COLEMAN MD, ERNEST H IM  
705 SUNSET RD STATE COLLEGE PA 16801  
CORMAN MD, PAUL M FP  
214 N ALLEGHENY ST BELLEFONTE PA 16823  
COVEY MD, JOHN K OPH  
115 S SPRING ST BELLEFONTE PA 16823  
CULLEN MD, ESKER W GS  
138 E BEAVER AVE STATE COLLEGE PA 16801  
DALE MD, H THOMPSON FP  
138 W COLLEGE ST STATE COLLEGE PA 16801  
DANNEKER MD, DALE A GS  
213 W BEAVER AVE STATE COLLEGE PA 16801  
DEARDORFF MD, JOHN E PTH  
233 EASTERLY PKWY STATE COLLEGE PA 16801  
DENARI MD, GREGORY A FP  
PENNS VLY MED CTR RD 2 SPRING MILLS PA 16875  
DIXON MD, RICHARD H IM  
137 S PUGH ST STATE COLLEGE PA 16801  
DRANOV MD, JONATHAN IM  
R D 1 BOX 532 A2 BOALSBURO PA 16827  
DREIBELBIS MD, WM H FP  
SNOW SHOE PA 16874  
DUNNE MD, GAY D D  
137 S PUGH ST STATE COLLEGE PA 16801  
DUNNE MD, JAMES H D  
314 NMITZ AVE STATE COLLEGE PA 16801  
DURGIN MD, BERNICE E IM  
221 N ALLEGHENY ST BELLEFONTE PA 16823  
FEIR MD, TERENCE C P  
801 E BRANCH RD STATE COLLEGE PA 16801  
FERRIER MD, MELVIN C FP  
BOX 409 R D 3 PHILIPSBURG PA 16866  
FISHER MD, JOHN T OPH  
507 LOCUST LN STATE COLLEGE PA 16801  
FLEAGLE MD, GENEVRA S FP  
HARRIS ACRES 508 DR STATE COLLEGE PA 16801  
FLEAGLE MD, SAM L FP  
HARRIS ACRES 508 OUTR D STATE COLLEGE PA 16801  
FORCEY MD, CLARKE M R  
BOX 509 PHILIPSBURG PA 16866  
FRANCO MD, ALEXANDER OBG  
R D 3 BOX 355 BELLEFONTE PA 16823  
GARCIA MD, MARIAN US  
233 EASTERLY PKWY STATE COLLEGE PA 16801  
GIANPOULOS MD, PATRICK L FP  
P O BOX 508 PHILIPSBURG PA 16866  
GRASLEY MD, WM C PRM  
938 S SPARKS ST STATE COLLEGE PA 16801  
GRIEBS MD, ALFRED H US  
241 E MC CORMICK AVE STATE COLLEGE PA 16801  
GUILLARD MD, PETER M FP  
PO BOX 687 PHILIPSBURG PA 16866  
HALL MD, ROBT L IM  
251 EASTERLY PARKWAY STATE COLLEGE PA 16801  
HARGLEROAD MD, JOHN A PRM  
RITENOUR MED CENTER STATE COLLEGE PA 16801  
HARRY MD, HARRIET M FP  
BOX 617 STATE COLLEGE PA 16801  
HARVEY MD, JAMES S FP  
HMM MED CTR DR PHILIPSBURG PA 16866  
HARVEY MD, WM D FP  
BOX 687 MEDICAL CTR DR PHILIPSBURG PA 16866  
HAYTHORNTWHAITE MD, B MARY PD  
1137 DORUM AVE STATE COLLEGE PA 16801  
HENDRICKS JR MD, GILBERT L TS  
111 S ALLEN ST STATE COLLEGE PA 16801  
HENNINGER MD, FRANK M FP  
PENN ST MILLHEIM PA 16854  
HRICKO MD, MICHAEL J AN  
258 OSWOND ST STATE COLLEGE PA 16801  
INGRAM JR MD, ALBERT L P  
121 W MARYLYN AVE STATE COLLEGE PA 16801  
ISHLER MD, H RICHARD FP  
227 S BURROWS ST STATE COLLEGE PA 16801  
JONE MD, BEN-HSIUNG GS  
403 HAMPTON ST PHILIPSBURG PA 16866  
JONES MD, J ALFRED IM  
7132 ASHWOOD CIRCLE FAYETTEVILLE N C 28303  
KEIM MD, EDWARD L PRM  
485 CRICKLEWOOD DR STATE COLLEGE PA 16801

KISH MD, ROBT S U  
211 W BEAVER AVE STATE COLLEGE PA 16801  
KNERR MD, RICHARD A FP  
2046 PINE CLIFF RD STATE COLLEGE PA 16801  
KRAUS MD, JOHN J GS  
870 CRICKLEWOOD DR 221 STATE COLLEGE PA 16801  
KRUG MD, EDGAR S R  
120 HUBLER RD STATE COLLEGE PA 16801  
LIGHT MD, JOHN H IM  
426 S ALLEN ST STATE COLLEGE PA 16801  
LIN MD, MEI-PU OBG  
PO BOX 687 PHILIPSBURG PA 16866  
MACARANAS MD, RENATO R U  
PO BOX 687 PHILIPSBURG PA 16866  
MAGNANI MD, THOS J PTH  
119 HARRIS DR STATE COLLEGE PA 16801  
MATEER MD, EUGENE H IM  
245 S BURROWS ST STATE COLLEGE PA 16801  
MAYERS JR MD, STANLEY P PRM  
648 MILTSHIRE DR STATE COLLEGE PA 16801  
MAYLOCK MD, JOHN H PTH  
603 PAULINE ST PHILIPSBURG PA 16866  
MCCORMICK MD, GEORGE M PD  
238 OLD MILL RD STATE COLLEGE PA 16801  
MCDERMOTT MD, HARRY M PD  
720 WESTERLY PARKWAY STATE COLLEGE PA 16801  
MCGUIRE MD, RICHARD J IM  
251 EASTERLY PKWY STATE COLLEGE PA 16801  
MEBANE III MD, TOM S OBG  
251 EASTERLY PKWY STATE COLLEGE PA 16801  
MEBANE MD, TOM S PD  
942 ROBIN RD STATE COLLEGE PA 16801  
MONTALBO MD, ANTONIO A OPH  
253 EASTERLY PKWY STATE COLLEGE PA 16801  
MULHATTEN MD, DONALD E FP  
611 UNIVERSITY DR STATE COLLEGE PA 16801  
NARTATZ MD, PEDRO C GS  
PO BOX 687 PHILIPSBURG PA 16866  
NICHOLAS MD, W CHANNING OPH  
734 JACKSON ST STATE COLLEGE PA 16801  
NICOLAS MD, RUDY J R  
1244 SOUTH GARNER ST STATE COLLEGE PA 16801  
OLNEY MD, FRANKLIN B R  
945 W FAIRMOUNT AVE STATE COLLEGE PA 16801  
PALMER JR MD, DALE H P  
1651 GLENWOOD CIRCLE STATE COLLEGE PA 16801  
PARAGAS SR MD, LAMBERTO S GS  
818 BAYBERRY DR STATE COLLEGE PA 16801  
PARKS JR MD, LYTLE R FP  
1133 S ALLEN ST STATE COLLEGE PA 16801  
PATRICK MD, NICHOLAS E FP  
349 TOFTREES AVE STATE COLLEGE PA 16801  
PERISC MD, LOUIS A R  
1224 MAYBERRY LA STATE COLLEGE PA 16801  
PILGRAM JR MD, RALPH E FP  
RITENOUR HEALTH CTR UNIV PARK PA 16802  
POTTER 3RD MD, WM W OBG  
211 W BEAVER AVE STATE COLLEGE PA 16801  
REED MD, ELMER M OTO  
2021 FAIRMOUNT LANE STATE COLLEGE PA 16801  
REICHARD MD, JAMES L FP  
KYLERTOWN PA 16847  
REIDELL MD, JOHN S GS  
213 W BEAVER AVE STATE COLLEGE PA 16801  
ROBERTS JR MD, PHILIP G ORS  
911 UNIVERSITY DR STATE COLLEGE PA 16801  
ROCKOWER MD, ROGER A R  
617 WEST FAIRMOUNT AVE STATE COLLEGE PA 16801  
ROGERS MD, HUGH J FP  
115 S SPRING ST BELLEFONTE PA 16823  
ROHRBECK MD, CHAS W OBG  
251 EASTERLY PKWY STATE COLLEGE PA 16801  
SCHWARTZ MD, WM J FP  
527 WILLOW BANK BELLEFONTE PA 16823  
SCOTT MD, JAMES P GS  
P O BOX 99 PHILIPSBURG PA 16866  
SEVICK MD, MYRON E ORS  
911 UNIVERSITY DR STATE COLLEGE PA 16801  
SHOFF MD, JOHN F GS  
10 W PRESQUEWILLE ST PHILIPSBURG PA 16866  
STEPHENS MD, MARILYN H FP  
284 OAKLEY DR STATE COLLEGE PA 16801  
STRICKLER MD, JANE M R  
P O BOX 59 BOALSBURO PA 16827  
TRINIDAD MD, TITO B IM  
MEDICAL CENTER DR PHILIPSBURG PA 16866  
WENIGROVITZ MD, PAUL H OBG  
251 EASTERLY PKWY ST COLLEGE PA 16801  
WEST MD, EDWARD FP  
511 N BURROWS ST STATE COLLEGE PA 16801  
WHEELLOCK MD, GLENNIS R FP  
RITENOUR HEALTH CTR UNIV PARK PA 16802  
WHITE MD, GEO S FP  
140 W HIGH ST BELLEFONTE PA 16823  
WINGERT JR MD, CHAS H D  
253 EASTERLY PKWY STATE COLLEGE PA 16801  
WONG MD, LING G FP  
728 WESTERLY PARKWAY STATE COLLEGE PA 16801  
WOOLLEY JR MD, PAUL O FP  
115 HUMAN DEVELOP BLDG UNIV PARK PA 16802

## Chester County

ABBOTT MD, JOS L OBG  
502 E MARSHALL ST WEST CHESTER PA 19380  
ABERNETHY MD, HUGH C PD  
511 N HIGH ST WEST CHESTER PA 19380  
ACOSTA MD, AUGUSTO C P  
1100 POWELL ST NORRISTOWN PA 19401  
ADAMTWHAITE MD, MYRA E IM  
100 FIRST AVE PHOENIXVILLE PA 19460

ALARCON MD, J EDGAR IM  
SUMMIT HOUSE 134 WEST CHESTER PA 19380  
ALCID MD, FELIZA A FP  
1404-A ROLLING GLEN DR BOOTHWYN PA 19061  
ALDERFER MD, HAROLD H PD  
224 E BIDDLE ST WEST CHESTER PA 19380  
ALLAN MD, MARY B IM  
SHALLOTTAIL FARM WESTTOWN PA 19395  
ALLAN MD, WM L P  
SHALLOTTAIL FARM WESTTOWN PA 19395  
ARAYATA MD, FELIXBERTO R FP  
3302 NORMA DR THORNDALE PA 19372  
ASPEN MD, NELSON P ORS  
104 PAOLI MEM MED BLDG PAOLI PA 19301  
ATKINSON MD, WHITTIER C FP  
824 CHESTNUT ST COATESVILLE PA 19320  
BABACZ MD, TEOFIL OPH  
450 GAY ST PHOENIXVILLE PA 19460  
BAMBERGER MD, GRANT W FP  
HONEY BROOK PA 19344  
BARENBERG MD, PAUL A P  
12 FOX CHASE RD MALVERN PA 19355  
BARRY MD, WM J R  
CHESTER CO HOSP XRAY DP WEST CHESTER PA 19380  
BATTAFARANO MD, NICHOLAS C FP  
1110 W VALLEY RD WAYNE PA 19087  
BECKLEY MD, WM H GS  
RD 2 LINE ROAD MALVERN PA 19355  
BELL MD, GERALD OTO  
206 BELL ST PHOENIXVILLE PA 19460  
BELL MD, ROBT L NS  
51 S 12TH ST COATESVILLE PA 19320  
BELLIS MD, JOHN A FP  
1776 6TH ST N W APT 309 WINTER HVN FL 33880  
BENINATI MD, DANIEL D OBG  
14 BLUFF RD THORNDALE PA 19372  
BENTLEY JR MD, EUGENE A PTH  
701 E MARSHALL ST WEST CHESTER PA 19380  
BERNBERG MD, LAWRENCE AN  
605 GAGES LN W CHESTER PA 19380  
BINDER MD, MARTIN G OBG  
234 N POTTSTOWN PIKE EXTON PA 19341  
BITMAN MD, KENNETH L GS  
PAOLI MEM BLDG STE 102 PAOLI PA 19301  
BOCHER MD, JACK ORS  
E MARSHALL RD WEST CHESTER PA 19380  
BOLSTER MD, RICHARD H FP  
1410 RUSSELL RD PAOLI PA 19301  
BOWER MD, ROBT J IM  
2052 WATERLOO RD BERNYIN PA 19312  
BOYLE MD, DENIS A PM  
300 STRODE AVE COATESVILLE PA 19320  
BRADFORD MD, JOHN D GS  
36 W LANCASTER AVE DOWNINGTOWN PA 19335  
BRAY MD, JOS B OTO  
1217 POWELL ST NORRISTOWN PA 19401  
BRINGHURST MD, LOUIS S R  
506 STORY RD WEST CHESTER PA 19380  
BRODER MD, HAROLD M ORS  
CHESTER COUNTY MED BLDG WEST CHESTER PA 19380  
BROWN JR MD, FRANK E PD  
403 VALLEY FORGE RD PHOENIXVILLE PA 19460  
BROWN MD, NATHAN FP  
701 MAIN ST PHOENIXVILLE PA 19460  
BRUNO MD, MARIA A FP  
116 W DEAN ST APT C W CHESTER PA 19380  
BRUTON MD, CHAS W US  
403 E LANCASTER AVE DOWNINGTOWN PA 19335  
BURGET JR MD, DEAN E PS  
W MEADOW FARM RD 2 CHESTER SPRINGS PA 19425  
BUTLER MD, CHAS H FP  
134 N FOURTH ST COATESVILLE PA 19320  
BYLER MD, ARTHUR B FP  
P O BOX 259 DOWNINGTOWN PA 19335  
BYRNE MD, ROBT N R  
969 N PENN DR WEST CHESTER PA 19380  
CAGGIANO MD, JOHN D ORS  
RD 4 WEST CHESTER PA 19380  
CARLOW MD, JOS F FP  
404 W UNION ST WEST CHESTER PA 19380  
CATTON MD, RAYMOND M P  
45 RIDGE RD PHOENIXVILLE PA 19460  
CHAPPELL MD, LESLIE E GS  
BOX 314 OXFORD MD 21654  
CHERASHORE MD, RALPH R OBG  
215 MAIN ST PHOENIXVILLE PA 19460  
CHRISTIE MD, THOS OS  
328 ST DAVIDS WAYNE PA 19087  
CIACCI MD, VINCENT W FP  
PHNXYL HOSP NUTT RD PHOENIXVILLE PA 19460  
CINCO MD, VICTORIO B FP  
7 BLUFF RD THORNDALE PA 19372  
CLARK MD, JOS G FP  
712 N WALNUT ST WEST CHESTER PA 19380  
CLAY MD, BETTIE W IM  
G-5 BLACK HAWK APTS DOWNINGTOWN PA 19335  
CLAYTON MD, THOS D FP  
5715 JEFFERSON ST PHILADELPHIA PA 19131  
COATES JR MD, JOHN B FP  
932 VALLEY FORGE RD PHOENIXVILLE PA 19460  
CUTLER MD, ROBT S OTO  
606 E MARSHALL ST STE 3 WEST CHESTER PA 19380  
DABBACK MD, DEWITT T FP  
17 N 4TH AVE ROYERSFORD PA 19468  
DAMIANO MD, ROBT E AN  
216 CHURCH ST DEVON PA 19333  
DAVIS MD, TOYE G FP  
205 LOCUST ST OXFORD PA 19363  
DECOLLI MD, JOS A PTH  
PAOLI MEM HOSPITAL PAOLI PA 19301  
DELLEVIGNE MD, WILLIAM M GS  
321 N HIGH ST WEST CHESTER PA 19380  
DEMIRANDA MD, EDWARD G AN  
PO BOX 5604 JACKSONVILLE FL 32207  
DEMPSHER MD, JOHN FP  
833 MAPLEWOOD AVE WAYNE PA 19087



CHESTER

DEUTSCH JR MD, E THOMAS	FP	JACKSON MD, MERWIN R	OBG	NEWMAN MD, RICHARD A	P
122 LANCASTER PIKE MALVERN PA 19355		RFD #2 KENNETT SQUARE PA 19348		PAOLI MEM HOSP MED BLDG PAOLI PA 19301	
DISMAN MD, LEONARDO	PTH	JACOBS MD, FRANCIS	PD	NICHINI MD, FRANCO M	R
COATESVILLE HOSP COATESVILLE PA 19380		224 E BIDDLE ST WEST CHESTER PA 19380		24 RABBIT RUN RD MALVERN PA 19355	
DONOFRIO MD, ROMEO R	FP	JEFFREY MD, MARY E	R	ORVIS MD, HAROLD H	IM
325 S BROAD ST KENNETT SQUARE PA 19348		PHOENIXVILLE HOSP PHOENIXVILLE PA 19460		401 W PLEASANT GROVE RD WEST CHESTER PA 19380	
DOOLEY MD, MICHAEL B	R	JOHNSON MD, EDITH M	FP	PALMER MD, KARL A	ORS
PHOENIXVILLE HOSP PHOENIXVILLE PA 19460		519 N HIGH ST WEST CHESTER PA 19380		24 ATTERBURY DR MALVERN PA 19355	
DOYLE MD, FAYE R	FP	JOHNSTON MD, THOS S	OPH	PARKER MD, ALBERT F	GS
133 LOCUST ST OXFORD PA 19363		11 N FIVE POINT RD WEST CHESTER PA 19380		130 NUTT RD PHOENIXVILLE PA 19460	
DOYLE MD, RUSSELL G	FP	JOPLIN MD, ROBERT J	ORS	PARKER MD, ELEANOR K	OBG
133 LOCUST ST OXFORD PA 19363		HIGHLAND ORTH CTR RD 2 COCHRANVILLE PA 19330		319 CHESTNUT ST COATESVILLE PA 19320	
DUFFY MD, RUTH E	FP	JORDAN MD, WM J	OPH	PATUKAS MD, PETER C	FP
750 OLD LANCASTER RD C101 BERNYN PA 19312		130 NUTT RD PHOENIXVILLE PA 19460		10TH & OLIVE STS COATESVILLE PA 19320	
DUNSMORE MD, LILLIAN D	IM	JUNCOS MD, GUILLERMO R	IM	PENMAN MD, WM R	OBG
15 GREEN ST DOWNINGTOWN PA 19335		231 E LANCASTER AVE DOWNINGTOWN PA 19335		20 STATE RD PAOLI PA 19301	
DUNSMORE MD, RICHARD A	IM	KALEMBA MD, JOHANNA M	R	PEREIRA OGAN MD, JORGE A	P
15 GREEN ST DOWNINGTOWN PA 19335		523 COLDSTREAM DR BERNYN PA 19312		231 E LANCASTER AVE DOWNINGTOWN PA 19335	
DURNING MD, CLIFTON M	FP	KELLY JR MD, EDWARD A	FP	PITT MD, LEDDON P	GS
R F D 2 KENNETT SQUARE PA 19348		203 LOUIS DR EXTON PA 19341		811 SPRUCE ST PHILADELPHIA PA 19107	
DVORKIN MD, DANIEL	D	KENT MD, RICHARD B	OPH	PLITZKER MD, RICHARD I	IM
231 E LANCASTER AVE DOWNINGTOWN PA 19335		11 N FIVE POINT RD WEST CHESTER PA 19380		10TH & OLIVE ST COATESVILLE PA 19320	
DZMURA MD, THOS L	P	KERN IV MD, GEO W	PD	PLUMMER 3RD MD, WM	FP
PAOLI MEM MED BLDG PAOLI PA 19301		1154 W CHESTER PIKE W CHESTER PA 19380		419 N FRANKLIN ST WEST CHESTER PA 19380	
EFTYCHIAIDIS MD, ANGELA S	PTH	KESTER MD, WALTER L	FP	POOLE MD, ROBT	FP
25-10 VALLEY RD DREXEL HILL PA 19026		524 S WALNUT ST WEST CHESTER PA 19380		419 N FRANKLIN ST WEST CHESTER PA 19380	
EISNER MD, JOEL W	R	KESZELI MD, ALEXANDER R	AN	PORTER MD, EDGAR L	P
702 MAIN ST PHOENIXVILLE PA 19460		701 E MARSHALL ST WEST CHESTER PA 19380		350 WALNUT AVE WAYNE PA 19087	
EMES MD, WM R	FP	KIM MD, JOONG J	GS	POTTER JR MD, HOWARD P	IM
832 OAK ST ROYERSFORD PA 19468		435 E 70TH ST 21-A NEW YORK NY 10021		MEM MED BLDG LINCLN HWY PAOLI PA 19301	
EMING MD, AGNEW R	FP	KISTLER MD, PHILIP E	FP	POTTS MD, ASA W	IM
102 EVERGREEN ST WEST GROVE PA 19390		302 N HIGH ST WEST CHESTER PA 19380		502 E MARSHALL ST WEST CHESTER PA 19380	
FANFERA MD, FRANCIS J	GS	KITEL MD, FRANCIS J	FP	PRASAD MD, AJIT K	ORS
1440 RUSSELL RD PAOLI PA 19301		828 E CHESNUT ST COATESVILLE PA 19320		10TH AVE & OLIVE ST COATESVILLE PA 19320	
FAUST MD, HERBERT A	N	KOEPE MD, HANS H	P	PRATT 2ND MD, JOHN W	GS
PAOLI MEM MED BLDG PAOLI PA 19301		504 JEROMA LA WEST CHESTER PA 19380		313 CHESTNUT ST COATESVILLE PA 19320	
FTSHER MD, JOHN A	PD	KORONITS MD, CHAS W	OBG	PRESSMAN MD, EDMUND N	AN
20 S VALLEY RD PAOLI PA 19301		322 N HIGH ST WEST CHESTER PA 19380		1515 MONTICELLO DR GLADWYNE PA 19035	
FORD MD, JOHN J	IM	KRAMM DO, HERMAN R	FP	PRUTZMAN MD, L DONALD	GS
305 N HIGH ST WEST CHESTER PA 19380		305 E LANCASTER AVE DOWNINGTOWN PA 19335		115 W MINER ST WEST CHESTER PA 19380	
FOXX MD, WM F	R	KRISHNA MD, BHUPENDRA	OTO	RABIN MD, SIDNEY C	OBG
1417 CARROLL BROWN WAY WEST CHESTER PA 19380		APT C-2 812 W GOSHEN RD WEST CHESTER PA 19380		502 E MARSHALL ST WEST CHESTER PA 19380	
FREEMAN MD, LEO C	P	KRISHNA MD, NARENDRA	OPH	RAJAN MD, SANDA	GS
WESTTOWN RD RD3 WEST CHESTER PA 19380		584 E CHESTNUT ST COATESVILLE PA 19320		RD 1 CHESTNUT TREE HONEYBROOK PA 19344	
FUKUI MD, PAUL T	N	LABOCETTA MD, ALFRED C	PD	REED MD, LOLA S	PD
CHESTER CO MED BLDG WEST CHESTER PA 19380		326 N WALNUT ST WEST CHESTER PA 19380		620 VALLEY FORGE RD PHOENIXVILLE PA 19460	
GALAMAGA MD, D PETER	IM	LANSING MD, DOROTHY I	OBG	RDGLEY MD, FRANK H	GS
8 RUSTIC LANE MALVERN PA 19355		20 STATE RD PAOLI PA 19301		415 N FRANKLIN ST WEST CHESTER PA 19380	
GARCIA MD, DOMINADOR I	AN	LASOTA MD, GEORGE L	P	RIVIELLO MD, MICHAEL S	GS
46 WOODRIDGE RD THORNTON PA 19373		11 HORSE SHOE LN PAOLI PA 19301		10TH AVE & OLIVE ST COATESVILLE PA 19320	
GARDNER MD, ALAN M	P	LATOFF MD, THOS J	GS	ROGERS MD, PAUL H	IM
1607 W LYNN DR WEST CHESTER PA 19380		533 E LINCOLN HIGHWAY COATESVILLE PA 19320		702 MAIN ST PHOENIXVILLE PA 19460	
GAZEK MD, MIGUEL G	IM	LEE MD, HOWARD G	FP	ROGOWSKI MD, RAYMOND A	PTH
323 E MARSHALL ST WEST CHESTER PA 19380		53 MEADOWBROOK LA PHOENIXVILLE PA 19460		51 WOODRIDGE RD THORNTON PA 19373	
GEMIL MD, CORAZON G	OBG	LEHMER MD, MICHAEL R	OBG	ROHMAYER JR MD, FRANCIS P	FP
602 E MARSHALL ST W CHESTER PA 19380		799 GAY ST PHOENIXVILLE PA 19460		549 N WALNUT ST WEST CHESTER PA 19380	
GIANNPOULOS MD, PETER H	FP	LEWIS MD, EARL T	IM	ROMINGER MD, C JULES	R
750 MAIN ST PHOENIXVILLE PA 19460		BOX 8299 PHILADELPHIA PA 19101		MISERICORDIA HOSP RAD D PHILADELPHIA PA 19143	
304 E LANCASTER AVE DOWNINGTOWN PA 19335		LEWIS MD, L CLIFFORD	FP	RURKE III MD, JOHN H	N
GOEBERT MD, HERBERT W	FP	421 MONUMENT AVE MALVERN PA 19355		108 CHESTER CO MED BLDG WEST CHESTER PA 19380	
418 WOODWARD RD COATESVILLE PA 19320		LEWIS MD, SCOTT B	OBG	ROSATO MD, DONALD J	FP
GOLDBERG DO, MURRAY E	AN	1015 N NEW ST WEST CHESTER PA 19380		176 E CONESTOGA RD DEVON PA 19333	
26 ANTHONY DR WEST CHESTER PA 19380		LIMBERGER MD, WM A	IM	ROSENBLUM MD, MARCUS P	N
GOLDEN MD, MICHAEL F	P	LENAPE & BIRMINGHAM RDS WEST CHESTER PA 19380		3404 WINDSOR LN THORNDALE PA 19372	
415 EAST LINCOLN HWY COATESVILLE PA 19320		LINDER MD, NORBERT N	FP	ROSENFELD MD, KARL	ORS
GOLDFINE MD, ALAN	OBG	STUDENT HEALTH SERVICES LINCOLN UNIV PA 19352		74 STATE RD PAOLI PA 19301	
1601 ROBIN RD COATESVILLE PA 19320		LISS MD, GILBERT A	OBG	ROTHROCK JR MD, HENRY A	PTH
GOLDSTEIN MD, NORMAN A	OTO	799 GAY ST PHOENIXVILLE PA 19460		1113 QUEENS WAY WEST CHESTER PA 19380	
808 VALLEY FORGE RD PHOENIXVILLE PA 19460		LOTZ MD, ANDREW J	FP	ROWAND MD, ROBERT E	IM
GORDON MD, ISADORE	IM	12 FAIRWAY RD PAOLI PA 19301		17 CLUB DRIVE SUMMIT N J 07901	
601 MAIN ST PHOENIXVILLE PA 19460		LOWRINC MD, WM S	OTO	ROWGHANI MD, MOHAMMAD I	OBG
GRASBERGER MD, JOS C	P	7 N FIVE POINT RD WEST CHESTER PA 19380		370 CHESTNUT ST COATESVILLE PA 19320	
848 PARKSIDE AVE W CHESTER PA 19380		LUCINE JR MD, ALBERT A	OBG	RUGGIERO MD, ROBT A	ORS
GROES MD, RICHARD M	GS	988 GARRETT MILL RD NEWTOWN SQ PA 19073		PAOLI MEM MED BLDG PAOLI PA 19301	
PAOLI MEM MED BLDG PAOLI PA 19301		LYNCH MD, ROBT E	R	RUNT MD, JOS C	GS
GROSSMAN MD, PERRY	PD	491 ALLENDALE RD KING OF PRUSS PA 19406		500 GAY ST PHOENIXVILLE PA 19460	
620 VALLEYFORGE RD PHOENIXVILLE PA 19460		MACKENZIE MD, NORMAN D	FP	SACHDEVA MD, RAJEEV	PTH
HALL JR MD, EDGAR W	IM	441 E LANCASTER AVE DOWNINGTOWN PA 19335		700 ARDMORE AVE APT 603 ARDMORE PA 19003	
750 OLD LANCASTER A208 BERNYN PA 19312		MARGOLIES MD, MICHAEL	IM	SANDLER MD, KENNETH R	P
HANACHE MD, JEANNE A	P	567 E CHESTNUT ST COATESVILLE PA 19320		2015 WELSH VALLEY RD VALLEY FORGE PA 19481	
11 HORSESHOE LANE PAOLI PA 19301		MARGOLIS MD, JULIUS	FP	SANT RAM MD, DEPAK	IM
HANNA MD, ROBERT H	FP	418 MAIN ST COATESVILLE PA 19320		COMM MEM HOSP WEST GROVE PA 19390	
46 W BARNARD ST WEST CHESTER PA 19380		MARK MD, WM S	IM	SCHINDLER MD, PETER D	P
HANSON MD, TERESA S	OBG	BOX A PAOLI PA 19301		1528 DENTON HOLLOW RD WEST CHESTER PA 19380	
R D 1 BOX 254 COATESVILLE PA 19320		MAURIELLO II MD, ALFRED J	OTO	SCHLESS MD, ARTHUR P	P
HARKINS MD, FRANCIS A	IM	1524 RICHARD DR WEST CHESTER PA 19380		COATESVILLE HOSP COATESVILLE PA 19320	
367 E CHESTNUT ST COATESVILLE PA 19320		MCCAUSLAND MD, DREW	D	SCHWARTZ MD, DONALD S	PD
HARROP MD, DONALD E	FP	620 E MARSHALL ST WEST CHESTER PA 19380		10TH AVE & OLIVE ST COATESVILLE PA 19320	
750 S MAIN ST PHOENIXVILLE PA 19460		MCCHESENEY JR MD, CHAS T	GS	SCOTT MD, J CLIFFORD	P
MARTMANN JR MD, RICHARD W	PD	313 CHESTNUT ST COATESVILLE PA 19320		PO BOX 501 MALVERN PA 19355	
BOX 358 PAOLI PA 19301		MCCLOSURE MD, CARROLL R	US	SILVERIO MD, JOHN	PD
HAYMAN MD, HARRIS R	IM	126 ROYAL PALM DR LEEBSBURG FL 32748		856 FARRAGUT DR BERNYN PA 19312	
122 LANCASTER AVE MALVERN PA 19355		MCKINSTRY MD, ROBT B	FP	SKWEIR MD, LEON A	P
HECKER MD, AUTHUR D	P	KENNETT MEDICAL CENTER KENNETT SQUARE PA 19348		1675 DEVONSHIRE ROAD ALLENTOWN PA 18103	
ELK FOREST RD RD 2 ELKTON MD 21921		MERSON MD, ERICH R	FP	SMITH MD, RICHARD H	FP
HERLEY MD, PAUL J	FP	1622 W LYNN DR W CHESTER PA 19380		341 E LANCASTER AVE DOWNINGTOWN PA 19335	
519 E CHESTNUT ST COATESVILLE PA 19320		MICHAELSON MD, THOS C	IM	SOLOMON MD, MACY B	FP
HEWSON MD, WM C	FP	RD 2 BARTLETT LN CHESTER SPRGS PA 19425		100 1ST AVE PHOENIXVILLE PA 19460	
ASHBRIDGE ST WEST CHESTER PA 19380		MILLER MD, CHAS F	GS	SPECTOR MD, SAMUEL S	FP
MILLER MD, PETER N	IM	710 S MAIN ST PHOENIXVILLE PA 19460		4200 HILLCRESSDR APT214 HOLLYWOOD FL 33021	
204 PAOLI MEM MED BLDG PAOLI PA 19301		MILLER MD, STANLEY J	FP	SPENCER MD, DOUGLAS M	PD
MNELESKI JR MD, IGNATIUS S	OPH	675 LANCASTER AVE BERNYN PA 19312		361 CASTLEWOOD DR DEVON PA 19333	
11 N FIVE POINTS RD WEST CHESTER PA 19380		MINEO MD, CYRUS L	OPH	SPICER MD, ALDINE R	FP
MOBERMAN MD, MAURY	OTO	286 GRIFFEN ST PHOENIXVILLE PA 19460		340 SHARPLESS ST W CHESTER PA 19380	
931 BRIDLE LA RD 6 WEST CHESTER PA 19380		MONASTERIO MD, JOSE R	GS	SPYROPOULOS MD, NICHOLAS G	PD
HOLCOMBE JR MD, GUY T	FP	1506 EAGLE RIDGE RD DOWNINGTOWN PA 19335		519 E CHESTNUT ST COATESVILLE PA 19320	
57 N 4TH ST OXFORD PA 19363		MORGAN MD, PAUL W	OPH	STOKES MD, LOUIS C	FP
HOGBLER MD, JAMES L	FP	PO BOX 489 WEST CHESTER PA 19380		345 E CHESTNUT ST COATESVILLE PA 19320	
KENNETT MED CTR KENNETT SQ PA 19348		MORTON JR MD, WM A	U	STONE MD, CHAS H	FP
HUNTER MD, HARRY H	FP	26 E WASHINGTON ST WEST CHESTER PA 19380		590 E CHESTNUT ST COATESVILLE PA 19320	
HGLIND & PERKIOEN AVES OAKS PA 19456		MUNRO MD, ROSS F	FP	STRODE MD, MARSHALL D	AN
HUTCHINSON 3D DO, HARRY J	IM	ELVERSON PA 19520		1219 SYLVAN RD W CHESTER PA 19380	
601 E MARSHALL ST W CHESTER PA 19380		MURPHY MD, JAMES A	R	STROUD III MD, MORRIS W	IM
IMPERATO MD, PASCAL J	D	THE CHESTER CO HOSP W CHESTER PA 19380		450 N CREEK RD RD 1 W CHESTER PA 19380	
1555 SUGARTOWN RD PAOLI PA 19301		MURRAY MD, AUDREY	US	THEURKAUF JR MD, EDWARD A	TS
		1012 LITTLE SHILO RD WEST CHESTER PA 19380		933 HAVERFORD AVE BRYN MAWR PA 19010	



THOMSON MD, ALVERNON H	FP
1238 SURREY RD WEST CHESTER PA 19380	
THORNE MD, CHAS G	FP
370 CHESTNUT ST COATESVILLE PA 19320	
TRAHMAN MD, RICHARD G	ORS
WDDMONT N APTS E-5 DOWNINGTOWN PA 19335	
TRUITT MD, GEO W	IM
RING RD CHADDS FORD PA 19317	
TUCKER MD, THOS W	FP
245 NEW ST SPRING CITY PA 19475	
TWADDELL MD, DONALD N	P
EMBRERVILLE STATE HOSP COATESVILLE PA 19320	
TYSON MD, RUSSELL R	GS
606 E MARSHALL ST WEST CHESTER PA 19380	
UHLMAN MD, RICHARD C	U
139 MARSHALL WEST CHESTER PA 19380	
VANDERMEER MD, HERMAN	P
107 CANBRIA COURT ST DAVIDS PA 19087	
VERNON MD, WALTER G	PRM
LUKENS STEEL CO COATESVILLE PA 19320	
VIEW MD, NICHOLAS F	U
139 E MARSHALL ST WEST CHESTER PA 19380	
VINUEZA MD, TIRSO L	P
1768 QUARRY RD VALLEY FORGE PA 19481	
VLACHOS MD, VASILIOS A	IM
RD 1 POTTSTOWN PA 19464	
WADE MD, GEO R	US
PAOLI MEM MED BLDG PAOLI PA 19301	
WAGGONER MD, IRVING M	IM
23 S CHURCH ST WEST CHESTER PA 19380	
WARNER MD, NORMAN M	PRM
P O BOX 98 HEALTH CTR PARKESBURG PA 19365	
WARREN MD, WM L	D
435 E LANCASTER AVE WAYNE PA 19087	
WEDEEN MD, ROBT S	ORS
BOX 411 R D 3 COATESVILLE PA 19320	
WELLER MD, RUSSELL W	FP
1150 LAKE DR WEST CHESTER PA 19380	
WHITE MD, JACK C	GS
MEMORIAL MED BLDG PAOLI PA 19301	
WHITE MD, JOS G	U
139 E MARSHALL ST W CHESTER PA 19380	
WILLEMS MD, JOHN S	AN
PAOLI MEM HOSP PAOLI PA 19301	
WILLNER MD, DAVID L	ORS
601 MAIN ST PHOENIXVILLE PA 19460	
WITKOWSKI MD, JOS L	P
V A HOSP COATESVILLE PA 19320	
WOLF MD, CHAS R	ORS
CHESTER CO MED BLDG WEST CHESTER PA 19380	
WRIGHT MD, ELEANORE R	P
ELK FOREST RD RD 2 ELKTON MD 21921	
YOXTHEIMER MD, ROBT L	GS
EAST PHILLIP DR PHOENIXVILLE PA 19460	
ZELLER MD, ERWIN R	R
240 W MINER ST W CHESTER PA 19380	
ZERNE MD, GUSTAVE E	OTO
CHESTER MED BLDG 111 W CHESTER PA 19380	
ZIEGLER MD, ANNA E	OBG
45 MANOR AVE DOWNINGTOWN PA 19335	

## Clarion County

ACKERMAN DO, MARK I	FP
PO BOX 43 MARIENVILLE PA 16239	
AMADIO DO, ANGELO E	FP
P O BOX 25 FRYBURG PA 16326	
BHATNAGAR MD, YUOHISHTER M	OBG
58 SOUTH 7TH AVE CLARION PA 16214	
BROOKS DO, FRANK J	FP
180 GREENVILLE AVE CLARION PA 16214	
BROOKS DO, JOHN E	AN
180 GREENVILLE AVE CLARION PA 16214	
BROOKS DO, JOHN M	FP
180 GREENVILLE AVE CLARION PA 16241	
BUCKLEY DO, RONALD L	AN
214 S 7TH AVE CLARION PA 16214	
CHRISTY MD, MICHAEL G	GS
395 MAIN ST BROOKVILLE PA 15825	
CLARK MD, LAWRENCE M	GS
137 W MAIN ST CLARION PA 16214	
CLARK MD, SANDRA M	FP
137 W MAIN ST CLARION PA 16214	
COULTER MD, CLINTON R	FP
BOX 354 PARKER PA 16049	
ERICKSON MD, RAY B	OS
2655 CALLE DEL ORD DR LA JOLLA CA 92037	
GREENBERG MD, STEVEN M	OPH
130 PICKERING ST BROOKVILLE PA 15825	
HARVEY MD, PAUL E	FP
COOLSPRING PA 15730	
HUSTON MD, CHAS C	FP
MAIN ST KNOX PA 16232	
KAHLE MD, GAIL W	FP
MARIENVILLE PA 16239	
KETNER DO, WILLIAM A	FP
513 MAIN ST CLARION PA 16214	
KOENIG MD, THEODORE R	FP
BOX T KNOX PA 16232	
KREBS DO, MICHAEL A	FP
324 GILL LN 4K ISELIN NJ 08830	
KUTZ MD, CHAS M	GS
395 MAIN ST BROOKVILLE PA 15825	
MCKINLEY MD, WM H	GS
395 MAIN ST BROOKVILLE PA 15825	
MICKLE JR MD, JAMES D	FP
ACV MED CTR FOXBURG PA 16036	
MILKS MD, CARL J	PD
P O BOX 200 LEEPER PA 16233	
MILLER MD, DAVID L	FP
239 BROAD ST NEW BETHLEHEM PA 16242	

NABATCHI MD, AHMAD	IM
BROOKVILLE HOSP BROOKVILLE PA 15825	
REDDY MD, JAIVEER T	U
BROOKVILLE HOSP BROOKVILLE PA 15825	
STAHLMAN MD, FREDERICK B	FP
72 S 4TH AVE CLARION PA 16214	
STEARLEY MD, JOHN S	FP
BOX 325 FOXBURG PA 16036	
MALLIA MD, TEGENDRA S	IM
138 MERLE ST CLARION PA 16214	
WONG MD, HON-YUEN	FP
1302 E MAIN ST CLARION PA 16214	

## Clearfield County

ARNOLD MD, JOHN J	FP
CURWENSVILLE PA 16833	
AUGHINBAUGH MD, THOS W	FP
507 OGDEN AVE CLEARFIELD PA 16830	
BACHARACH MD, HERBERT J	OPH
1212 TURNPIKE AVE CLEARFIELD PA 16830	
BELL MD, THOS G	IM
105 S 2ND ST CLEARFIELD PA 16830	
BORON MD, ROBT J	R
127 W PAULINE DR CLEARFIELD PA 16830	
BOYKIM MD, YAROSLAV A	FP
115 E CHERRY ST CLEARFIELD PA 16830	
CLARKE MD, EDWARD H	GS
809 TURNPIKE AVE CLEARFIELD PA 16830	
CORCINO JR MD, BALTAZAR L	IM
1306 JOSEPH RD CLEARFIELD PA 16830	
COVALLA MD, GEO C	IM
207 E CHERRY ST CLEARFIELD PA 16830	
DOTSEY MD, MICHAEL T	GS
1212 TURNPIKE AVE CLEARFIELD PA 16830	
EARLEY MD, SAML L	GS
CHERRY TREE PA 15724	
ERHARD MD, ELMO E	GS
211 N 2ND ST CLEARFIELD PA 16830	
ERHARD MD, LORAINE H	PD
211 N 2ND ST CLEARFIELD PA 16830	
GILMORE MD, FREDERICK R	R
809 TURNPIKE AVE CLEARFIELD PA 16830	
HAMOY MD, ALICE G	IM
11 APPLE ST CLEARFIELD PA 16830	
HAMOY MD, GEORGE L	GS
11 APPLE ST CLEARFIELD PA 16830	
HENDERSON MD, JONATHAN K	US
P O BOX 129 PHILIPSBURG PA 16866	
HIPOLITO MD, AURORA T	IM
PO BOX 127 CLEARFIELD PA 16830	
HIPOLITO MD, ERNESTO A	AN
PO BOX 127 CLEARFIELD PA 16830	
HOWE MD, WM L	FP
602 WILLIAMS ST CLEARFIELD PA 16830	
HUGHES MD, ROGER L	FP
BOX 247 CLEARFIELD PA 16830	
KENNARD MD, JOHN F	PTH
P O BOX 1088 CLEARFIELD PA 16830	
LUGUE JR MD, AMADO B	ORS
CLEARFIELD HOSP CLEARFIELD PA 16830	
LUGUE MD, CARMELA S	PD
914 SOUTH 2ND ST CLEARFIELD PA 16830	
LUNA MD, FREDESINDA	PD
RD 3 LAWRENCE TWP CLEARFIELD PA 16830	
LUNA MD, ROBERTO S	OBG
RD 3 LAWRENCE TWP CLEARFIELD PA 16830	
MALDONADO MD, BENJ A	OBG
807 DOCTORS DR CLEARFIELD PA 16830	
MCCLURE MD, DOROTHEA F	PTH
CLEARFIELD HOSP CLEARFIELD PA 16830	
MURPHY MD, JAMES H	FP
442 STATE ST CURWENSVILLE PA 16833	
PEASE MD, FRED	OBG
207 E CHERRY ST CLEARFIELD PA 16830	
SCHICKLING MD, LEONARD F	IM
707 TURNPIKE AVE CLEARFIELD PA 16830	
YINGLING MD, NATHANIEL D	GS
1212 TURNPIKE EXTENSION CLEARFIELD PA 16830	

## Clinton County

ADAMS MD, WM R	FP
262 HOGAN BLVD MILL HALL PA 17751	
ADVINCULA MD, RIZALITO B	FP
405 IRWIN STREET LOCK HAVEN PA 17745	
BOWER MD, SAML C	FP
269 MAIN ST MILL HALL PA 17751	
BRANDT MD, JOHN P	OPH
316 N GROVE ST LOCK HAVEN PA 17745	
BRICKLEY MD, KENNETH S	FP
35 W MAIN ST LOCK HAVEN PA 17745	
BROWN MD, JOHN L	FP
312 N GROVE ST LOCK HAVEN PA 17745	
CRISANTI MD, JOHN M	FP
PO BOX 707 LOCK HAVEN PA 17745	
DELGRIFFO MD, GERARD A	GS
7 E WATER ST LOCK HAVEN PA 17745	
DICUCCIO MD, NICHOLAS W	GS
6 HEMLOCK DR LOCK HAVEN PA 17745	
DOLAN III MD, JAMES J	OS
119 N FAIRVIEW ST FLEMINGTON PA 17745	
DREWERY MD, ROBT E	FP
MAIN ST BEECH CREEK PA 16822	
DWYER MD, JOHN M	FP
820 HURON AVE RENOVO PA 17764	

ENGLISH JR MD, WALTER E	PTH
MACKEYVILLE PA 17750	
GREENBERG MD, MICHAEL R	US
P O BOX 751 LOCK HAVEN PA 17745	
HEID MD, CHAS E	IM
535 GUARD LOCK DR LOCK HAVEN PA 17745	
HOBERMAN MD, EDWARD	GS
P O BOX 28 LOCK HAVEN PA 17745	
LONG JR MD, WM C	FP
53 W MAIN ST LOCK HAVEN PA 17745	
LYTLE MD, LARRY H	GS
23 HEMLOCK DR LOCK HAVEN PA 17745	
MANDRACCIA MD, ROBT V	GS
3109 BENJ RUSH CT CORNWELLS HGTS PA 19020	
MCDONOUGH MD, GERARD F	IM
209 WATER ST LOCK HAVEN PA 17745	
MCKEOWN MD, HENRY G	FP
243 6TH ST RENOVO PA 17764	
MEYER JR MD, CARL A	AN
23 HEMLOCK DR LOCK HAVEN PA 17741	
MOLLER MD, GEO A	R
29 HEMLOCK DR LOCK HAVEN PA 17745	
NICKLAS MD, GILBERT L	FP
CENTRAL AVE AVIS PA 17721	
PARKER DO, FRANK W	FP
BOX 748 LOCK HAVEN PA 17751	
ROMEO MD, VICTORIA J	FP
200 S JONES ST LOCK HAVEN PA 17745	
THOMAS JR MD, DAVID W	GS
112 W MAIN ST LOCK HAVEN PA 17745	
TREIRES MD, GEO J	FP
9 W CHURCH ST LOCK HAVEN PA 17745	
TUSHIM MD, GEO A	FP
BX 285 MILL HALL PA 17751	
WERTS MD, RAYMOND A	US
1002 HURON AVE RENOVO PA 17764	
WHITMAN MD, JOHN C	FP
9 PARKWOOD LOCK HAVEN PA 17745	
WINNER MD, FORNEY D	GS
217 E WATER ST LOCK HAVEN PA 17745	

## Columbia County

ALAGIRISWAMI MD, KRISHNASWAMI	PD
1601 MULBERRY ST BERWICK PA 18603	
ALLEY MD, ALI A	FP
109 MULBERRY BERWICK PA 18603	
ALMASHAT MD, ALA A	GS
531 E FRONT ST BERWICK PA 18603	
BALDIA MD, LIVEO B	GS
C/O BERWICK HOSP BERWICK PA 18603	
CAMPBELL MD, DAVID R	US
1741 FOWLER AVE BERWICK PA 18603	
CAMPBELL MD, ROBT J	FP
501 3D ST NESCOPECK PA 18635	
CHOPRA MD, RAJ P	U
326 MARKET ST BLOOMSBURG PA 17815	
CLARK MD, GRANT C	FP
PO BOX 390 BENTON PA 17814	
CLEAVER MD, CLARENCE P	FP
250 MAIN ST CATAWISSA PA 17820	
CLEMENS MD, FREDERICK B	FP
501 E 2D ST BERWICK PA 18603	
CORSON MD, THOS C	OBG
10 PENN ST BLOOMSBURG PA 17815	
CORTEZA MD, BENJAMIN A	IM
3745 RED MAPLE LN BLOOMSBURG PA 17815	
CRETELLA MD, THOS S	FP
301 E FRONT ST BERWICK PA 18603	
FEAR MD, JESSE G	FP
1105 MARKET ST BERWICK PA 18603	
FERRIGNO JR MD, CARMEN J	R
BERWICK HOSP BERWICK PA 18603	
FUNKE MD, ALVIN H	U
326 MARKET ST BLOOMSBURG PA 17815	
GEWICH MD, JOSEPH F	IM
701 E FRONT ST BERWICK PA 18603	
GORMLEY MD, JAMES B	GS
835 E 3RD ST BERWICK PA 18603	
HARASYM JR MD, EMIL L	GS
GLENN ST & PENN AVE BLOOMSBURG PA 17815	
HUNTER MD, ROBT G	PTH
701 E 16TH ST BERWICK PA 18603	
IREY JR MD, PHILIP M	IM
904 MARKET ST BLOOMSBURG PA 17815	
KLEIN MD, ROBT	FP
229 MARKET ST BLOOMSBURG PA 17815	
KNEPLEY MD, DAVID W	R
110 ROBIN LN BLOOMSBURG PA 17815	
KRISHNARAJ MD, K N P	PD
RD 2 LIGHTSTREET RD BLOOMSBURG PA 17815	
KULBASKI MD, FRANK E	R
25 MARY ST ASHLEY PA 18706	
KUPREVICH DO, WILLIAM J	FP
PENNSGLENN AVE BLOOMSBURG PA 17815	
MANUEL MD, LAUREANO M	IM
500 E 11TH ST BERWICK PA 18603	
MARTIN MD, JOHN C	PTH
BLOOMSBURG HOSP BLOOMSBURG PA 17815	
MELDRUM MD, ROBT M	FP
E 5TH & PARK ST BLOOMSBURG PA 17815	
PATRICK MD, THOS E	FP
210 E MAIN ST MIFFLINVILLE PA 18631	
PERRIGE MD, WM M	GS
3 OAK LANE BLOOMSBURG PA 17815	
PRATT MD, RUSSELL J	FP
211 MAIN ST CATAWISSA PA 17820	
REESE MD, FRED W	FP
404 MARKET ST BLOOMSBURG PA 17815	
REYAK DO, DAVID J	FP
RD 3 BLOOMSBURG PA 17815	



REYAK MD, BLAIRANNE H FP  
 PENN ST & GLENN AVE BLOOMSBURG PA 17815 R  
 RINGAWA MD, PETER E  
 145 FRIAR RD BLOOMSBURG PA 17815  
 ROSS MD, JOS V OPH  
 1215 E FRONT ST BERWICK PA 18603  
 ROWLAND MD, GEO A FP  
 BOX 117 MILLVILLE PA 17846  
 SARAC MD, F IBRAHIM IM  
 96 N SECOND ST HUGHESVILLE PA 17737  
 STEVENS MD, GRANT G PD  
 701 E FRONT ST BERWICK PA 18603  
 SZABO MD, FERDINAND F GS  
 1505 LAUREL DR BERWICK PA 18603  
 SZABO MD, RUDOLPH G FP  
 303 MULBERRY ST BERWICK PA 18603  
 TANRIBILIR MD, ABDUL K IM  
 600 E 16TH ST BERWICK PA 18603  
 TSOUSOPLIDES MD, GEORGE C OBG  
 1601 MULBERRY ST BERWICK PA 18603  
 TURNER MD, WAYNE E OTO  
 PO BOX 774 CONYNGHAM PA 18219  
 WEDDE MD, THEODORE S PTH  
 R D 2 NORTHAMPTON PA 18067  
 WINSKI MD, LEONARD A FP  
 MILLVILLE PA 17846  
 WITT MD, DANL E FP  
 5TH AND PARK STS BLOOMSBURG PA 17815  
 WRIGHT MD, WM C GS  
 PENN ST & GLENN AVE BLOOMSBURG PA 17815  
 YOST MD, CHAS S FP  
 5TH AND PARK STS BLOOMSBURG PA 17815  
 YOUNGKIN MD, JAMES F AN  
 214 W 2ND ST BERWICK PA 18603

## Crawford County

ANDERSON MD, HJALMAR S GS  
 110 N FRANKLIN ST TITUSVILLE PA 16354  
 ASLAM MD, AZAR GS  
 764 KENNEDY ST MEADVILLE PA 16335  
 BAILEY JR MD, JOHN M IM  
 968 S MAIN ST MEADVILLE PA 16335  
 BATES MD, RICHARD L FP  
 848 PARK AVE MEADVILLE PA 16335  
 BROOKS MD, GERALD M FP  
 BOX 376 SAEGERTOWN PA 16433  
 CHALLENGER MD, ROBT C PTH  
 580 CHESTNUT ST MEADVILLE PA 16335  
 CHOI MD, KWANG Y PD  
 505 POPLAR ST MEADVILLE PA 16335  
 CONNOR MD, EDWARD H FP  
 RT 9 BOX 302 MORGANTOWN WV 26505  
 CORTES JR MD, CANDIDO T GS  
 LAKESIDE SQUARE CONNEAUT LAKE PA 16316  
 DAVIS MD, JOHN C FP  
 764 KENNEDY ST MEADVILLE PA 16335  
 DEININGER MD, ARTHUR G IM  
 390 PARK AVE MEADVILLE PA 16335  
 DEKRUUF MD, HENDRIK IM  
 505 POPLAR ST MEADVILLE PA 16335  
 DUNN MD, DAVID W FP  
 RD 6 MEADVILLE PA 16335  
 EWING MD, FRED L AN  
 203 MEADOW ST MEADVILLE PA 16335  
 FARMATI MD, OSCAR AN  
 SPENCER HOSPITAL MEADVILLE PA 16335  
 FERER MD, WALTER C OPH  
 231 CHESTNUT ST MEADVILLE PA 16335  
 FINE MD, EDWARD M FP  
 714 CHESTNUT ST MEADVILLE PA 16335  
 FISHER MD, WM K OTO  
 729 MAPLE ST MEADVILLE PA 16335  
 GALE MD, TRISTAN M R  
 SPENCER HOSPITAL MEADVILLE PA 16335  
 GILARDI MD, ROBT J OBG  
 231 CHESTNUT ST MEADVILLE PA 16335  
 GOOD MD, RALPH D FP  
 285 PARK AVE MEADVILLE PA 16335  
 GOTTLIEB MD, SAML FP  
 505 POPLAR ST MEADVILLE PA 16335  
 GUANZON MD, DANILO L U  
 505 POPLAR ST MEADVILLE PA 16335  
 HALL MD, JACK R FP  
 227 MASONIC BLDG MEADVILLE PA 16335  
 HAMSHER MD, JAMES R ORS  
 176 N MAIN ST MEADVILLE PA 16335  
 HAZEN MD, S FRANK OPH  
 208 DEVORE DR MEADVILLE PA 16335  
 HENDRICKS MD, ROBT T GS  
 773 N MAIN ST MEADVILLE PA 16335  
 HIBBARD MD, ALANSON O PRM  
 838 PARK AVE MEADVILLE PA 16335  
 HOLLAND JR MD, WM T OPH  
 899 GROVE ST MEADVILLE PA 16335  
 HOMA MD, DANIEL J FP  
 9260 B LINCOLN ELLSWORTH AFB SD 57706  
 KIRKPATRICK JR MD, DAVID D IM  
 279 WALNUT ST MEADVILLE PA 16335  
 KIRKPATRICK MD, ROBT L GS  
 1058 S MAIN ST MEADVILLE PA 16335  
 LEWIS MD, PAUL M OTO  
 BOX 31 R D 1 CONNEAUT LAKE PA 16316  
 MANNING MD, HARRY J R  
 SPENCER HOSP MEADVILLE PA 16335  
 MARSHALL MD, LUTHER M GS  
 764 KENNEDY ST MEADVILLE PA 16335  
 MARTIN MD, JAMES W FP  
 WATER ST CONNEAUT LAKE PA 16316  
 MCLAMB MD, JAMES R ORS  
 766 LIBERTY ST MEADVILLE PA 16335

MESA MD, GONZALA M P  
 751 LIBERTY ST MEADVILLE PA 16335  
 MOUTSOS MD, SPERO E IM  
 370 CHESTNUT ST MEADVILLE PA 16335  
 MOYERS MD, ROBERT N FP  
 764 KENNEDY ST MEADVILLE PA 16335  
 NESBITT MD, JOHN B IM  
 279 WALNUT ST MEADVILLE PA 16335  
 ORDINARIO JR MD, VICENTE R R  
 LAKESIDE 99S CONNEAUT LAKE PA 16316  
 OWENS DO, EDWARD J FP  
 118 RAILROAD ST CAMBRIDGE SPGS PA 16403  
 PAGNIELLO MD, LUCIA FP  
 788 PARK AVE MEADVILLE PA 16335  
 PARK MD, JHONG D OBG  
 505 POPLAR ST MEADVILLE PA 16335  
 PIROCH MD, JOSEPH G IM  
 RD 4 BROOKS RD MEADVILLE PA 16335  
 PONGSOMBOON MD, CHAVALIT U  
 461 PINE ST MEADVILLE PA 16335  
 POUX MD, PAUL T FP  
 GUYS MILLS PA 16327  
 SAAVEDRA MD, DIOGENES A GS  
 664 HIGHLAND AVE MEADVILLE PA 16335  
 SANTORA MD, ROBT A OPH  
 505 POPLAR ST MEADVILLE PA 16335  
 SARAIN MD, ANTONIO N FP  
 FRANKLIN ST LINESVILLE PA 16424  
 SMART MD, LAWSON C ORS  
 766 LIBERTY ST MEADVILLE PA 16335  
 STOLAR MD, JOHN P  
 532 COLE DR MEADVILLE PA 16335  
 TAYLOR JR MD, JOHN O GS  
 843 PARK AVENUE MEADVILLE PA 16335  
 THOMAS MD, CHRISTOPHER M IM  
 244 JEFFERSON ST MEADVILLE PA 16335  
 THOMAS MD, WILBUR C PTH  
 LESLIE RD R D 1 MEADVILLE PA 16335  
 TURKER MD, SAIP E OBG  
 505 POPLAR ST MEADVILLE PA 16335  
 WULFMAN MD, WM A R  
 RD 6 MEADVILLE PA 16335  
 ZINNANOSCA DO, JOHN B FP  
 505 POPLAR ST MEADVILLE PA 16335

## Cumberland County

ALLWEIN MD, JOS W FP  
 51 PARSONAGE ST NEWVILLE PA 17241  
 ARMSTRONG MD, THOS S ORS  
 64 S WEST ST CARLISLE PA 17013  
 BEACHY MD, IVAN E OBG  
 816 BEVEDERE ST CARLISLE PA 17013  
 BLACKSMITH JR MD, GARY L FP  
 BOX 250 RD 7 CARLISLE PA 17013  
 BRANSCUM MD, GEORGE F FP  
 850 WALNUT BOTTOM RD CARLISLE PA 17013  
 BRAZEL MD, JOS F IM  
 313 S HANOVER ST CARLISLE PA 17013  
 BRYAN JR MD, FRANK S ORS  
 850 WALNUT BOTTOM RD CARLISLE PA 17013  
 BRYANT MD, DAVID W GS  
 850 WALNUT BOTTOM RD CARLISLE PA 17013  
 CASTRINA JR MD, FRANK P IM  
 313 S HANOVER ST CARLISLE PA 17013  
 COX MD, PAUL A OPH  
 313 S HANOVER ST CARLISLE PA 17013  
 DAVIS MD, H ROBERT FP  
 112 4TH ST BOILING SPGS PA 17007  
 DEMUTH JR MD, WM E TS  
 M S HERSHEY MED CTR HERSHEY PA 17033  
 DOORLY MD, THOMAS J PD  
 804 BELVEDERE ST CARLISLE PA 17013  
 EHL MD, GEO W FP  
 R D 1 EAST BERLIN PA 17316  
 EVANS MD, DAVID B OBG  
 850 WALNUT BOTTOM RD CARLISLE PA 17013  
 FISHER MD, EDWARD J OBG  
 36 S PITT ST CARLISLE PA 17013  
 GASULL JR MD, H ROBERT FP  
 850 WALNUT BOTTOM RD CARLISLE PA 17013  
 GRAHAM III MD, WM P PS  
 804 BELVEDERE ST CARLISLE PA 17013  
 GREEN 3RD MD, JOS E IM  
 850 WALNUT BOTTOM RD CARLISLE PA 17013  
 GREEN MD, JOS E FP  
 52 S PITT ST CARLISLE PA 17013  
 GREEN MD, THOS J ORS  
 615 W SOUTH ST CARLISLE PA 17013  
 GUISTWHITE MD, KENNETH R US  
 8 CUMBERLAND DR CARLISLE PA 17013  
 HANLON MD, JOHN J FP  
 400 W MAIN ST MECHANICSBURG PA 17055  
 HARRIS JR MD, JOHN H R  
 BOX 310 CARLISLE PA 17013  
 HARTZEL MD, DAVID L OPH  
 156 POMFRET ST CARLISLE PA 17013  
 HAYS MD, E BLAINE OBG  
 900 GLENDALE CT CARLISLE PA 17013  
 HERSPERGER MD, WEBB S OTO  
 800 BELVEDERE ST CARLISLE PA 17013  
 HOERNER MD, OSCAR G FP  
 400 W MAIN ST MECHANICSBURG PA 17055  
 HOLLER MD, ROBT A FP  
 850 WALNUT BOTTOM RD CARLISLE PA 17013  
 HOUGH MD, RODNEY K FP  
 323 YORK RD CARLISLE PA 17013  
 JOHNSTON 3RD MD, JAMES R GS  
 850 WALNUT BOTTOM RD CARLISLE PA 17013  
 JURGENSEN MD, JOHN C IM  
 850 WALNUT BOTTOM RD CARLISLE PA 17013

KEITHAN MD, JOHN F GS  
 DUNHAM ARMY CLINIC CARLISLE PA 17013  
 KEMPF MD, KONRAD M OBG  
 218 YORK RD CARLISLE PA 17013  
 KRETZING MD, HAROLD G FP  
 850 WALNUT BOTTOM RD CARLISLE PA 17013  
 LENTON MD, HERBERT P IM  
 10 W POMFRET ST CARLISLE PA 17013  
 LINE MD, DENNIS E IM  
 BOX 535 RD #2 PALMYRA PA 17078  
 LOEFFLER JR MD, JOHN G PD  
 804 BELVEDERE ST CARLISLE PA 17013  
 LOH MD, CHARLES K R  
 PO BOX 310 CARLISLE PA 17013  
 MASLAND MD, DAVID S IM  
 313 S HANOVER ST CARLISLE PA 17013  
 MCCONAGHIE MD, ROBT J PTH  
 CARLISLE HOSP CARLISLE PA 17013  
 PERLMAN MD, HERBERT C R  
 1104 FLEETWOOD DR CARLISLE PA 17013  
 RAND MD, EMMETT J IM  
 110 S PITT ST CARLISLE PA 17013  
 RANKIN MD, LARRY S IM  
 1115 FLEETWOOD DR CARLISLE PA 17013  
 ROE MD, HANS S AN  
 PO BOX 310 CARLISLE PA 17013  
 ROEDER MD, DONALD K TS  
 850 WALNUT BOTTOM RD CARLISLE PA 17013  
 ROTZ JR MD, CLIFFORD T R  
 245 GLENDALE CARLISLE PA 17013  
 ROYAL MD, DAVID R R  
 PO BOX 310 CARLISLE PA 17013  
 SHELLEY MD, WM L GS  
 804 BELVEDERE ST CARLISLE PA 17013  
 SHORT MD, WM J FP  
 RD 1 NEWVILLE PA 17241  
 SMITH MD, JAMES M PTH  
 CARLISLE HOSP CARLISLE PA 17013  
 STACKS JR MD, JACOB C P  
 890 POPLAR CHURCH RD CAMP HILL PA 17011  
 THOMPSON MD, DAVID I PD  
 804 BELVEDERE CARLISLE PA 17013  
 THOMPSON MD, ROBT L OPH  
 RD 5 BOX 476A CARLISLE PA 17013  
 TOWNSEND MD, JAY A US  
 100 S HIGH ST NEWVILLE PA 17241  
 URBAN MD, DONALD G FP  
 100 S HIGH ST NEWVILLE PA 17241  
 WEST MD, WM J OBG  
 850 WALNUT BOTTOM RD CARLISLE PA 17013  
 WHITCOMB MD, LUTHER M FP  
 PO BOX 310 CARLISLE PA 17013  
 WILSON MD, G MCCLELLAND P  
 ROUTE 7 MECHANICSBURG PA 17055  
 WISS MD, RAYMOND J OTO  
 800 BELVEDERE ST CARLISLE PA 17013  
 YEAGER MD, JAMES P FP  
 400 W MAIN ST MECHANICSBURG PA 17055  
 ZIERDT MD, DAVID K U  
 850 WALNUT BOTTOM RD CARLISLE PA 17013

## Dauphin County

ABER MD, ROBERT C IM  
 HERSHEY MED CTR HERSHEY PA 17033  
 ABT MD, ARTHUR B PTH  
 MILTON S HERSHEY MED CT HERSHEY PA 17033  
 ACKERMAN MD, LARRY L P  
 HERSHEY MED CTR PSYCH HERSHEY PA 17033  
 ADAMS MD, D LESLIE OBG  
 1300 MARKET ST LEMOYNE PA 17043  
 ALBRIGHT 3RD MD, WM J FP  
 225 BROAD ST HIGHSPIRE PA 17034  
 ALDOUS MD, THOMAS W FP  
 1135 E CHOCOLATE AVE 2F HERSHEY PA 17033  
 ALLEN MD, RICHARD PD  
 4601 DEVONSHIRE RD HARRISBURG PA 17109  
 ALLYN MD, RUSSELL E U  
 803 N 2D ST HARRISBURG PA 17102  
 ALTAKER MD, LAWRENCE L P  
 812 CONODOGUINET DR CAMP HILL PA 17011  
 ALTHOUSE JR MD, LEMUEL B IM  
 425 N 21ST ST PLAZA 21 CAMP HILL PA 17011  
 ALVEAR MD, DOMINGO T GS  
 504 SPRINGHOUSE RD CAMP HILL PA 17011  
 ALVEAR MD, VENERANDA B AN  
 504 SPRINGHOUSE RD CAMP HILL PA 17011  
 AMUSO MD, SAML J ORS  
 2800 GREEN ST HARRISBURG PA 17110  
 ANDERSON MD, WM H IM  
 HARRISBURG HOSP HARRISBURG PA 17101  
 ANDREWS MD, A THOMAS IM  
 HARRISBURG HOSP HARRISBURG PA 17101  
 ANDREWS MD, PERCY J FP  
 3600 LOGAN ST A-2 CAMP HILL PA 17011  
 ANKER MD, PETER M OPH  
 2806 GREEN ST HARRISBURG PA 17110  
 ARNOLD MD, GORDON C GS  
 890 POPLAR CH RD 501 CAMP HILL PA 17011  
 AZIZKHAN MD, REZA G GS  
 EPPLEY RD R D 2 MECHANICSBURG PA 17055  
 BABB MD, JOS D IM  
 HERSHEY MED CTR HERSHEY PA 17033  
 BACKENSTOSE MD, DANL L FP  
 218 W GOVERNOR AVE HERSHEY PA 17033  
 BADDER MD, ELLIOTT M GS  
 HERSHEY MED CTR HERSHEY PA 17033  
 BADMAN MD, FRED S FP  
 2746 N 2ND ST HARRISBURG PA 17110  
 BAIR MD, EDWARD H FP  
 2418 N 2D ST HARRISBURG PA 17110



BALKANY MD, ANDREW F	PRM	BURNS MD, WM T	OBG	EDMUNDOWICZ MD, ALPHONSE C	IM
433 PARKVIEW CRT CAMP HILL PA 17011		1080-5 UNION DEPOSIT CT HARRISBURG PA 17111		2645 N 3RD ST 230 HARRISBURG PA 17111	
BALSAUGH MD, GEO T	R	BURNSIDE MD, JOHN W	IM	EDWARDS MD, GEO E	FP
2310 WILLIAM VIEW DR HARRISBURG PA 17110		MS HERSHEY MED CTR HERSHEY PA 17033		1900 BRIDGE ST NEW CUMBERLAND PA 17070	
BALTZ MD, RICHARD D	PD	BUSH MD, WM B	IM	ELLENBERGER JR MD, CARL	N
3026 MARKET ST CAMP HILL PA 17011		5100 LANCASTER ST HARRISBURG PA 17111		MILTON S HERSHEY MED CT HERSHEY PA 17033	
BANK MD, R STANLEY	IM	BUXTON JR MD, DONALD R	R	ENGLE MD, JOHN E	IM
2810 GREEN ST HARRISBURG PA 17110		1501 N FRONT ST HARRISBURG PA 17102		M S HERSHEY MED CTR HERSHEY PA 17033	
BANOGUN MD, MARIETTA A	OBG	BUXTON MD, DONALD R	FP	ENTWISTLE MD, NELSON L	GS
4339 UNION DEPOSIT RD HARRISBURG PA 17111		408 RUPLEY RD CAMP HILL PA 17011		642 ST JOHNS DR CAMP HILL PA 17011	
BANZHOF MD, GORDON K	OBG	CAHILL MD, JAMES D	OBG	ERVIN II MD, JAMES F	OBG
113 LOCUST ST HARRISBURG PA 17101		4339 UNION DEPOSIT RD HARRISBURG PA 17111		423 BLACKLATCH LN CAMP HILL PA 17011	
BARDIN MD, C WAYNE	IM	CAMPBELL MD, WM J	D	ERVIN MD, CARL E	IM
MS HERSHEY MED CTR HERSHEY PA 17033		2337 N 3RD ST HARRISBURG PA 17110		1525 CEDAR CLIFF DR CAMP HILL PA 17011	
BAREDS MD, FRANS J	IM	CARLIN MD, BRUCE W	U	EVERHART MD, WILSON C	OBG
1900 CHESTNUT ST CAMP HILL PA 17011		WRIGHT-PAT A F B HOSP DAYTON OH 45433		1080-5 UNION DEPOSIT CT HARRISBURG PA 17111	
BARNOSKI MD, JOHN F	FP	CARR MD, WM F	OBG	EYSTER MD, M ELAINE	IM
105 E ROOSEVELT AVE MIDDLETOWN PA 17057		4233 ELMERTON AVE HARRISBURG PA 17109		51 WOODLAND AVE HERSHEY PA 17033	
BARTLETT MD, GLEN S	PD	CARY MD, GENE L	P	FABER MD, FREDERICK S	FP
HERSHEY MED CTR HERSHEY PA 17033		55 VALLEY RD RD 1 HUMMELSTOWN PA 17036		3301 SCHOOL HOUSE LA HARRISBURG PA 17109	
BAUM MD, SHELTON	R	CASAL MD, ROLANDU A	GS	FACKLER MD, EMERSON F	OBG
HERSHEY MC DIV N M HERSHEY PA 17033		209 GLENSIDE AVE CAMP HILL PA 17011		2645 N 3RD ST STE 260 HARRISBURG PA 17110	
BEALE MD, BENJ R	FP	CASSEL MD, R DOUGLAS	GS	FAGER MD, CHAS B	OPH
225 HUMMEL AVE LEMOYNE PA 17043		PARKSIDE & ROYAL AVE HUMMELSTOWN PA 17036		108 CREEK RD CAMP HILL PA 17011	
BEANE MD, HOWARD C	U	CHANG MD, MYUNGHWAN	AN	FAGER MD, JOS S	P
789 POPLAR CH RD CAMP HILL PA 17011		317 WARWICK DR WYOMISSING PA 19610		1801 N FRONT ST HARRISBURG PA 17102	
BEITTEL JR MD, CHAS R	OBG	CHANGARIS MD, DAVID G	FP	FARIES JR MD, GEORGE B	GS
2814 GREEN ST HARRISBURG PA 17110		M S HERSHEY MED CTR HERSHEY PA 17033		25 FOREST DR MECHANICSBURG PA 17055	
BENNETT MD, JOHN J	FP	CHAPMAN MD, ALBERT L	PRM	FENCEL MD, RICHARD M	R
4300 DEVONSHIRE RD HARRISBURG PA 17109		20 W LAWN CIRCLE WORMLEYSBURG PA 17043		POLY HOSP TRISTAN ASSOC HARRISBURG PA 17105	
BENTZ MD, MICHAEL S	PTH	CHRISTMAN MD, ROBT S	FP	FETTERMAN MD, LOUIS G	FP
M S HERSHEY MED CTR HERSHEY PA 17033		2149 N 2ND ST HARRISBURG PA 17110		724 W PAJABON DR PALMYRA PA 17078	
BENTZ MD, RALPH A	NS	CLADEL MD, CHAS E	P	FIDELER MD, RICHARD	NS
890 POPLAR CHURCH RD CAMP HILL PA 17011		434 E MAIN ST HUMMELSTOWN PA 17036		3500 TRINDLE ROAD CAMP HILL PA 17011	
BERGER MD, MARK	IM	CLEMENT MD, JOHN A	R	FIELD MD, JOHN M	IM
4341 UNION DEPOSIT RD HARRISBURG PA 17109		HERSHEY MED CTR HERSHEY PA 17033		HERSHEY MED CTR BX 1435 HERSHEY PA 17033	
BERKHEIMER MD, GEO A	ORS	COHN MD, BURTON H	OTO	FIERER MD, ROBT R	IM
325 N FRONT ST HARRISBURG PA 17101		890 POPLR CRCH RD 108 CAMP HILL PA 17011		R D 4 BOX 988 HARRISBURG PA 17112	
BERKHEIMER MD, PARK	US	COLDREN MD, ROBT L	PD	FINK JR MD, HOWARD E	R
1015 AZALEA RD DELRAY BEACH FLA 33444		2645 N 3RD ST HARRISBURG PA 17110		1501 N FRONT ST HARRISBURG PA 17102	
BERKHEIMER MD, SAML W	PTH	COLE MD, SHERWOOD A	U	FISHER MD, ROBT A	P
POLYCLINIC HOSP HARRISBURG PA 17105		789 POPLAR CHURCH RD CAMP HILL PA 17011		700 S 28TH ST HARRISBURG PA 17103	
BERLIN JR MD, CHESTON M	PD	COLEMAN JR MD, ERNEST H	OPH	FITZGERALD MD, RICHARD P	IM
M S HERSHEY MED CTR HERSHEY PA 17033		4000 MARKET ST CAMP HILL PA 17011		204 FORSTER ST HARRISBURG PA 17102	
BERMAN JR MD, WILLIAM	PD	COLEMAN MD, LINDA L	R	FLETCHER MD, THOS F	PD
HERSHEY MED CTR HERSHEY PA 17033		HERSHEY MED CTR HERSHEY PA 17033		HARRISBURG HOSP HARRISBURG PA 17101	
BESSELMAN MD, DAVID M	PD	CONNER MD, KENNETH B	IM	FLURKEY MD, EMERSON C	OBG
4601 DEVONSHIRE RD HARRISBURG PA 17109		404 DEERFIELD RD CAMP HILL PA 17011		890 POPLAR CHURCH RD #20 CAMP HILL PA 17011	
BHARGAVE MD, USHA A	PD	CONRAD MD, DONALD C	FP	FORSYTHE MD, PATRICK D	AN
116 BUNKER HILL RD NEW CUMBERLAND PA 17070		116 SPRUCE ST MIDDLETOWN PA 17057		HOLY SPIRIT HOSP CAMP HILL PA 17011	
BHARUCHA MD, SHERNAVAZ D	AN	CORONADO MD, RIZALINO H	P	FORTI MD, WILLIAM P	PD
6353 STEPHENS CROSSING MECHANICSBURG PA 17055		4524 CUSTER DR HARRISBURG PA 17110		310 ERFFORD RD CAMP HILL PA 17011	
BIERI MD, JOHN W	AN	CORSUM MD, GEOFFREY A	GS	FOUST MD, TILMAN H	R
809 CONODGUINET DR CAMP HILL PA 17011		2634 N 3RD ST HARRISBURG PA 17110		1501 N FRONT ST HARRISBURG PA 17102	
BITNER MD, WALTER P	R	COWLEY MD, ALLEN W	IM	FOX MD, JAMES M	FP
1501 N FRONT ST HARRISBURG PA 17102		21 PLAZA PL 425 N 21ST CAMP HILL PA 17011		612 PENN AVE RD CAMP HILL PA 17011	
BITTENBENDER MD, JOS	N	COYER MD, HOWARD A	GS	FRANK MD, HERBERT L	AN
300TH FRONT ST HBG HOSP HARRISBURG PA 17101		562 S 3RD ST LEMOYNE PA 17043		BOX 682 RD 4 LINGESTOWN PA 17112	
BIXLER JR MD, LESTER G	GS	CRAWFORD MD, DONALD G	FP	FREEDMAN MD, DONALD B	IM
890 POPLAR CHURCH RD CAMP HILL PA 17011		4918 LOCUST LN HARRISBURG PA 17109		2818 GREEN ST HARRISBURG PA 17110	
BIXLER SR MD, LESTER G	FP	CRISPEN MD, JAMES F	IM	FRESHMAN MD, JOHN R	IM
500 N UNION ST MIDDLETOWN PA 17057		4300 VALLEYVIEW RD HARRISBURG PA 17112		2645 N 3RD ST 230 HARRISBURG PA 17110	
BLAZINA MD, WM M	FP	CRIST MD, GUY C	CRS	FRICKE MD, DAVID W	GS
25 N ENOLA DR ENOLA PA 17025		1620 N 2D ST HARRISBURG PA 17102		3514 TRINDLE RD CAMP HILL PA 17011	
BLOOM MD, JAMES	IM	CROTEAU MD, J RUSSELL	R	FRIEDLANDER MD, MILTON A	R
BOX 826 HARRISBURG PA 17105		1501 N FRONT ST HARRISBURG PA 17102		441 N 25TH ST CAMP HILL PA 17011	
BOLTON MD, J COLLIER	GS	CRUMAY MD, HUGH M	D	FRIEDMAN MD, SUMNER H	R
1531 N 2ND ST HARRISBURG PA 17102		104 ERFFORD RD CAMP HILL PA 17011		123 STATE ST HARRISBURG PA 17101	
BONAFEDE MD, PETER L	FP	CURRY MD, SAML O	FP	FRIEDMAN MD, ZVI	PD
3525 WALNUT ST HARRISBURG PA 17109		2324 MARKET ST CAMP HILL PA 17011		HERSHEY MED CTR-PEDS HERSHEY PA 17033	
BOWER MD, HARRY B	FP	CURRY MD, STEPHEN L	OBG	FRITCHER JR MD, JOHN A	D
2561 N 6TH ST HARRISBURG PA 17110		HMC DPT OF OBGYN HERSHEY PA 17033		713 N 2ND ST HARRISBURG PA 17102	
BOWER MD, JAMES H	IM	DAILEY MD, EDWARD G	OPH	FRITCHER MD, THOS J	OBG
RD 3 BOX 535 MALIFAX PA 17032		872 POPLAR CHURCH RD CAMP HILL PA 17011		1011 N 2D ST HARRISBURG PA 17102	
BOWMAN JR MD, THOS E	GS	DALY JR MD, JAMES F	PD	FROEHLICH MD, ARTHUR D	GS
3028 MARKET ST CAMP HILL PA 17011		511 ALISON AVE MECHANICSBURG PA 17055		92 TASCARORA ST HARRISBURG PA 17104	
BOWMAN MD, HERBERT S	IM	DAVE JR MD, EDWIN O	GS	FROMME MD, KENNETH L	PD
96 CAROL PL NEW CUMBERLAND PA 17070		12 CHELTON CIRCLE CAMP HILL PA 17011		3028 MARKET ST CAMP HILL PA 17011	
BOYD MD, WM J	IM	DAVIS MD, WM S	GS	FRY MD, CHLOE O	OBG
131 STATE ST HARRISBURG PA 17101		2701 N FRONT ST HARRISBURG PA 17110		442 BETHANY DR MECHANICSBURG PA 17055	
BRADLEY MD, DON W	FP	DEJOSEPH MD, ROBT L	IM	GAITHER MD, HERBERT	IM
2508 N 4TH ST HARRISBURG PA 17110		HERSHEY MED CTR HERSHEY PA 17033		1517 CEDAR CLIFF DR CAMP HILL PA 17011	
BRADLEY MD, MARTHA K	PD	DELONE JR MD, CHAS A	OBG	GALLIA MD, FRANCIS J	R
2508 N 4TH ST HARRISBURG PA 17110		113 LOCUST ST HARRISBURG PA 17101		1501 N FRONT ST HARRISBURG PA 17102	
BRANDT MD, C RICHARD	IM	DELROSARIO MD, VIVENCIO G	P	GARBER JR MD, MILES D	P
601 W MAIN ST MECHANICSBURG PA 17055		HARRISBURG STATE HOSP HARRISBURG PA 17105		451 APPLETREE RD CAMP HILL PA 17011	
BRAY MD, JOHN S	IM	DENLINGER MD, JOHN K	AN	GARBER MD, J HOFFMAN	P
POLYCLINIC HOSP HARRISBURG PA 17105		HERSHEY MED CTR HERSHEY PA 17033		565 RIDGEVIEW AVE ELIZABETHTOWN PA 17022	
BRENNAN MD, ROBERT M	N	DIETRICH MD, WM S	FP	GARCIA MD, JOSE A	IM
500 UNIVERSITY DR HERSHEY PA 17033		1612 BRIDGE ST NEW CUMBERLAND PA 17070		R R 2 DILLSBURG PA 17019	
BRENNER MD, LOUIS O	IM	DORKO MD, CARL J	OBG	GEADAH MD, FOUD A	OTO
4531 SEQUOIA APT 8245 HARRISBURG PA 17109		3513 SCHOOLHOUSE LN HARRISBURG PA 17109		725 VISTA DRIVE CAMP HILL PA 17011	
BRICKNELL MD, PAUL F	AN	DOSSETT MD, JOHN H	PD	GEDULDIG MD, MICHAEL M	IM
48 BOXWOOD DRIVE HERSHEY PA 17033		DEPT PED HSH MED CTR HERSHEY PA 17033		4969 BERKLEY ST HARRISBURG PA 17109	
BRUCK MD, RICHARD R	N	DOUGLASS JR MD, WM T	GS	GENS MD, ROBT D	PRM
POLYCLINIC HOSP HARRISBURG PA 17105		1926 MARKET ST HARRISBURG PA 17103		6015 DEVONSHIRE RD HARRISBURG PA 17112	
BRONITSKY MD, CARL N	OBG	DOYLE MD, THEODORE O	IM	GERDES JR MD, JOSEPH H	D
454 W CHOCOLATE AVE HERSHEY PA 17033		216 S MADISON ST HARRISBURG PA 17109		402 N 2ND ST HARRISBURG PA 17101	
BROOKS MD, HARRY R	FP	DRAGO MD, JOSEPH	U	GERDES MD, JOS H	D
541 BRIDGE ST NEW CUMBERLAND PA 17070		500 UNIVERSITY DR HERSHEY PA 17033		402 N 2ND ST HARRISBURG PA 17101	
BROWN MD, RICHARD A	FP	DUGGAN JR MD, FRANCIS J	U	GILDEA MD, JAMES E	AN
1606 N 6TH ST HARRISBURG PA 17102		4341 UNION DEPOSIT RD HARRISBURG PA 17111		1080 W AREBA AVE HERSHEY PA 17033	
BRUBAKER MD, WARREN W	FP	DURBECK MD, DONALD C	IM	GILLEY MD, AURORA G	PD
HERSHEY FOODS CORP HERSHEY PA 17033		21 PLAZA PL 425 N 21ST CAMP HILL PA 17011		1105 WEST MINSTER RD HARRISBURG PA 17109	
BRYAN MD, THOS M	FP	DUTLINGER MD, ROBT P	GS	GILMORE JR MD, HUGH R	PTH
1405 QUAIL HOLLOW RD HARRISBURG PA 17112		256 N UNION ST MIDDLETOWN PA 17057		P O BOX 275 HUMMELSTOWN PA 17036	
BUCHANAN MD, JAMES R	GS	DYE MD, ROBT E	IM	GILROY MD, ROBERT C	IM
UNIV MANOR APT 13 HERSHEY PA 17033		410 W GOVERNOR RD HERSHEY PA 17033		2645 N 3RD ST STE 360 HARRISBURG PA 17110	
BUCHER MD, ALBERT H	ORS	EATON MD, EDWARD H	OBG	GILTIAN MD, BERTAND B	R
2201 MARKET ST HARRISBURG PA 17103		1430 BRIDGE ST NEW CUMBERLAND PA 17070		1501 N FRONT ST HARRISBURG PA 17102	
BUCKINGHAM MD, ROBT C	FP	EATON MD, HAMBLIN C	P	GIVENS MD, FREDERICK T	U
4918 LOCUST LANE HARRISBURG PA 17109		2902 PARKSIDE LANE HARRISBURG PA 17110		2447 N 3RD ST HARRISBURG PA 17110	
BUCS MD, ROGER G	AN	ECKER JR MD, HERBERT A	GS	GLAUSER MD, FELIX E	GS
396 YORKTOWN RD HERSHEY PA 17033		3208 N SCENIC DR HARRISBURG PA 17109		BETHLEHEM STEEL HOSP STEELTON PA 17113	
BURGIN MD, WALTER H	FP	EDMISTON MD, ROBT B	FP		
15 CEDAR CLIFF DR CAMP HILL PA 17011		PA BLUE SHIELD CAMP HILL PA 17011			



GLEESON MD, GEO L	OBG	JEFFERIES 3D MD, GEO E	OBG	LEHMAN MD, RUBY Z	FP
2645 N 3RD ST STE 460 HARRISBURG PA 17110		890 POPLAR CHURCH RD CAMP HILL PA 17011		63 E MAIN ST MIDDLETOWN PA 17057	
GUEDECKE MD, JOHN B	OBG	JEFFRIES MD, GRAHAM H	IM	LEIGHT MD, PAUL F	PTH
104 ERFORD RD CAMP HILL PA 17011		M S HERSHEY MED CTR HERSHEY PA 17033		220 ANCHOR RD ELIZABETHTOWN PA 17022	
GOLDMAN MD, STANLEY R	IM	JOEHL MD, RAYMOND J	GS	LEIS MD, DEAN J	FP
4341 UNION DEPOSIT RD HARRISBURG PA 17111		314 LINCOLN ST HUMMELSTOWN PA 17036		14 HEMLOCK ST HUMMELSTOWN PA 17036	
GOODMAN MD, BRUCE	ORS	JOHNS DO, ROSWELL J	FP	LEITNER MD, KERMIT L	FP
1515 N FRONT ST HARRISBURG PA 17102		RD 2 MILLERSTOWN PA 17062		2146 N 2D ST HARRISBURG PA 17110	
GORDON MD, STANLEY L	ORS	JONAS MD, ARTHUR P	FP	LEVIN MD, DANL M	IM
M S HERSHEY MED CTR HERSHEY PA 17033		APT 242 UNIV MANOR HERSHEY PA 17033		21 PLAZA PL 425 N 21ST CAMP HILL PA 17011	
GORDON MD, WM S	FP	JONES JR MD, SAMUEL L	FP	LEWIS MD, MAURICE J	IM
6091 LINGLESTOWN RD LINGLESTOWN PA 17112		165 S 32ND ST CAMP HILL PA 17011		2 CAMPBELL PL CAMP HILL PA 17011	
GRANDON MD, RAYMOND C	IM	JONES MD, DENNIS E	OBG	LIEDTKE MD, ARTHUR J	IM
131 STATE ST HARRISBURG PA 17101		154 W BRADLEY AVE HUMMELSTOWN PA 17036		CARDO DIV HERSHEY MED C HERSHEY PA 17033	
GREEN MD, M EDWIN	IM	JONES MD, EURFRYN	GS	LIFTON MD, LESTER J	IM
1719 N FRONT ST HARRISBURG PA 17102		399 N 25TH ST CAMP HILL PA 17011		MED ARTS BLDG STE 305 CAMP HILL PA 17011	
GREENAWALD MD, HENRY A	FP	JONES MD, GEO A	FP	LIM MD, HENG-FENG	IM
4918 LOCUST LANE HARRISBURG PA 17109		326 N FRONT ST STEELTON PA 17092		92 TUSCARORA ST HARRISBURG PA 17104	
GREER III MD, RUBT B	ORS	JONES MD, JAMES E	PD	LIPTON MD, ALLAN	IM
M S HERSHEY MED CTR HERSHEY PA 17033		2645 N 3RD ST STE 150 HARRISBURG PA 17110		MS HERSHEY MED CTR HERSHEY PA 17033	
GRIBBS MD, JOS C	FP	JORDAN JR MD, HERBERT V	OBG	LITTLE MD, G ROBERT	FP
1000 N 2ND ST HARRISBURG PA 17102		4339 UNION DEPOSIT RD HARRISBURG PA 17111		912 DREXEL HILL BLVD NEW CUMBERLAND PA 17070	
GRIFF MD, LEONARD C	R	JUVELIER MD, BERNARD W	PTH	LITTLE MD, ROBT G	FP
1545 APPLETHREE RD HARRISBURG PA 17110		HARRISBURG HOSP HARRISBURG PA 17101		PO BOX 5098 HARRISBURG PA 17110	
GRIFF MD, ROBERTA E	PD	KAISER MD, GERARD O	FP	LITTON MD, JASON J	ORS
1545 APPLETHREE RD HARRISBURG PA 17110		M S HERSHEY MED CTR HERSHEY PA 17033		880 POPLAR CHURCH RD CAMP HILL PA 17011	
GROSSMAN MD, CHARLES B	R	KALENAK MD, ALEXANDER	ORS	LITTON MD, LINDA T	AN
M S HERSHEY MED CTR HERSHEY PA 17033		315 BRADLEY AVE HUMMELSTOWN PA 17036		R D 3 MECHANICSBURG PA 17055	
GROSSMAN MD, LARRY B	AN	KALES MD, ANTHONY	P	LONGERAN MD, ROBERT P	ORS
HERSHEY MED CTR BX 1455 HERSHEY PA 17033		M S HERSHEY MED CTR HERSHEY PA 17033		880 POPLAR CHURCH RD CAMP HILL PA 17011	
GROSSMAN MD, RONALD M	OTU	KALES MD, JOYCE	P	LOOKINGBILL MD, DONALD P	D
890 POPLAR CH RD 108 CAMP HILL PA 17011		M S HERSHEY MED CTR HERSHEY PA 17033		61 N BRADLEY AVE HUMMELSTOWN PA 17036	
GUSTAVSON MD, ROGER B	IM	KAMMERER MD, WM S	IM	LOOMIS MD, CHAS H	FP
2818 GREEN ST HARRISBURG PA 17110		MILTON S HERSHEY MED CT HERSHEY PA 17033		4918 LOCUST LANE HARRISBURG PA 17109	
HAKKARINEN MD, WM D	FP	KANDRA MD, JOS J	IM	LOVE MD, WILLARD H	ORS
421 SHAFFER RD MILLERSBURG PA 17061		4909 EARL DR HARRISBURG PA 17112		2800 GREEN ST HARRISBURG PA 17110	
HALBERT MD, DAVID R	OBG	KANENSON MD, WM L	IM	LOWRY MD, DONALD J	IM
M S HERSHEY MED CTR HERSHEY PA 17033		2818 GREEN ST HARRISBURG PA 17110		21 PLAZA PL 425 N 21ST CAMP HILL PA 17011	
HALL MD, VIRGINIA E	IM	KANTNER MD, THEODORE R	FP	LUNG MD, RICHARD J	PS
4910 SHASTA WAY MECHANICSBURG PA 17055		4783 SWEETBRIER TR HARRISBURG PA 17111		N E BLDG ROOM 707 HAZLETON PA 18201	
HALLOCK MD, MARGARET E	FP	KAPCAR MD, ANDREW J	PTH	MAAS MD, ANTHONY E	PTH
RD 3 BOX 280A DUVEN PA 17315		HARRISBURG HOSP HARRISBURG PA 17101		HOLY SPIRIT HOSPITAL CAMP HILL PA 17011	
HAMILTON MD, RUBT W	IM	KAPLAN MD, STEPHEN M	IM	MACUT MD, S SAUA	FP
MS HERSHEY MED CTR HERSHEY PA 17033		2645 N 3RD ST STE 470 HARRISBURG PA 17110		591 N 67TH ST HARRISBURG PA 17111	
HAMMAN MD, J SHUE	GS	KASALES MD, CLARENCE J	U	MAGARGLE MD, RODNEY L	IM
1108 N 2ND ST HARRISBURG PA 17102		803 N SECOND ST HARRISBURG PA 17102		4920 WOODBOX LN MECHANICSBURG PA 17055	
HAMMOND MD, JAMES M	IM	KASE MD, PAUL F	FP	MAGILL MD, RICHARD W	FP
MILTON S HERSHEY MED CT HERSHEY PA 17033		1009 ROLLESTON ST HARRISBURG PA 17104		2659 WALNUT ST HARRISBURG PA 17103	
HARDING MD, ROBT L	PS	KEENEY MD, GALEN E	FP	MAGUIRE MD, PHILLIP H	FP
2201 N 2ND ST HARRISBURG PA 17110		4300 DEVONSHIRE RD HARRISBURG PA 17109		7 HILLSIDE DR DAUPHIN PA 17018	
HARRISON MD, C SCOTT	ORS	KENIG MD, ISADOR J	FP	MAHATAPHONGSE MD, VIKROM P	OTO
3975 TRINOLE RD CAMP HILL PA 17011		1021 S PROGRESS AVE RYL HARRISBURG PA 17111		HMC DIV OF OTU HERSHEY PA 17033	
HARVEY MD, HARVEY A	IM	KIRKER MD, WALTER R	OBG	MAHON MD, MARILYN S	FP
HERSHEY MED CTR HERSHEY PA 17033		4319 LONDONDERRY RD HARRISBURG PA 17109		2659 WALNUT ST HARRISBURG PA 17103	
HASELHUNN MD, DONALD H	AN	KITZMILLER MD, JOHN K	FP	MAHON MD, WILMER B	GS
492 N 25TH ST CAMP HILL PA 17011		4117 DERRY ST HARRISBURG PA 17111		2447 N THIRD ST HARRISBURG PA 17110	
HASSELBACHER MD, FRANK X	P	KLEMEK MD, STANLEY C	ORS	MAISELS MD, M JEFFREY	PD
765 POPLAR CHURCH RD CAMP HILL PA 17011		2451 N 3RD ST HARRISBURG PA 17110		PEP DEPT HERSHEY MED CT HERSHEY PA 17033	
HASZ MD, RICHARD D	FP	KNISELY MD, SAML W	OPH	MALIN MD, THOS H	ORS
475 W GOVERNOR RD HERSHEY PA 17033		1410 N 2D ST HARRISBURG PA 17102		3975 TRINDLE ROAD CAMP HILL PA 17011	
HATFIELD MD, CHARLES R	FP	KNOWLES MD, ROBT C	PTH	MALIT MD, LEE A	AN
1140 CARLISLE RD CAMP HILL PA 17011		MS HERSHEY MED CTR HERSHEY PA 17033		AN DEPT HERSHEY MED CTR HERSHEY PA 17033	
HAWKINS MD, WALTER D	IM	KNUPP MD, MELVIN L	GS	MANCINI MD, JOSEPH L	IM
1005 N 2ND ST HARRISBURG PA 17102		890 POPLAR CH RD 104 CAMP HILL PA 17011		HARRISBURG HOSP HARRISBURG PA 17101	
HAYES JR MD, ARTHUR H	IM	KNURR MD, WERNER	R	MANIGLIA MD, ROSARIO	PTH
M S HERSHEY MED CTR HERSHEY PA 17033		HOLY SPIRIT HOSP CAMP HILL PA 17011		HOLY SPIRIT HOSP CAMP HILL PA 17011	
HEFFLEY MD, WM M	IM	KOCEVAR MD, MARTIN F	OTO	MANKO MD, GENE F	OBG
120 W MAIN ST HUMMELSTOWN PA 17036		BOX 4707 STEELTON PA 17113		331 SCHUYLKILL HARRISBURG PA 17110	
HEMLER MD, PAUL M	AN	KOCH MD, KENNETH L	IM	MARGOLIS MD, BENARD M	PD
3813 COPPER KETTLE ROAD CAMP HILL PA 17011		2 WESTMT BRIARCREST GAR HERSHEY PA 17033		4601 DEVONSHIRE RD HARRISBURG PA 17109	
HENDERSON MD, RUGH A	FP	KONHAUS MD, CAROL H	GS	MARKLEY MD, GEO M	NS
500 UNIVERSITY DR HERSHEY PA 17033		2701 N FRONT ST HARRISBURG PA 17110		890 POPLAR CH RD STE 50 CAMP HILL PA 17011	
HENSEL MD, PHILIP K	FP	KOST MD, LEWIS V	U	MARTIN MD, ENUS D	P
4 N 30TH ST CAMP HILL PA 17011		789 POPLAR CHURCH RD CAMP HILL PA 17011		235 PEACH AVE HERSHEY PA 17033	
HERCEG MD, STEPHEN J	PS	KOSTIN MD, RAYMOND F	GS	MARTZ MD, GEO E	OPH
2201 N 2ND ST HARRISBURG PA 17110		2701 N FRONT ST HARRISBURG PA 17110		608 N 3RD ST HARRISBURG PA 17101	
HERMAN MD, ROBT S	AN	KOURY JR MD, JAMES S	FP	MCCALL MD, WILLIAM M	OBG
1073 LANCASTER BLVD MECHANICSBURG PA 17055		2200 N 3RD ST HARRISBURG PA 17110		4339 UNION DEPOSIT RD HARRISBURG PA 17111	
MERROLD MD, SHERMAN E	FP	KREIDER MD, JOHN W	PTH	MCGLYNN JR MD, THOMAS J	IM
545 MAIN ST LYKENS PA 17048		MS HERSHEY MED CTR HERSHEY PA 17033		HERSHEY MED CTR H123 HERSHEY PA 17033	
MERZEL JR MD, FRANK B	IM	KRIEG MD, ARTHUR F	PTH	MCGRATH MD, JOS M	P
681 MARIA DR HARRISBURG PA 17109		HERSHEY MED CTR HERSHEY PA 17033		2320 N 2ND ST HARRISBURG PA 17110	
HILDEBRANDT MD, RICHARD J	OBG	KULIN MD, HOWARD E	PD	MCINROY MD, ROBT D	IM
POLYCLINIC HOSPITAL HARRISBURG PA 17105		M S HERSHEY MED CTR HERSHEY PA 17033		890 POPLAR CH RD 307 CAMP HILL PA 17011	
HOBBS MD, THOMAS R	IM	KUNKEL MD, BARBARA K	R	MCINN MD, SAML E	PD
3335 MARKET ST CAMP HILL PA 17011		1303 CRUMS MILL RD HARRISBURG PA 17112		2645 N 3RD ST HARRISBURG PA 17110	
HOFFMAN JR MD, LEWIS A	FP	KUNKEL MD, GEO W	IM	MCILLEN MD, JAMES I	US
631 E MAIN ST LYKENS PA 17048		TUSCARORA-FRONT STS HARRISBURG PA 17104		5 CREEKSIDE LN CAMP HILL PA 17011	
MORN III MD, FRANK W	GS	KUNKEL MD, PAUL A	GS	MENEELY MD, ALFRED W	PD
HERSHEY MED CTR BX 1371 HERSHEY PA 17033		RD 2 BOX 21 ETTERS PA 17319		4601 DEVONSHIRE RD HARRISBURG PA 17109	
HOTTENSTEIN MD, DANL W	R	KUNKEL MD, W MINSTER	GS	MESSNER MD, JEAN T	AN
2 SPRING CREEK LN HERSHEY PA 17033		2701 N FRONT ST HARRISBURG PA 17110		M S HERSHEY MED CTR HERSHEY PA 17033	
HOTTENSTEIN MD, ESTHER	FP	KUSHNER MD, BERTRAND	IM	MESSNER MD, KENNETH H	OPH
850 CENTER ST MILLERSBURG PA 17061		2645 N 3RD ST STE 470 HARRISBURG PA 17110		500 UNIVERSITY DR HERSHEY PA 17033	
HOTTENSTEIN MD, HENRY F	FP	KUSKIN MD, LOUIS F	IM	MILFORD MD, HENRY E	GS
403 UNION MILLERSBURG PA 17061		2500 N 4TH ST HARRISBURG PA 17110		2447 N THIRD ST HARRISBURG PA 17110	
HOTTENSTEIN MD, RAHN L	FP	LADDA MD, ROGER L	PD	MILKE MD, DENIS J	P
415 WALNUT ST MILLERSBURG PA 17061		M S HERSHEY MED CTR HERSHEY PA 17033		890 POPLAR CHURCH RD CAMP HILL PA 17011	
HOWANITZ MD, MICHAEL P	IM	LANSHE MD, HAROLD F	OTO	MILLER MD, LEE C	P
3301 SCHOOLHOUSE LN HARRISBURG PA 17109		2000 MARKET ST HARRISBURG PA 17103		POLYCLINIC HOSP HARRISBURG PA 17105	
HUME MD, JOHN M	P	LANSHE MD, JOHN L	U	MILLER MD, RICHARD J	FP
107 KLINE BLDG POLY HOS HARRISBURG PA 17110		410 N 2ND ST HARRISBURG PA 17101		BX 67 KENDAL AT LONGWOOD KENNETT SQ PA 19348	
IAMS MD, WM B	TS	LATSHAW MD, ROBERT F	R	MILLER MD, STEPHEN H	PS
2247 N FRONT ST HARRISBURG PA 17110		HERSHEY MED CTR BX 1463 HERSHEY PA 17033		M S HERSHEY MED CTR HERSHEY PA 17033	
ICHTER MD, JOS T	PD	LAVERY MD, GEO L	US	MILLS MD, M DUANE	IM
4720 PINE ROG RD HARRISBURG PA 17110		THE ALPINE BOX 377 HERSHEY PA 17033		517 N 2ND ST HARRISBURG PA 17101	
INSLEY JR MD, MARION C	OTO	LAWSON JR MD, E KIRBY	FP	MIRA MD, ALLAN J	ORS
1117 N 2D ST HARRISBURG PA 17102		1021 S PROGRESS A APT D HARRISBURG PA 17111		632 STRITES RD HARRISBURG PA 17111	
ISAACS MD, CHAS T	AN	LEAMAN MD, DAVID M	IM	MISZERAK MD, JANUSZ	AN
94 STONEMILL RD RD 2 HUMMELSTOWN PA 17036		HERSHEY MED CTR HERSHEY PA 17033		839 KIEHL DR LEMUYNE PA 17043	
ISRAEL MD, MICHAEL	PTH	LEAMAN MD, THOS L	FP	MOFFITT JR MD, GEO R	IM
M S HERSHEY MED CTR HERSHEY PA 17033		HERSHEY MED CENTER HERSHEY PA 17033		92 TUSCARORA ST HARRISBURG PA 17104	
JACKSON MD, FRANK W	IM	LEASER MD, JOS P	FP	MOLONEY MD, JOS D	FP
21 PLAZA PL 425 N 21ST CAMP HILL PA 17011		R D 2 HUMMELSTOWN PA 17036		302 N PROGRESS AVE HARRISBURG PA 17109	
JACKSON MD, GEO L	IM	LEEDHAM MD, CHAS L	IM	MONTICELLO MD, ANTHONY R	IM
4320 GOOSE VALLEY RD HARRISBURG PA 17110		2409 MIDLAND RD HARRISBURG PA 17104		TH192 BRIARCREST GONS HERSHEY PA 17033	



MOORE MD, BARRY B	NS	POST MD, DONALD F	OBG	SMITH MD, CHAS W	IM
3500 TRINDLE RD CAMP HILL PA 17011		104 ERFORD RD CAMP HILL PA 17011		2303 VALLEY RD HARRISBURG PA 17104	
MOORE MD, CLARENCE E	GS	PROCOPIO MD, FRANK	PD	SMITH MD, DAVID A	IM
118 LOCUST ST HARRISBURG PA 17101		153 S 32ND ST CAMP HILL PA 17011		POLYCLINIC HOSP HARRISBURG PA 17105	
MORRISON MD, DONALD E	FP	PRYSTOWSKY MD, HARRY	OBG	SMITH MD, JAY D	OTO
2500 WALNUT ST HARRISBURG PA 17103		M S HERSHEY MED CTR HERSHEY PA 17033		405 N OCEAN BD AP 1623 POMPANO BCH FLA 33062	
MORTEL MD, RODRIGUE	OBG	QUESADA MD, MANUEL F	GS	SNYDER MD, JOHN J	FP
M S HERSHEY MED CTR HERSHEY PA 17033		92 TUSCARORA ST HARRISBURG PA 17104		2716 DERRY ST HARRISBURG PA 17111	
MORTON MD, JOHN C	R	QUICKEL MD, KENNETH E	IM	SOLLER MD, HERBERT I	IM
23 GLENDALE DR MECHANICSBURG PA 17055		355 N 21ST ST STE 208 CAMP HILL PA 17011		128 LOCUST ST HARRISBURG PA 17101	
MOSCOSO MD, AURELIO A	P	RAEUCHE DO, RANDAL A	GS	SOMMA MD, RICHARD M	N
HARRISBURG STATE HOSP HARRISBURG PA 17105		914 N 2ND ST HARRISBURG PA 17102		246 S COLLEGE ST CARLISLE PA 17013	
MOYER MD, EARL S	IM	RAHAM MD, DAVID C	FP	SPIGNER MD, DONALD W	FP
106 STATE ST HARRISBURG PA 17101		77 CEDAR AVE HERSHEY PA 17033		1821 FULTON ST HARRISBURG PA 17102	
MUHLFELDER MD, WARREN J	P	RAY MD, JOANNE T	PD	SPRING JR MD, WM C	PRM
301 CHESTNUT ST APT 711 HARRISBURG PA 17101		1723 WILLIAMS WAY E ANDERSON IN 46011		2619 CRANBERRY CIRCLE HARRISBURG PA 17110	
MULLER DO, ARTHUR J	IM	REILLY MD, DESMOND J	AN	SROUJI MD, SAMIR J	PS
368 HOLYOKE DR YORK PA 17402		4200 JONATHAN RD HARRISBURG PA 17110		797 POPLAR CHURCH RD CAMP HILL PA 17011	
MULLER MD, H ARNOLD	IM	RICCI MD, JOS A	IM	STAHL MD, ROBT W	FP
HERSHEY MED CTR HERSHEY PA 17033		21 PLAZA PL 425 N 21ST CAMP HILL PA 17011		SEIDEL MEM HOSP MECHANICSBURG PA 17055	
MURPHY JR MD, MICHAEL E	FP	RIEHL MD, EVAN D	PRM	STAHL MD, DALE C	IM
HARRISBURG HOSPITAL HARRISBURG PA 17101		436 PANNEE DR MECHANICSBURG PA 17055		1400 N 2ND ST HARRISBURG PA 17102	
MURRAY MD, WILLIAM M	ORS	RIFE MD, CHAS J	OPH	STANKOVIC MD, LJUBISA	FP
145 BYRCE RD CAMP HILL PA 17011		2003 MARKET ST CAMP HILL PA 17011		4481 NANTUCKET RD HARRISBURG PA 17112	
MUSSER MD, BENJ G	TS	ROBERTS MD, DONALD H	AN	STEELE MD, R EDWARD	GS
2247 N FRONT ST HARRISBURG PA 17110		357 YORKTOWNE RD HERSHEY PA 17033		92 TUSCARORA ST HARRISBURG PA 17104	
MYERS III MD, FRANKLIN J	PD	RODRIGUEZ MD, RODOLFO E	FP	STEIN MD, ELEANOR R	PD
2622 N MERIDIAN AP 105 OKLA CITY OK 73107		HARRISBURG STATE HOSP HARRISBURG PA 17105		1519 N FRONT ST APT 3A HARRISBURG PA 17102	
MYERS MD, GORDON D	TS	ROHLAND MD, DONALD V	IM	STEIN MD, GEO H	FP
350 N 21ST ST CAMP HILL PA 17011		2814 GREEN ST HARRISBURG PA 17110		2407 VALLEY RD HARRISBURG PA 17104	
NAEYE MD, RICHARD L	PTH	ROHNER JR MD, THOS J	U	STENGER MD, VINCENT G	OBG
M S HERSHEY MED CENTER HERSHEY PA 17033		M S HERSHEY MED CTR HERSHEY PA 17033		M S HERSHEY MED CTR HERSHEY PA 17033	
NAMHAS MD, WILLIAM A	OBG	ROHNRABUGH JR MD, CHAS M	OBG	STETTLER MD, WAYNE D	FP
M S HERSHEY MED CTR HERSHEY PA 17033		331 SCHUYLKILL ST HARRISBURG PA 17110		704 LINDN RD PO DRAWER HERSHEY PA 17033	
NAHRWOLD MD, DAVID L	TS	ROHNER MD, G VICTOR	IM	STEWART MD, RICHARD P	R
500 UNIVERSITY AVE HERSHEY PA 17033		HERSHEY MED CTR RAD DP HERSHEY PA 17033		1501 N FRONT ST HARRISBURG PA 17102	
NAHRWOLD MD, MICHAEL L	AN	ROMIG MD, JOHN E	OPH	STONER JR MD, ROBT R	GS
HERSHEY MED CTR HERSHEY PA 17033		209 STATE ST HARRISBURG PA 17101		890 POPLAR CH RD 501 CAMP HILL PA 17011	
NELSON MD, NICHOLAS M	PD	ROTH JR MD, GEORGE R	NS	STONER MD, JOHN C	FP
M S HERSHEY MED CTR HERSHEY PA 17033		3500 TRINDLE RD CAMP HILL PA 17011		1900 BRIDGE ST NEW CUMBERLAND PA 17070	
NEWTON MD, FREDERICK C	R	ROTHERMEL MD, FRANKLIN J	R	STONER MD, MAX A	PM
4518 UNION DEPOSIT RD HARRISBURG PA 17111		61 GREENHILL DR HUMMELSTOWN PA 17036		POLYCLINIC HOSP HARRISBURG PA 17105	
NICHOLAS MD, GARY G	GS	RUBIN MD, MORTON L	ORS	STONER MD, PAUL S	FP
M S HERSHEY MED CTR HERSHEY PA 17033		3975 TRINDLE RD CAMP HILL PA 17011		21 W MAIN ST HUMMELSTOWN PA 17036	
NICHOLS MD, CLAUDE E	FP	RUSSELL MD, RICHARD L	TS	STOFFER MD, DONALD B	ORS
2645 N 3RD ST STE 380 HARRISBURG PA 17112		2247 N FRONT ST HARRISBURG PA 17110		49 CIRCLE DR CAMP HILL PA 17011	
NORATO MD, JOS F	AN	SALVA MD, RENATO H	P	STRAUSS MD, MELVIN	OTO
HOLY SPIRIT HOSP CAMP HILL PA 17011		CAMERON MACLAY STS HARRISBURG PA 17105		MS HERSHEY MED CTR HERSHEY PA 17033	
NORDENBERG MD, AARON	PD	SANDERSON MD, DOUGLAS K	ORS	STROCK MD, BRADFORD K	FP
3510 TRINDLE RD CAMP HILL PA 17011		R D 3 WOOD BOX LN MECHANICSBURG PA 17055		FPC HBG HOSP HARRISBURG PA 17101	
O'CONNELL MD, BRENT J	PD	SANFORD MD, EDGAR J	U	STRYKER MD, JOHN A	R
4601 DEVONSHIRE RD HARRISBURG PA 17109		MS HERSHEY MED CTR HERSHEY PA 17033		HERSHEY MED CTR DEPT RA HERSHEY PA 17033	
OHLSON MD, GUY E	IM	SANFORD MD, ROBERT G	IM	SULLIVAN MD, WM A	IM
135 S 17TH ST CAMP HILL PA 17011		1605 ROBIN HILL PLACE CLEMENTON NJ 08021		280 WINDING WAY CAMP HILL PA 17011	
OLIVES MD, MANUEL	FP	SANTEN MD, RICHARD J	08021	SUSSMAN MD, NATHAN	IM
2900 DERRY ST HARRISBURG PA 17111		MS HERSHEY MED CTR HERSHEY PA 17033		805 N 2ND ST HARRISBURG PA 17102	
ORMAN MD, STEVEN K	D	SAPIRSTEIN MD, WOLF	TS	SWARTZ JR MD, OLIVER H	FP
104 ERFORD RD CAMP HILL PA 17011		2247 N FRONT ST HARRISBURG PA 17110		216 SPRING ST MIDDLETOWN PA 17057	
OSTERMAN MD, JURAJ	IM	SAUERTRIEG MD, ELLIOTT A	OBG	SWARTZ MD, OLIVER H	FP
M S HERSHEY MED CTR HERSHEY PA 17033		2337 N 3RD ST HARRISBURG PA 17110		301 SPRING ST MIDDLETOWN PA 17057	
OSTMAN MD, ZENAIDA E	AN	SAXON MD, JOS G	P	TAN MD, TJIAUM-LING	P
HOLY SPIRIT HOSP CAMP HILL PA 17011		890 POPLAR CH RD STE 20 CAMP HILL PA 17011		M S HERSHEY MED CTR HERSHEY PA 17033	
OUTLAND MD, TOM	ORS	SCHAEFER JR MD, WM L	FP	TAN MD, YOKE Y	PD
5300 GULF DR APT 106 HOLMES BEACH FLA 33510		BOX 229 MT GRENA PA 17064		152 S 32ND ST CAMP HILL PA 17011	
PAGE MD, ROBT B	NS	SCHWANTZ MD, JOHN C	GS	TANTUM MD, KERMIT R	AN
HERSHEY MED CTR HERSHEY PA 17033		13 POLARIS BLD HERSHEY PA 17033		HERSHEY MED CTR HERSHEY PA 17033	
PALMER MD, EARL A	OPH	SCHNEIN MD, ALAN L	OPH	TAYLOR III MD, JAMES S	FP
HERSHEY MED CTR OPH HERSHEY PA 17033		4471 NANTUCKET RD HARRISBURG PA 17112		98 PLYMOUTH CIR HERSHEY PA 17033	
PARK MD, NAE H	OTO	SCHIRO MD, JOHN C	IM	TENNANT MD, JOHN S	PM
2645 N 3RD ST HARRISBURG PA 17110		161 S 32ND ST CAMP HILL PA 17011		HBG POLYCLINIC HOSP HARRISBURG PA 17105	
PARNES MD, HERBERT M	D	SCHROEDER MD, ANTON C	IM	THOMAS MD, CHESTER G	IM
104 ERFORD RD CAMP HILL PA 17011		M S HERSHEY MED CTR HERSHEY PA 17033		1515 N FRONT ST HARRISBURG PA 17102	
PADEL MD, SHASHIKANT B	IM	SCHRAACK JR MD, WM D	PRM	TODD MD, RICHARD A	AN
HARRISBURG HOSP HEM HARRISBURG PA 17101		RD 1 ETTERS PA 17319		974 B E OAK ST PALMYRA PA 19301	
PATTERSON MD, LELAND F	IM	SEBASTIAN MD, EUGENE F	OPH	TOKARZ MD, JOHN P	FP
HARRISBURG HOSP HARRISBURG PA 17101		207 STATE ST HARRISBURG PA 17101		HERSHEY MED CTR BX 1338 HERSHEY PA 17033	
PATTERSON MD, LEWIS T	GS	SEGDA MD, WALTER J	FP	TOMPKINS MD, ROBT R	D
POLYCLINIC HOSPITAL HARRISBURG PA 17105		483 N FRONT ST STEELTON PA 17113		21ST AND BY PASS CAMP HILL PA 17011	
PATTERSON MD, RICHARD J	ORS	SEIDLICH MD, FRANKLIN J	OBG	TRAUTLEIN MD, JOS J	IM
880 POPLAR CHURCH RD CAMP HILL PA 17011		331 SCHUYLKILL ST HARRISBURG PA 17110		6430 COLCHESTER AVE HARRISBURG PA 17111	
PATTISHAL JR MD, EVAN G	P	SERRA MD, ROBERT M	IM	TRAVISANO MD, FRANK J	TS
HERSHEY MEDICAL CENTER HERSHEY PA 17033		1 TALISMAN BLDG BRCHST HERSHEY PA 17033		2247 N FRONT ST HARRISBURG PA 17110	
PAMELSKI MD, RICHARD J	R	SHAIRH MD, BAHU S	FP	TRIANO MD, GENE J	R
POLYCLINIC HOSP HARRISBURG PA 17105		HERSHEY MED CTR HERSHEY PA 17033		1501 N FRONT ST HARRISBURG PA 17102	
PEASE MD, WM E	IM	SHANNON MD, ROBT E	FP	TRISTAN MD, THEODORE A	R
92 TUSCARORA ST HARRISBURG PA 17104		3301 SCHOOLHOUSE LANE HARRISBURG PA 17109		HBG POLYCLINIC HOSP HARRISBURG PA 17105	
PENDRAK MD, ROBT F	IM	SHERMAN MD, ALFRED J	OBG	TURSKY MD, ROSEMARIE J	PD
4787 SWEETBRIER TERR HARRISBURG PA 17111		104 ERFORD RD CAMP HILL PA 17011		1000 N 2ND ST HARRISBURG PA 17102	
PENNOCK MD, JOHN L	GS	SHERMAN MD, MATHEW H	OBG	TYERS MD, GEDES F	GS
HERSHEY MED CTR HERSHEY PA 17033		1119 TOWNE HOUSE HARRISBURG PA 17102		500 UNIVERSITY DR HERSHEY PA 17033	
PERNA MD, FRANCIS X	IM	SHIELDS MD, LEE H	IM	TZANIS MD, LOUCAS C	IM
611 HILLTOP DR NEW CUMBERLAND PA 17070		21 PLAZA PL 425 N 21ST CAMP HILL PA 17011		501 N 2ND ST HARRISBURG PA 17101	
PETROKUBI MD, ROBERT J	IM	SHINDLER MD, ROBT L	OPH	ULRICH MD, RICHARD G	GS
M S HERSHEY MED CTR HERSHEY PA 17033		1517 CEDAR CLIFF DR CAMP HILL PA 17011		404 ROYAL TERRACE HUMMELSTOWN PA 17036	
PEZZUTI MD, HAMIL R	GS	SHIROFF MD, ROBERT A	IM	ULRICH MD, SAML D	FP
303 N 28TH ST CAMP HILL PA 17011		431 W CARACAS AVE HERSHEY PA 17033		3420 DERRY ST HARRISBURG PA 17111	
PEZZUTI MD, JOHN E	FP	SHOCHAT MD, STEPHEN J	GS	VANBUSKIRK MD, E MICHAEL	OPH
1800 MARKET ST HARRISBURG PA 17103		49 BROWNSTONE DR HERSHEY PA 17033		M S HERSHEY MED CTR HERSHEY PA 17033	
PHILLIPS MD, J DOUGLAS	FP	SHOFF MD, WILLIAM H	R	VANNUCCI MD, ROBT C	N
53 N 13TH ST HARRISBURG PA 17103		APT 856 4581 LARCH DR HARRISBURG PA 17109		M S HERSHEY MED CTR HERSHEY PA 17033	
PHILLIPS MD, VERNON R	FP	SHORT MD, JOHN G	OBG	VARANO MD, LOTTIE A	R
2515 MARKET ST CAMP HILL PA 17011		RAD DEPT HERSHEY MED CT HERSHEY PA 17033		MSH MED CTR DEPT RAD HERSHEY PA 17033	
PHILLIPS MD, WARREN C	OPH	SICKEL MD, EDWARD F	OTO	VARMA MD, BHUPINDER K	PD
801 N 2D ST HARRISBURG PA 17102		1117 N 2ND ST HARRISBURG PA 17102		HARRISBURG HOSP HARRISBURG PA 17101	
PIERCE MD, FRANK F	OS	SIEGEL MD, JOHN E	US	VENIT MD, BETHANY A	PD
353 MAPLE AVE HERSHEY PA 17033		840 RISING SUN ROAD MILLERSBURG PA 17061		127 NEWPORT ST GLEN LYON PA 18617	
PIERCE MD, WILLIAM S	GS	SILVER MD, ISRAEL D	OBG	WAGNER JR MD, THOS E	IM
R D 3 HUMMELSTOWN PA 17036		239 S FRONT ST STEELTON PA 17092		2448 WALNUT ST HARRISBURG PA 17101	
PLOWMAN MD, JOHN W	FP	SILVER MD, LAWRENCE B	OBG	MALDHAUSEN MD, JOHN A	GS
16 S 13TH ST HARRISBURG PA 17104		2645 N 3RD ST STE 270 HARRISBURG PA 17110		500 UNIV DR HERSHEY PA 17033	
POLK MD, MIRIAM R	US	SLAVCOFF MD, ALEXANDER	U	MALTZ MD, PAUL K	GS
321 NORTH ST MILLERSBURG PA 17061		701 N 2ND ST HARRISBURG PA 17102		890 POPLAR CH RD STE 10 CAMP HILL PA 17011	
POOL MD, CHAMPE C	ORS	SMELTZER MD, KENNETH L	IM	WARD MD, SAML P	PTH
2800 GREEN ST HARRISBURG PA 17110		21 PLAZA PL 425 N 21ST CAMP HILL PA 17011		26 PRIMROSE DR HERSHEY PA 17033	
PORR MD, GEO H	P	SMITH JR MD, J STANLEY	US	MATKIN JR MD, WALTER B	IM
890 POPLAR CHURCH RD CAMP HILL PA 17011		1453 QUAIL HOLLOW RD HARRISBURG PA 17112		2645 N 3RD ST STE 230 HARRISBURG PA 17110	



WEBB MD, MICHAEL J FP  
 HERSHEY MED CTR HERSHEY PA 17033  
 WEBER MD, GEO W P  
 618 W HIGH ST HUMMELSTOWN PA 17036  
 WEIDNER MD, WM A R  
 HERSHEY MED CTR HERSHEY PA 17033  
 WEINSTEIN MD, LEE OTO  
 3530 GREEN ST HARRISBURG PA 17110  
 WENGERT MD, PAUL A GS  
 10 HOLLY DR NEW CUMBERLAND PA 17070  
 WERTIME MD, CLARA G PD  
 829 OHIO AVE LEMOYNE PA 17043  
 WETMORE MD, STANLEY M IM  
 PO BOX 323 LEMOYNE PA 17043  
 WHEELER MD, GLEN N PD  
 1821 FULTON ST HARRISBURG PA 17102  
 WHITING MD, ROY K IM  
 BERG ELECTRONICS NEW CUMBERLAND PA 17070  
 WHITMAN MD, VICTOR PD  
 MILTON HERSHEY MED CTR HERSHEY PA 17033  
 WIEST MD, MIRAM L FP  
 HERSHEY MED CENTER HERSHEY PA 17033  
 WILLARD III MD, WILLIS W FP  
 MILTON HERSHEY MED CTR HERSHEY PA 17033  
 WILLIAMS MD, E HANFORD GS  
 HERSHEY MED CTR CT SURG HERSHEY PA 17033  
 WILLIAMS MD, VIRGINIA M PD  
 809 MARKET ST BX 323 LEMOYNE PA 17043  
 WOLDORF MD, NORMAN M OTO  
 ST 2 PENNSBORO CT LEMOYNE PA 17043  
 WOLF MD, JAMES H IM  
 235 TH BRIARCREST GDNS HERSHEY PA 17033  
 WOLFE MD, WM F GS  
 2914 SUNSET DR CAMP HILL PA 17011  
 WON MD, KWAN H GS  
 RD 4 BX 316-A SAMPLE BD MECHANICSBURG PA 17055  
 WOODCOCK MD, CHAS W IM  
 2814 GREEN ST HARRISBURG PA 17110  
 YARNALL MD, G WINFIELD IM  
 1192 LOMTHORP RD CAMP HILL PA 17011  
 YATES MD, JAMES A PS  
 797 POPLAR CHURCH RD CAMP HILL PA 17011  
 YUSKA MD, KENNETH H ORS  
 6811 ROSE ST FORT HOOD TX 76544  
 ZAMBARANO MD, THOS J R  
 1501 N FRONT ST HARRISBURG PA 17102  
 ZEIGLER JR MD, MAURICE L AN  
 POLYCLINIC HOSP HARRISBURG PA 17105  
 ZELIS MD, ROBT F IM  
 HERSHEY MED CTR MED DEP HERSHEY PA 17033  
 ZEMO MD, PETER FP  
 63 E MAIN ST MIDDLETOWN PA 17057  
 ZERBE MD, GROVER F FP  
 1822 MARKET ST CAMP HILL PA 17011  
 ZIMMERMAN MD, DAVID S FP  
 901 ALLISON AVE MECHANICSBURG PA 17055  
 ZUMOFF MD, BERTRAM IM  
 240 N 36TH ST CAMP HILL PA 17011

BATIPPS JR MD, PERCY O FP  
 920 YARNALL ST CHESTER PA 19013  
 BAXTER MD, DONALD L D  
 PO BOX 183 MOYLAN PA 19065  
 BEADLING MD, WALTER H FP  
 1421 LINCOLN AVE PROSPECT PARK PA 19076  
 BECK MD, MORTON S FP  
 THE CAMBRIDGE APT 804 PHILADELPHIA PA 19144  
 BECKWITH MD, WM R IM  
 433 BURMONT RD DREXEL HILL PA 19026  
 BEDROSSIAN MD, E HOWARD OPH  
 4501 STATE RD DREXEL HILL PA 19026  
 BELL MD, JAMES B IM  
 BEATTY & PROVIDENCE RD MEDIA PA 19063  
 BELL MD, RANDALL M OPH  
 200 EAGLE RD WAYNE PA 19087  
 BENDER JR MD, FRANK C PD  
 24 S 69TH ST UPPER DARBY PA 19082  
 BERD MD, IRVIN B FP  
 MARKET ST AND CHICHESTE LINWOOD PA 19061  
 BEST MD, WM G PTH  
 BOX 55 IVY MILLS RD GLEN MILLS PA 19342  
 BEVILACQUA JR MD, DANTE J OBG  
 224 MACDADD BLVD MILMONT PARK PA 19033  
 BHATT MD, ANJALI G PTH  
 MANOA PK APT GLENDARE R HAVERTOWN PA 19083  
 BHATT MD, GAURANG P N  
 D79 YOOGLEDALE RD HAVERTOWN PA 19083  
 BIALAS MD, ROBERT F PS  
 1134 MAGNOLIA AVE NORFOLK VA 23508  
 BICHARA MD, WAHIB M R  
 317 EARLES LN NEWTOWN PA 19073  
 BILANIUK MD, LARISSA T R  
 100 PLUSH MILL RD WALLINGFORD PA 19086  
 BIXBY JR MD, EDWARD W IM  
 2241 GARRETT RD DREXEL HILL PA 19026  
 BLAKE MD, PAUL O FP  
 273 N LANSDOWNE AVE LANSDOWNE PA 19050  
 BLEEDEN MD, EDWARD M FP  
 2136 NAUDAIN PHILADELPHIA PA 19146  
 BLEIER MD, ADOLPH H D  
 401 E 13TH ST CHESTER PA 19013  
 BLIZZARD MD, JOHN J IM  
 2200 PROVIDENCE AVE CHESTER PA 19013  
 BLOCKLYN MD, MAURICE J R  
 SCHOOL LANE ROSE VALLEY MOYLAN PA 19065  
 BLOOM MD, PETER B P  
 111 N 49TH ST PHILADELPHIA PA 19139  
 BOBB MD, MARVIN L IM  
 2420 HOLLIS RD HAVERTOWN PA 19083  
 BOGDANOFF MD, BRUCE M N  
 CROZER-CHESTER MED CTR CHESTER PA 19013  
 BOLMARCHE MD, VIRGINIA D R  
 6100 HENRY AVE APT 4 N PHILADELPHIA PA 19128  
 BOMBERGER MD, JOHN H PD  
 FERNE BLVD & CHILDS AV DREXEL HILL PA 19026  
 BOMHEUER DO, ELIZABETH H PM  
 2411 WEST CHESTER PIKE BROOMALL PA 19008  
 BOSACCO MD, DAVID N ORS  
 BEATTY & PROVIDENCE RD MEDIA PA 19063  
 BOYD MD, THOS A FP  
 2 WINDSOR CIRCLE SPRINGFIELD PA 19064  
 BRANELLA MD, TONINO F IM  
 648 CHILDS AVE DREXEL HILL PA 19026  
 BRILL MD, JOS M FP  
 1728 EDMONT AVE CHESTER PA 19013  
 BROD MD, ROBT C IM  
 MEDIA CLINIC MEDIA PA 19063  
 BROGAN MD, WM T FP  
 240 W GARFIELD AVE NORWOOD PA 19074  
 BROOKS JR MD, CLINT E GS  
 15TH & UPLAND SUITE 140 CHESTER PA 19013  
 BROWN MD, ELIZABETH B IM  
 207 TURNER RD WALLINGFORD PA 19086  
 BROWN MD, ROBT C R  
 3 HILLOCH LA CHADDS FORD PA 19317  
 BUCHANAN MD, JOAN H OBG  
 GLEN MILLS PA 19342  
 BUKOWSKI MD, MARTIN J PD  
 1236 HUNT CLUB LANE MEDIA PA 19063  
 BURKE MD, JAMES F FP  
 4 WILTSHIRE ROAD PHILADELPHIA PA 19151  
 BURKE MD, MARIE T OBG  
 601 NEWTON ST RD NEWTOWN SQ PA 19073  
 BUTLER MD, MIRIAM IM  
 GLEN MILLS PA 19342  
 CAMP MD, MARK O IM  
 642 E CHESTER PIKE RIDLEY PARK PA 19078  
 CANTOR MD, MAX PD  
 1401 EDGEVALE RD PHILADELPHIA PA 19151  
 CARBO DO, ANTHONY P FP  
 CROZER-CHESTER MED CTR CHESTER PA 19013  
 CAREY MD, WM B PD  
 319 W FRONT ST MEDIA PA 19063  
 CARSON MD, CHAS P PTH  
 514 BROOKFIELD RD DREXEL HILLS PA 19026  
 CELLINI MD, L LUKE FP  
 4225 EDMONT AVE BROOKHAVEN PA 19015  
 CENTRONE MD, ANTHONY L OBG  
 228 CHURCH RD DEVON PA 19333  
 CHACKO MD, DOROTHY D FP  
 2108 CHESTNUT ST CHESTER PA 19013  
 CHAUDHRI MD, MUNAWAR S PTH  
 DELAWARE CO MEM HOSP DREXEL HILL PA 19026  
 CHAVEZ MD, HECTOR C FP  
 CROZER CHESTER MED CTR CHESTER PA 19013  
 CHEN MD, CHIJEN GS  
 305 LANKENAU MED BLDG PHILADELPHIA PA 19151  
 CHERNOFF MD, ROBT W IM  
 33 CHESTER PIKE RIDLEY PARK PA 19078  
 CHODOFF MD, RICHARD J GS  
 HAVERTOWN GEN HOSP HAVERTOWN PA 19083  
 CHOGICH MD, JOHN C R  
 417 E 22ND ST CHESTER PA 19013  
 CHRISTENSEN MD, DAVID W FP  
 312 LANSDOWNE RD HAVERTOWN PA 19083

CIANCILLI MD, FRANCIS D IM  
 106 W FRONT ST MEDIA PA 19063  
 CLARE MD, HENRY E P  
 INSTITUTE PA HOSP PHILADELPHIA PA 19139  
 CLARK MD, JAMES E IM  
 410 DICKINSON AVE SWARTHMORE PA 19081  
 CLARKE MD, FRANK S R  
 1295 N PROVIDENCE RD MEDIA PA 19063  
 CLELAND MD, JAMES W PD  
 327 WENDY LANE WAVERLY OH 45690  
 CLEVELAND MD, ALBERT F OPH  
 615 MORGAN AVE DREXEL HILL PA 19026  
 COFFEY MD, JESSE O FP  
 463 BURMONT RD DREXEL HILL PA 19026  
 COFFEY MD, JOHN F IM  
 3 CANTERBURY LANE ST DAVID PA 19087  
 COLOMBO MD, JAMES L PS  
 BRYN MAWR MED BLDG #110 BRYN MAWR PA 19010  
 CONDON MD, ROBERT H PM  
 CROZER CHESTER MED CTR CHESTER PA 19013  
 CONNER MD, J HUBERT ORS  
 415 E 22ND ST CHESTER PA 19013  
 CONSTABLE MD, G ROBERT IM  
 4816 DREXELBROOK RD DREXEL HILL PA 19026  
 COOK MD, DONALD H PTH  
 PATH DEPT LANKENAU HOSP PHILADELPHIA PA 19151  
 COOK MD, WM L FP  
 303 GOVERNOR, S DR WALLINGFORD PA 19086  
 COOPER JR MD, E NEWBOLD AN  
 ORCHARD LANE WALLINGFORD PA 19086  
 COOPER MD, JOS H PTH  
 7 MYRTLE AVE HAVERTOWN PA 19083  
 CONNIE MD, DOUGLAS H P  
 600 N OLIVE ST MEDIA PA 19063  
 COYLE MD, WM A ORS  
 415 E 22ND ST CHESTER PA 19013  
 CRANE MD, NATHAN FP  
 222 CLIFTON AVE COLLINGDALE PA 19024  
 CRIDEN MD, LOUIS E OBG  
 602 BROOKHAVEN RD WALLINGFORD PA 19086  
 CRILLMAN MD, GEO P FP  
 341 ECHO VALLEY LA NEWTOWN SQUARE PA 19073  
 CRITCHLOW MD, ROBT J R  
 P O BOX 1112 CHESTER PA 19015  
 CROCKETT MD, BARBARA A P  
 34 MEADOW LN HAVERTOWN PA 19041  
 CROTHERS MD, W GIFFORD ORS  
 407 E 9TH ST CHESTER PA 19013  
 DALRYMPLE MD, W HOWARD FP  
 224 N PROVIDENCE RD WALLINGFORD PA 19086  
 DAVIS MD, JOAN L IM  
 1230 BURMONT RD DREXEL HILL PA 19026  
 DECAESTECKER MD, JACQUES E U  
 119 N SWARTHMORE AVE RIDLEY PARK PA 19078  
 DECARO MD, JOS A FP  
 809 BYWOOD AVE UPPER DARBY PA 19082  
 DEES-PORCH MD, FRANCES OBG  
 CHESTNUT ST-LENDALE RD UPPER DARBY PA 19082  
 DEGUZMAN MD, ELSA A IM  
 DELAWARE CO MEM HOSP DREXEL HILL PA 19026  
 DELAITES MD, LORETTA M PD  
 408 E 13TH ST CHESTER PA 19013  
 DELGUERCIO MD, EDMUND T OBG  
 272 N LANSDOWNE AVE LANSDOWNE PA 19050  
 DENSMORE MD, MARGARET E OBG  
 PO BOX G BROOMALL PA 19008  
 DEORSAY MD, RALPH H FP  
 1241 LINDALE AVE DREXEL HILL PA 19026  
 DEPROPHETIS MD, NINO GS  
 225 E 24TH ST CHESTER PA 19013  
 DEPROPHETIS MD, ROCCO I OBG  
 225 E 24TH ST CHESTER PA 19013  
 DESANTIS MD, DONALD GS  
 204 EAST CHESTER PIKE RIDLEY PARK PA 19078  
 DIAMOND MD, SIDNEY J FP  
 1245 JEFFERSON AVE WOODLYN PA 19094  
 DIGIACOMO MD, ALFRED M FP  
 7221 WAYNE AVE UPPER DARBY PA 19082  
 DIGIOVANNI MD, ANTHONY J GS  
 751 DUNWOODY DR SPRINGFIELD PA 19064  
 DIGIOVANNI MD, ROBT J GS  
 4 E PARKWAY AVE CHESTER PA 19013  
 DILIBERTO DO, THOMAS A R  
 2424 CHUNNING DR RD 2 MALVERN PA 19355  
 DIMEDIO MD, JOS A GS  
 P O BOX 279 CHESTER PA 19016  
 DODDS MD, HAROLD T OPH  
 678 MARLIN RD NEWTOWN SQ PA 19079  
 DOMAN MD, ROBT J PM  
 2 LAKEWOOD DR MEDIA PA 19063  
 DORFFMAN MD, MURRAY L FP  
 1001 CTY LN AV EC103 PHILADELPHIA PA 19151  
 DOUGHERTY MD, MICHAEL J IM  
 364 F RENO TRIPLEX AMC APO SAN FRAN CA 96438  
 DOLE MD, ROBT OBG  
 557 PARK RIDGE DR WAYNE PA 19087  
 DUNN MD, JAMES W FP  
 3400 GARRETT RD DREXEL HILL PA 19026  
 EGBERT MD, E WAYNE R  
 511 OAKCREST LANE WALLINGFORD PA 19086  
 EICHNER MD, LAMBERT G IM  
 7 DAVIS AVE BROOMALL PA 19008  
 ELICKER MD, JOHN E FP  
 291 ARONIMINK DR NEWTOWN SQ PA 19073  
 ELLSON MD, JOHN V OBG  
 620 HEY LANE SPRINGFIELD PA 19064  
 EMANUEL MD, E STEPHEN OBG  
 711 ELENA DR BROOMALL PA 19008  
 EPSTEIN MD, NATHAN PD  
 4801 STATE RD DREXEL HILL PA 19026  
 ERB JR MD, WM H GS  
 15 MORTON AVE RIDLEY PARK PA 19078  
 ESGRO MD, PHILIP J IM  
 437 SAKER AVE SPRINGFIELD PA 19064  
 ESPOSITO MD, JOHN C IM  
 226 E SPRINGFIELD RD SPRINGFIELD PA 19064

## Delaware County

ABELLA MD, ROMEO S IM  
 2596 CRANSTON RD PHILADELPHIA PA 19131  
 ABRAHAM MD, ANDREW A PTH  
 LANKENAU HOSPITAL PHILADELPHIA PA 19151  
 ABRAMSON MD, JOHN IM  
 231 LANKENAU MED BLDG PHILADELPHIA PA 19151  
 ALCID MD, CESAR V AN  
 RIDDLE MEM HOSP MEDIA PA 19063  
 ALDERFER MD, GILL R OBG  
 123 MANSION DR UPPER PROVIDENCE PA 19063  
 ALDERFER MD, KENNETH G IM  
 225 E 24TH ST CHESTER PA 19013  
 ALEXANDER MD, CHAS M OPH  
 930 W SPOUL RD SPRINGFIELD PA 19064  
 ALIKAKOS MD, LOUIS C P  
 34 WILLIAM RD HAVERTOWN PA 19041  
 ALLEN JR MD, SAML D U  
 741 CONESTOGA RD ROSEMONT PA 19010  
 ANNESLEY JR MD, WM H OPH  
 135 LANKENAU MED BLDG PHILADELPHIA PA 19151  
 ANTONIADES MD, KRISTINA E PTH  
 CROZER-CHESTER MED CTR CHESTER PA 19013  
 ARMAO MD, JOS J FP  
 557 E SPRINGFIELD AVE SPRINGFIELD PA 19064  
 ARMITAGE MD, HARRY V GS  
 225 E 24TH ST CHESTER PA 19013  
 AROUH MD, ALBERT R  
 INDIAN CREEK RD WYNNWOOD PA 19151  
 ARSHT MD, EDWIN D FP  
 3909 STATE RD DREXEL HILL PA 19026  
 ASCANIO MD, GUIDO FP  
 1230 BURMONT RD DREXEL HILL PA 19026  
 AXELMAN MD, EDWARD L OTO  
 437 MAIN ST DARBY PA 19023  
 BAKER JR MD, ARTHUR G GS  
 9 OGDEN AVE SWARTHMORE PA 19081  
 BAKER MD, ARTHUR G IM  
 33 CHESTER PIKE RIDLEY PARK PA 19078  
 BAKER MD, RAMON D FP  
 801 KENWOOD RD DREXEL HILL PA 19026  
 BALIN MD, BENJ R FP  
 SE 22ND & PROVIDENCE CHESTER PA 19013  
 BALIS MD, SOL AN  
 211 STANFORD DR WALLINGFORD PA 19086  
 BARR MD, HARRY J R  
 724 GREAT SPRINGS RD BRYN MAWR PA 19010  
 BARR MD, RICHARD G PD  
 15TH&UPLAND AVE STE 500 UPLAND PA 19015  
 BARVINCHAK MD, G RICHARD OPH  
 CROZER CHESTER PROF BLD UPLAND PA 19013



ETZEL MD, CONRAD A	OBG	GREENWALD MD, JOS	FP	KENNEDY MD, PATRICK J	OPH
4201 EDMONT AVE BROOKHAVEN PA 19015		1130 MAIN ST DARBY PA 19023		32 HAMPDEN RD UPPER DARBY PA 19082	
EVERLOF MD, SHERMAN W	OBG	GROSS MD, S WARREN	R	KEPLER JR MD, WALTER E	FP
BOX 250 SPRINGFIELD PA 19064		1410 JUNE LN PENN VALLEY PA 19072		419 E DARBY RD HAVERTOWN PA 19083	
FADIL MD, ALEXANDER E	OTO	GROVERMAN MD, LESTER J	FP	KEPLER MD, FURMAN T	FP
201 4TH ST CLIFTON NJ 07011		107 N DREXEL AVE HAVERTOWN PA 19083		419 E DARBY RD HAVERTOWN PA 19083	
FALGUERA MD, DOMINADOR G	PD	GUARINI MD, PASQUALE B	FP	KIM MD, KI W	R
506 GAINSBORO RD DREXEL HILL PA 19026		382 AVON RD UPPER DARBY PA 19082		CROZER CHESTER MED CTR CHESTER PA 19013	
FALKONSKI MD, WALTER S	FP	GURIGUIS MD, MORRIS F	IM	KIMBLE MD, AUSTIN L	FP
505 MARPLE WOODS DR SPRINGFIELD PA 19064		9 N CONCORD AVE HAVERTOWN PA 19083		115 S PROVIDENCE RD WALLINGFORD PA 19086	
FAUST MD, ELIZABETH B	P	GUMINA MD, THOS F	IM	KIMMEL MD, HENRY A	IM
140 MARPLE RD HAVERTOWN PA 19041		2050 W CHESTER PIKE HAVERTOWN PA 19083		MEDIA CLINIC MEDIA PA 19063	
FEDERMAN MD, JAY L	OPH	HADFIELD JR MD, WM A	IM	KIPP MD, CHAS M	AN
LANKENAU MED BLDG 102 PHILADELPHIA PA 19151		5201 TOWNSHIP LINE RD DREXEL HILL PA 19026		RIDDLE MEM HOSP MEDIA PA 19063	
FINKBNER MD, RODMAN B	IM	HAGOPIAN MD, EDWARD R	TS	KIRCHHOFFER MD, LEWIS H	FP
933 HAVERTOWN RD BRYN MAWR PA 19010		CROZER CHESTER MED CTR CHESTER PA 19013		16 E WOODLAND AVE SPRINGFIELD PA 19064	
FINNESON MD, BERNARD E	NS	HALL MD, ROBT L	FP	KLAYAN MD, MARSHALL	OBG
CROZER-CHESTER MED CTR CHESTER PA 19013		414 MILL RD HAVERTOWN PA 19083		CROZER-CHESTER MED CTR CHESTER PA 19013	
FIRPO JR MD, JOHN J	IM	HALLAHAN MD, JOHN D	IM	KLINE MD, IRWIN K	PTH
1230 BURMONT RD DREXEL HILL PA 19026		106 W FRONT ST MEDIA PA 19063		LANKENAU HOSP PHILADELPHIA PA 19151	
FISCHER MD, STEVEN W	OTO	HALTRECHT DO, LEONARD	FP	KLINE MD, MATHILDE S	PTH
2112 PROVIDENCE AVE CHESTER PA 19013		DEL CTY MED CTR BROOMALL PA 19008		LANKENAU HOSP PHILADELPHIA PA 19151	
FITZMAURICE MD, JOHN W	FP	HANES MD, ROBT B	FP	KLINEFELTER MD, HYDRA C	OBG
765 CONCORD AVE DREXEL HILL PA 19026		3001-A GARRETT RD DREXEL HILL PA 19026		60 S IVY LN GLEN MILLS PA 19342	
FITZPATRICK MD, MARCIA A	PS	HARRIS MD, MAX	PD	KNOFF MD, CARL L	OBG
3200 TOWNSHIP LINE RD DREXEL HILL PA 19026		201 WESTBROOK DR CLIFTON HGTS PA 19018		343 N MALIN RD NEWTOWN SQUARE PA 19073	
FLANAGAN MD, JOS C	OPH	HARSHAW JR MD, EDWARD	PD	KNOWLES MD, WILLARD E	FP
135 LANKENAU MED BLDG PHILADELPHIA PA 19151		322 N LANSDOWNE AVE LANSDOWNE PA 19050		7200 PINE ST UPPER DARBY PA 19082	
FLORES MD, MARIA L	AN	HARTFORD MD, CHARLES E	GS	KOHLER MD, FRITZ P	U
252 PHILIP PLACE PHILADELPHIA PA 19016		CROZER CHESTER MED CTR CHESTER PA 19013		314 AVON ROAD BRYN MAWR PA 19010	
FORNASIER MD, LOUIS S	FP	HATTON MD, DUNCAN S	OTO	KOZIN MD, WM	FP
1015 GROVELAND AVE SOMERS POINT NJ 08244		205 SYCAMORE LN WALLINGFORD PA 19086		DELAWARE CO MED CTR BROOMALL PA 19008	
FORMALT MD, GEO R	OBG	HAYES MD, MERRILL B	OTO	KRAIN MD, RAYMOND	D
47 COPLEY RD UPPER DARBY PA 19082		ROSS NECK 114 RD 3 CAMBRIDGE MD 21613		49 COPLEY RD UPPER DARBY PA 19082	
FOULK JR MD, MORRIS	FP	HECKSHER MD, RUDOLPH H	GS	KRALL MD, J THOMAS	OPH
20 SPRINGFIELD RD ALDAN PA 19018		4100 EDMONT AVE CHESTER PA 19015		85 N LANSDOWNE AVE LANSDOWNE PA 19050	
FOX MD, JOHN L	IM	HENDERSON MD, WM H	FP	KRAMER DO, CAROLYN D	FP
43 ASHBY RD UPPER DARBY PA 19082		P O BOX 968 CHESTER PA 19016		BX 114 2217 GILHAM RD BROOMALL PA 19008	
FOX MD, ROGER E	IM	HENDRICKSON MD, FRANK O	US	KRAUSZ MD, MARCOS	AN
BEATTY & PROVIDENCE RDS MEDIA PA 19063		108 NORFOLK RD JUPITER FLA 33458		602 PINE RIDGE RD MEDIA PA 19063	
FOX MD, WESLEY B	FP	HERING MD, NORTON	GS	KRISTO MD, BELA A	PD
95 N LANSDOWNE AVE LANSDOWNE PA 19050		1720 SUE ELLEN DR HAVERTOWN PA 19083		5 PILGRIM LANE DREXEL HILL PA 19026	
FRANGIPANE MD, LEO G	GS	HERMANOVICH JR MD, JOHN	IM	KRISTO MD, CATHERINE V	AN
604 BELVOIR RD NORRISTOWN PA 19401		700 ARMORE AVE 105 ARMORE PA 19003		5 PILGRIM LANE DREXEL HILL PA 19026	
FRANK MD, BARBARA B	IM	HIDAYAT MD, AHMED A	PTH	KUTNEY MD, FRANCIS G	GS
CROZER-CHESTER MED CTR CHESTER PA 19013		5213 RUSSETT RD ROCKVILLE MD 20853		238A CONCORD RD ASTON PA 19014	
FRIEDMAN MD, DONALD	IM	HILL JR MD, RUSSELL W	FP	KWAPIEN MD, FREDERIC J	P
1809 PINE ST PHILADELPHIA PA 19103		1631 CHRISTINE LN WEST CHESTER PA 19380		PROVIDENCE-BEATTY RDS MEDIA PA 19063	
FRIEDMAN MD, STEVEN A	IM	HIMMELSTEIN MD, EUGENE	FP	KYRIAZIS MD, GEO A	OBG
657 LAKEVIEW CIRCLE NEWTOWN SQ PA 19073		LAWRENCE PARK MEDICAL C BROOMALL PA 19008		1806 GARRETT RD LANSDOWNE PA 19050	
FROLO MD, GREGORY F	PTH	HINTON MD, DRURY	GS	LACAVARO MD, JULES A	IM
DELAWARE COUNTY HOSP DREXEL HILL PA 19026		50 PILGRIM LN DREXEL HILL PA 19026		257 N STATE RD 23B SPRINGFIELD PA 19064	
FULLER MD, HARRY B	FP	HITCHMAN MD, LEWIS C	AN	LACHMAN MD, JOS	PD
198 E PLUMSTEAD AVE LANSDOWNE PA 19050		225 E 24TH ST CHESTER PA 19013		126 E 15TH ST CHESTER PA 19013	
FURIA MD, FREDERICK A	IM	HOLST MD, HAZEL I	PS	LAKOFF MD, KENNETH M	OBG
830 MYRA AVE YEADON PA 19050		401-S CHESTER RD SWARTHMORE PA 19081		CROZER CHESTER MED CTR CHESTER PA 19013	
GAARY MD, ALVIN E	AN	HOLSTEIN MD, JAMES J	R	LAMBICHI MD, MARIKA E	OBG
DELAWARE CO MEM HOSP DREXEL HILL PA 19026		664 W ROLLING RD SPRINGFIELD PA 19064		222 MOCKING BIRD TRAIL PALM BEACH FLA 33480	
GABROY MD, ALLEN S	FP	HOULIHAN MD, CARL T	OTO	LANGAN 30 MD, E LAWRENCE	OBG
204 E CHESTER PIKE RIDLEY PARK PA 19078		819 GATEMORE RD BRYN MAWR PA 19010		LANKENAU HOSP PHILADELPHIA PA 19151	
GABROY MD, HARRY K	IM	HOUSE MD, DIANE B	IM	LASKA MD, EDWARD M	IM
27 AMOSLAND RD NORWOOD PA 19074		111 DARTMOUTH AVE SWARTHMORE PA 19081		151 LOCUST AVE SPRINGFIELD PA 19064	
GALIA MD, JOS H	FP	HUBSKER MD, JEROME A	PD	LASKAS MD, JOHN J	D
1196 E 9TH ST CHESTER PA 19013		1701 TYSON RD HAVERTOWN PA 19083		15TH & UPLAND AVE CHESTER PA 19013	
GALLAGHER MD, DONALD I	OBG	HUMMEL DO, JOSEPH C	FP	LAVER MD, ARTHUR T	OBG
7 TIMBER LN NEWTOWN SQ PA 19073		696-B LENNI RD ASTON PA 19014		3937 HENRY AVE PHILADELPHIA PA 19129	
GALLAGHER MD, ROBT J	FP	HUMMER JR MD, CHAS D	ORS	LAWRENCE MD, JOHN W	IM
645 CHURCH LANE YEADON PA 19050		415 E 22ND ST CHESTER PA 19013		1078 W BALTIMORE PK MEDIA PA 19063	
GARLICH MD, RICHARD M	OTO	HURLEY MD, HARRY J	D	LEAROI MD, ROBT K	PTH
216 N MANOA RD HAVERTOWN PA 19083		39 COPLAY RD UPPER DARBY PA 19082		96 S HILLCREST RD SPRINGFIELD PA 19064	
GARTNER JR MD, WM S	OTO	HUSHION MD, WM F	FP	LEBISCHAK MD, PETER H	FP
RD 2 BOX 90-D CHADDS FORD PA 19317		437 SPRINGFIELD RD SPRINGFIELD PA 19064		2601 W 10TH ST CHESTER PA 19013	
GARTNER MD, WM S	FP	IOZZI MD, LOUIS	U	LECHER MD, ROBERT C	FP
2325 MAC DADE BLVD HOLMES PA 19043		119 N SWARTHMORE AVE RIDLEY PARK PA 19078		700 N JACKSON ST MEDIA PA 19063	
GEVJAN MD, ARMEN H	FP	IVINS MD, J LEONARD	P	LECHER MD, WALLACE O	U
134 S STATE RD UPPER DARBY PA 19082		1721 SUE ELLEN DR HAVERTOWN PA 19083		80X 12 R D 2 GLEN MILLS PA 19342	
GIBSON MD, WM B	D	IVINS MD, JOS L	GS	LECHMAN MD, MICHAEL J	FP
907 HEATHDALE LANE WALLINGFORD PA 19086		2200 PROVIDENCE AVE CHESTER PA 19013		819 MONTGOMERY AVE BRYN MAWR PA 19010	
GILL MD, DONALD J	P	IVINS MD, SAHL P	P	LEE MD, CHAS Y	FP
MERCY CATHOLIC MED CTR DARBY PA 19023		19TH AND PROVIDENCE CHESTER PA 19013		3405 STATE RD DREXEL HILL PA 19026	
GILLIGAN MD, FRANK P	FP	JACKSON MD, PAUL W	OTO	LEIBOWITZ MD, ARTHUR N	PD
12 E TOWNSHIP LINE RD HAVERTOWN PA 19083		2112 PROVIDENCE AVE CHESTER PA 19013		7100 MARSHALL RD UPPER DARBY PA 19082	
GIORDANO MD, ANTHONY J	R	JAEGER MD, EDWARD A	OPH	LEISE MD, ELEANOR O	OBG
412 FOULKE LANE SPRINGFIELD PA 19064		240 E ROSE TREE RD MEDIA PA 19063		LANKENAU MED BLDG PHILADELPHIA PA 19151	
GLADSTONE MD, JULIAN L	IM	JAMALI MD, ANMAR A	IM	LEMAN MD, WM W	FP
820 GALER RD NEWTOWN SQ PA 19073		1078 BALTIMORE PIKE MEDIA PA 19063		206 BALLYMORE RD SPRINGFIELD PA 19064	
GO MD, JOSEPHINE L	AN	JONES MD, EMLEN H	PD	LENAHAN MD, PAUL J	OBG
204 N LEXINGTON AVE HAVERTOWN PA 19083		822 SPRUCE AVE WEST CHESTER PA 19380		159 PENN LAKE WHITEHAVEN PA 18661	
GOESER MD, EUGENE	IM	JONES MD, J ALBRIGHT	PD	LEUTE MD, MILLARD S	OS
320 PAXON HOLLOW RD MEDIA PA 19063		303 ELM AVE SWARTHMORE PA 19081		1600 ARCH ST PHILADELPHIA PA 19101	
GOLD MD, HERMAN	IM	JOSHI MD, LALITA P	PTH	LEVIN MD, SIMON	OBG
510 N LEMON ST D-9 MEDIA PA 19063		LANKENAU HOSP PHILADELPHIA PA 19151		2500 EDMONT AVE CHESTER PA 19013	
GOLDFEDDER MD, PHILLIP	NS	JOURNEY MD, R WALLACE	OBG	LEVIS JR MD, WM R	GS
119 M POSSUM HOLLOW RD WALLINGFORD PA 19086		2201 PROVIDENCE AVE CHESTER PA 19013		P O BOX 44 GALENA MD 21635	
GOLDMAN MD, ARTHUR	IM	JURNVOY MD, JOEL B	D	LEVY MD, EDWIN J	D
315 S CHESTER PIKE GLENOLDEN PA 19036		DELAWARE CO MED CTR BROOMALL PA 19008		85 N LANSDOWNE AVE LANSDOWNE PA 19050	
GOLDMAN MD, RICHARD J	IM	KABAKJIAN MD, RAYMOND	FP	LEWIS MD, STUART H	ORS
CARR HOUSE 1 ARTHUR CT WALLINGFORD PA 19086		186 N LANSDOWNE AVE LANSDOWNE PA 19050		2050 W CHESTER PIKE HAVERTOWN PA 19083	
GOODMAN MD, WM H	IM	KANE MD, WM M	OBG	LIAO MD, BENEDICT S	OBG
919 EDMONT AVE CHESTER PA 19013		29 GLENDALE AVE UPPER DARBY PA 19082		433 E WOODLAND AVE SPRINGFIELD PA 19064	
GORBY MD, CHAS K	IM	KASPER MD, DONALD J	R	LIBERACE MD, ETTORE V	PTH
138 BROOKLINE BLVD HAVERTOWN PA 19083		PO BOX 1112 CHESTER PA 19015		SACRED HEART HOSP CHESTER PA 19013	
GORDON MD, JOS S	IM	KAUFMAN MD, JEROLD	R	LIBERI MD, ALFRED A	R
4017 GARRETT RD DREXEL HILL PA 19026		PO BOX 1112 CHESTER PA 19015		2200 PROVIDENCE AVE CHESTER PA 19013	
GORRY MD, JOHN D	OS	KAVJIAN MD, EDWARD M	U	LITLEY MD, GEO W	IM
15TH ST & UPLAND AVE CHESTER PA 19013		2050 W CHESTER PK HAVERTOWN PA 19083		RINGFIELD S RING RD CHADDS FORD PA 19317	
GOYNE MD, RUTH G	FP	KEARNEY MD, MARTIN J	FP	LIM MD, OSMUNDO U	FP
1019 CHESTER PIKE SHARON HILL PA 19079		701 N CHESTER PIKE HAVERTOWN PA 19083		305 HIDDEN VALLEY RD ASTON PA 19014	
GRAFF MD, HAROLD A	P	KELLY JR MD, JOHN J	IM	LINCOFF MD, WM	OPH
111 N 49TH ST PHILADELPHIA PA 19139		409 LANKENAU MED BLDG PHILADELPHIA PA 19151		317 E 9TH ST CHESTER PA 19013	
GRAHAM MD, THOS F	R	KELLY MD, EDWARD A	FP	LINTZMEYER MD, EMIL A	FP
540 STEVENS DR #313 KNG OF PRUSS PA 19406		STATE RD-ADDINGHAM AVE DREXEL HILL PA 19026		5 YARMOUTH LANE MEDIA PA 19063	
GRANT MD, BERNARD D	ORS	KELLY MD, JAMES J	FP	LIPCIUS MD, FRANK	FP
DELAWARE CO MED CTR BROOMALL PA 19008		20 N 9TH ST DARBY PA 19023		1401 LINCOLN AVE PROSPECT PARK PA 19076	
GREEN MD, WM H	R	KELLY MD, JOHN L	P	LISTA MD, WM A	IM
103 W COUNTRY CLUB LN WALLINGFORD PA 19086		502 W FRONT ST MEDIA PA 19063		5735 RIDGE AVE PHILADELPHIA PA 19128	



LITTMAN MD, SOLOMON I	P	ODABASHIAN MD, ARTHUR	P	SECUNDA MD, STEVEN K	P
527 WYNLYN RD WYNNEMORE PA 19096		723 CHURCH LANE YEADON PA 19050		1050 BALTIMORE PK SPRINGFIELD PA 19064	
LONDON MD, GLADYS Z	FP	ONEILL MD, JOHN J	FP	SEEDOR MD, JOHN W	FP
19TH AND PROVIDENCE AVE CHESTER PA 19013		710 LONG LANE UPPER DARBY PA 19082		556 CHESTER PIKE STE 3 NORWOOD PA 19074	
LOPRETE MD, FREDERICK P	IM	PAPOLA MD, GINO G	FP	9830 MD, ANNA M	PD
309 SHADELAND AVE DREXEL HILL PA 19026		7 ENGLEWOOD RD UPPER DARBY PA 19082		2437 GARRETT RD DREXEL HILL PA 19026	
LOPUSHIAK MD, MIECZYSLAW S	IM	PARISS MD, ERIKA F	AN	SEYLER MD, RAYMOND Q	PRM
LANKENAU MED BLDG PHILADELPHIA PA 19151		633 CHILDS AVE DREXEL HILL PA 19026		1600 ARCH ST PHILADELPHIA PA 19101	
LUCENA MD, ERNESTO E	R	PARK MD, PUM K	GS	SHAFFER MD, JOHN F	OTO
1900 S BROAD ST PHILADELPHIA PA 19145		520 E 77TH ST APT 931 NEW YORK NY 10021		352 CHAMOUNIX RD ST DAVIDS PA 19089	
LUCIER MD, ALFRED C	OPH	PARRY MD, PETER V	IM	SHAM MD, RANJAN R	OBG
30 HAMPTON RD UPPER DARBY PA 19082		5201 TWP LINE RD DREXEL HILL PA 19026		3360 CHICHESTER AVE H16 BOOTHWYN PA 19061	
LUONGO MD, JOS C	PD	PARSIA MD, KEYKHOSKOW S	P	SHARPLESS MD, EDWIN D	GS
7100 MARSHALL RD UPPER DARBY PA 19082		3420 GARRETT RD DREXEL HILL PA 19026		15TH & UPLAND SUITE 140 CHESTER PA 19013	
LYNCH MD, JOS S	OPH	PATTERSON MD, CHRIS	FP	SHATOUHY MD, JOS	GS
445 RIVERVIEW RD SWARTHMORE PA 19081		204 BERKLEY AVE LANSDOWNE PA 19050		7 ELLIOTT RD BROOMALL PA 19008	
MAGUIRE MD, JOS I	OBG	PAULETTO MD, FERREL J	IM	SHEAFFER MD, HAROLD C	IM
29 GLENDALE RD UPPER DARBY PA 19082		409 LANKENAU MED BLDG PHILADELPHIA PA 19151		6 CLAYTON PL NEWTOWN SQ PA 19073	
MAGUIRE MD, LEO J	U	PECHIN MD, SERGIUS P	GS	SHERWIN MD, WILLIAM K	D
7100 MARSHALL RD UPPER DARBY PA 19082		3001-B GARRETT RD DREXEL HILL PA 19026		101 TRENT ROAD OVERBROOK HLS PA 19151	
MAIORIELLO MD, JOS J	PD	PLAGATA MD, EDITH M	OBG	SHIELDS MD, MARSHALL F	P
7100 MARSHALL RD UPPER DARBY PA 19082		163 RAMBLING WAY SPRINGFIELD PA 19064		SOUTHCROFT FARM SPRINGFIELD PA 19064	
MANN MD, IRVING A	OBG	POMEROY MD, JAMES M	OTO	SHIELDS MD, WM E	IM
3309 EDMONT AVE BROOKHAVEN PA 19015		107 N MONROE ST MEDIA PA 19063		507 CIRCLE DR HAVERTOWN PA 19083	
MANSURE MD, FRANK T	PRM	POTE MD, HARRY H	IM	SHILLINGFORD MD, ROBT P	PD
697 MATSONS FORD RD VILLANOVA PA 19085		103 E RIDLEY AVE RIDLEY PARK PA 19078		3501 MEDICAL BLDG NEWTOWN SQUARE PA 19073	
MANSURE MD, PATRICIA R	R	POWERS MD, DONALD V	IM	SHORE MD, PAUL D	FP
1420 LOCUST ST APT 79 PHILADELPHIA PA 19102		320 FISHERS ROAD BRYN MAWR PA 19010		201 NEMBL RD UPPER DARBY PA 19082	
MARCH MD, NOREEN M	IM	PRASSASVINICHAI MD, SUPARB	GS	SHULKIN MD, MARK W	P
272 N LANSDOWNE AVE LANSDOWNE PA 19050		3 NIXON DRIVE MOORESTOWN NJ 08057		319 W FRONT ST MEDIA PA 19063	
MARCHANT MD, DEFORREST W	OBG	PRATT MD, MARY L	PRM	SILVERMAN MD, NEIL I	OBG
401 LANKENAU MED BLDG PHILADELPHIA PA 19151		412 OLD MIDDLETOWN RD MEDIA PA 19063		CROZER CHSTR MD CT R230 CHESTER PA 19013	
MARGULIES MD, MILTON	R	PRESS MD, ARTHUR J	R	SILVERS MD, ARTHUR H	GS
LANKENAU HOSPITAL PHILADELPHIA PA 19151		525 PRESCOTT RD MERION PA 19066		509 RUTGERS AVE SWARTHMORE PA 19081	
MARINO MD, DANL J	IM	PRICE MD, JOS J	OBG	SKWIRUT MD, FRANK A	IM
CROZER-CHESTER MED CTR CHESTER PA 19013		309 ELLIS ROAD HAVERTOWN PA 19083		2601 W 9TH ST CHESTER PA 19013	
MARVIN MD, ROBT F	IM	RAEZER MD, DAVID M	U	SLATER MD, ROBT	N
433 BURMONT RD DREXEL HILL PA 19026		2 BAILY RD YEADON PA 19050		18 LLANDILLO RD HAVERTOWN PA 19083	
MATTA MD, JOS S	FP	RANKIN MD, CHAS A	OPH	SMILEY MD, JOS W	IM
4205 BERRY AVE DREXEL HILL PA 19026		LUDLOW & HEATHER RD UPPER DARBY PA 19082		272 N LANSDOWNE AVE LANSDOWNE PA 19050	
MAYO MD, EDITH A	FP	RANKIN MD, LYNN M	GS	SMINK JR MD, ROBT D	GS
844 LINDALE AVE DREXEL HILL PA 19026		1100 CANTERBURY RD CLEARWATER FLA 33516		351 LENAPE DR BERWYN PA 19312	
MCALDER MD, DAVID J	GS	RATNER MD, RICHARD R	IM	SMITH MD, EDGAR C	IM
401 TOWNSHIP LINE RD HAVERTOWN PA 19083		4 BARTOL AVE RIDLEY PARK PA 19078		7100 MARSHALL RD UPPER DARBY PA 19082	
MCBRIDE MD, THOS J	IM	RAVREBY MD, WILLIAM D	IM	SMITH MD, J WINSLOW	US
CHECK HOUSE CCMC ANNEX CHESTER PA 19013		CROZER-CHESTER MED CTR CHESTER PA 19013		824 COVENTRY ST BOCA RATON FL 33432	
MCCADDEN MD, JOS A	FP	RECH MD, FRANK M	OBG	SMITH MD, ROBT A	FP
613 MORRIS LANE WALLINGFORD PA 19086		709 BLUE HILL RD WALLINGFORD PA 19086		CROZER-CHESTER MED CTR CHESTER PA 19013	
MCCARTHY JR MD, GEO E	R	RED MD, DONALD E	R	SMITH MD, WM D	CRS
419 RIVERVIEW RD SWARTHMORE PA 19081		850 TALL OAKS RD RADNOR PA 19087		212 FRENCH ROAD FPG NEWTOWN SQ PA 19073	
MCCUTCHEON MD, CHAS T	FP	REED MD, ROBERT C	IM	SNYDER MD, ALBERT J	PRM
8114 WEST CHESTER PIKE UPPER DARBY PA 19082		MIDDLETOWN RD GRADYVILLE PA 19039		BARR & HILLVIEW RDS MALVERN PA 19355	
MCCEE JR MD, JOS P	AN	REITAN JR MD, JOSEPH F	IM	SPANO MD, ANSELMO V	FP
1300 MANOR RD YEADON PA 19050		7 DAVIS AVENUE BROOMALL PA 19008		151 S SPRINGFIELD RD CLIFTON HGTS PA 19018	
MCGOVERN MD, JAMES B	IM	REITSMAN MD, DOUGLAS B	FP	SPECTOR MD, HARVEY B	PTH
103 HARROGATE RD PHILADELPHIA PA 19151		3507 HORTON RD NEWTOWN SQ PA 19073		CROZER CHESTER MED CTR CHESTER PA 19013	
MCKEE MD, EDWARD T	FP	RENDIN MD, LARRY J	IM	SPENCER MD, H NEWTON	ORS
450 LONG LANE UPPER DARBY PA 19082		700 JACKSON ST MEDIA PA 19063		2050 W CHESTER PIKE HAVERTOWN PA 19083	
MCKNIGHT MD, LANCESS	FP	RENO MD, JOS D	FP	SPINA JR MD, JOS	OPH
601 W OLIVE ST MEDIA PA 19063		20 SCHEIVERT AVE ASTON PA 19014		767 MOOLEA RD ROSEMONT PA 19010	
MCLAUGHLIN MD, EDWARD	FP	REPE MD, RONALD M	FP	SQUADROTO MD, JAMES F	FP
56 C HEATHER RIDGE APTS MANTUA NJ 08051		CROZER CHESTER MED CTR CHESTER PA 19013		243 E WOODLAND AVE SPRINGFIELD PA 19064	
MCLAUGHLIN MD, JOHN J	OTO	RESNICK MD, MYRON E	IM	STAFFORD MD, CALVIN R	N
35 W LACROSSE AVE LANSDOWNE PA 19050		DEL CO MED CTR BROOMALL PA 19008		CROZER CHESTER MED CTR CHESTER PA 19013	
MCNAMEE MD, WM B	ORS	REYNOLDS MD, ARTHUR S	FP	STAHLNECKER MD, C STEPHEN	IM
151 LONG LANE UPPER DARBY PA 19082		201 LANSDOWNE ST HAVERTOWN PA 19083		PROVIDENCE RD BAL PIKE MEDIA PA 19063	
MEDOFF MD, HAROLD S	PD	REYNOLDS MD, VICTOR M	FP	STAPLES MD, HERMAN D	P
5101 TOWNSHIP LINE RD DREXEL HILL PA 19026		120 MAIN ST DARBY PA 19023		BEATTY-PROVIDENCE RDS MEDIA PA 19063	
MELCHLODE MD, GERALD A	P	RHODD MD, SAML G	AN	STARER MD, LARRIMORE J	OPH
314 N BROAD ST PHILADELPHIA PA 19102		225 E 24TH ST CHESTER PA 19013		208 WILDMAN ARMS APTS SWARTHMORE PA 19081	
MELLON JR MD, LAWRENCE J	PRM	RIAL MD, WM Y	FP	STARKWEATHER MD, GEO A	PD
845 KEDRON MORTON PA 19070		111 DARTMOUTH AVE SWARTHMORE PA 19081		1001 PENNSYLVANIA AVE HAVERTOWN PA 19083	
MELODY MD, M JOSEPH	FP	RICHARDSON MD, CLAUDE E	P	STAUB JR MD, CARL A	FP
E19 WOODMONT N ROUTE 11 DOWNINGTOWN PA 19335		635 MT ALVERNO RD MEDIA PA 19063		185 MAC DADE BLVD GLENOLDEN PA 19036	
MICHELE MD, CHAS T	GS	RICHTER MD, HOWARD A	NS	STEIN JR MD, DONALD B	PTH
2251 GARRETT RD UPPER DARBY PA 19026		CITY LINE & LANCASTER PHILADELPHIA PA 19151		3000 ROBIN LANE HAVERTOWN PA 19083	
MIELCAREK JR MD, LEON W	OPH	RING MD, ILONA R	PTH	STINE MD, SUSAN B	PD
36 E BALTIMORE PIKE MEDIA PA 19063		1001 CITY AVE PHILADELPHIA PA 19151		1 WEIRWOOD RD RADNOR PA 19087	
MILLER MD, HERMAN	CRS	RING MD, STEPHEN I	P	STORM MD, CHAS T	AN
7516 CITY LINE AVE PHILADELPHIA PA 19151		1715 MCKEAN ST PHILADELPHIA PA 19145		912 RIDLEY CREEK DR MEDIA PA 19063	
MILLER MD, ROBERT M	PTH	RICHTIE MD, CHAS A	OBG	SULLIVAN MD, ANDREW A	OBG
CROZER CHESTER MED CTR CHESTER PA 19013		7100 MARSHALL RD UPPER DARBY PA 19082		1078 W BALTIMORE PK MEDIA PA 19063	
MILSTEIN MD, SEYMOUR W	FP	ROCCARDO DO, DANTE S	FP	SULLIVAN MD, EDWARD M	OBG
3200 EDMONT AVE CHESTER PA 19015		107 W PROVIDENCE RD ALDAN PA 19018		1078 W BALTIMORE PK MEDIA PA 19063	
MITTERLING MD, ROBT C	IM	RODRIGUEZ MD, HUGO F	R	SUNDMAKER MD, WILFRIED K	OTO
GLENDALE RD AND CHESTNU UPPER DARBY PA 19082		P O BOX 426 KIMBERTON PA 19442		2193 W CHESTER PK BROOMALL PA 19008	
MORAN JR MD, JOHN F	FP	ROSEN MD, LEONARD	FP	TCHONG MD, KUO-LIANG	IM
933 ALEXANDER AVE DREXEL HILL PA 19026		206 E 9TH ST CHESTER PA 19013		24TH & PROVIDENCE CHESTER PA 19013	
MORLEY MD, ROBT R	OBG	ROSENBERG MD, FRANK	IM	TEDESCO MD, ORLANDO P	OBG
411 SHEFFIELD DR WALLINGFORD PA 19086		1410 UPLAND ST CHESTER PA 19013		2500 N PROVIDENCE RD MEDIA PA 19063	
MORRIS MD, RICHARD J	FP	ROSENFELD MD, RONALD N	ORS	THOMAS JR MD, JAMES A	ORS
2304 EDMONT AVE CHESTER PA 19013		2212 RHONDA RD BROOMALL PA 19008		415 E 22ND ST CHESTER PA 19013	
MORRIS MD, SHELDON L	OPH	ROXBY MD, HAROLD C	FP	THOMPSON MD, ELMER L	FP
PROF OFF BLDG STE 407 UPLAND PA 19013		5369-3D ALGARROBO LAGUNA HILLS CA 92653		15 W SELLERS AVE RIDLEY PARK PA 19078	
MUDRICK MD, DAVID L	FP	RUBIO MD, EMIR W	FP	THURMAN MD, JOHN N	IM
521 E 9TH ST CHESTER PA 19013		227 APPLEWOOD LANE PENNS GROVE NJ 08069		608 UNIVERSITY PL SWARTHMORE PA 19081	
MULLER MD, OTTO F	IM	RUDNITZKY MD, JEROME	IM	TINGSON MD, ELEANOR S	OBG
T FITZGERALD MERCY HOSP DARBY PA 19023		CROZER-CHESTER MED CNTR CHESTER PA 19013		824 EVANS RD SPRINGFIELD PA 19064	
MURPHY MD, FRANCIS J	FP	RUFFINI MD, JOHN A	FP	TOBIA MD, ENIO W	FP
2515 GARRETT RD DREXEL HILL PA 19026		25 CHESTER PIKE RIDLEY PARK PA 19078		614 CLIFTON AVE COLLINGDALE PA 19023	
NAGLE MD, WALTER W	R	RUMSEY MD, WM P	GS	TOMLINSON MD, JOHN W	OPH
1037 N PROVIDENCE ROAD MEDIA PA 19063		4100 EDMONT AVE CHESTER PA 19015		900 CHESTER PIKE SHARON HILL PA 19079	
NEAL MD, HUNTER S	GS	SALAND MD, DAVID K	ORS	TORRANCE MD, EDWARD G	IM
SUITE 334 LANKENAU MD B PHILADELPHIA PA 19151		2 CHESTER PIKE RIDLEY PARK PA 19078		678 BURMONT RD DREXEL HILL PA 19026	
NEGREY JR MD, JOHN N	OPH	SALIM MD, BOZORGMEHR	PTH	TOTINO MD, JOS A	OPH
664 PADDOCK RD HAVERTOWN PA 19083		651 SHELLBARK LA BRYN MAWR PA 19010		1443 UPLAND ST CHESTER PA 19013	
NEGREY MD, JOHN N	IM	SCHUEVERMANN MD, HENRY A	PS	TREMBLAY MD, ERNEST A	FP
553 VIRGINIA AVE HAVERTOWN PA 19083		7516 CITY LINE AVE PHILADELPHIA PA 19151		50 WYNCROFT DR MEDIA PA 19063	
NEWMAN MD, FRANK W	P	SCHROTH MD, THOS A	GS	TRIOLETTI MD, ELEANOR D	FP
15 MORGAN CIRCLE SWARTHMORE PA 19081		205 MARTORY LANE WALLINGFORD PA 19086		441 W 21ST ST CHESTER PA 19013	
NYEMETZ MD, FERDINAND W	OBG	SCHUBART MD, GEORGE R	OTO	TRIOLETTI MD, FRANCES M	FP
426 WILLOW GATE LANE MEDIA PA 19063		11145 4TH ST E TREASURE IS FL 33706		1261 HUNT CLUB LN MEDIA PA 19063	
OAKEY JR MD, RICHARD S	PS	SCHWARTZ MD, EDWARD	OPH	TROUT MD, E EARL	OBG
419 E 22ND ST CHESTER PA 19013		103 HARVEY RD WALLINGFORD PA 19086		53 SAXER AVE SPRINGFIELD PA 19064	
OCONEILL MD, JAMES R	U	SCIUBBA MD, ROCCO P	FP	TUCH MD, ARTHUR F	IM
3319 SAWMILL RD NEWTOWN SQ PA 19073		326 COLLINS DR SPRINGFIELD PA 19064		CROZER CHESTER MED CTR CHESTER PA 19013	



TULLAI MD, JOHN AN  
818 MEREDITH DR MEDIA PA 19063  
TURNER MD, J ELLIS FP  
10 SCHEIVERT ST CHESTER PA 19014  
URIE MD, JOHN C FP  
CHESTER PK&SWARTHMORE A RIDLEY PARK PA 19078  
UZVCH MD, WALTER OTO  
103 CANTERBURY DR WALLINGFORD PA 19086  
VACCARO MD, VINCENT M OBG  
LANKENAU MED BLDG PHILADELPHIA PA 19151  
VAKIL MD, HASSAN C GS  
106 W FRONT ST MEDIA PA 19063  
VALENTEEN MD, JOHN M IM  
2835 N PROVIDENCE RD MEDIA PA 19063  
VALLOTTI MD, JOS M FP  
721 FULTON ST CHESTER PA 19013  
VASINRAPEE MD, PANUKORN R  
LANKENAU HOSP-NUC MED PHILADELPHIA PA 19151  
VAUGHAN MD, WARD P OBG  
321 SYCAMORE MILLS RD MEDIA PA 19063  
VELOSO MD, VIRGILIO J OPH  
407 TURNER RD MEDIA PA 19063  
VIGGIANO MD, LOUIS X OPH  
410 TOWNSHIP LINE RD HAVERTOWN PA 19083  
VOGEL MD, ADOLPH W OPH  
BOX 4 GLEN OLDEN PA 19036  
VONSMICHTEN MD, ALEXANDER P  
45 COPLEY ROAD UPPER DARBY PA 19082  
WALICHUCK MD, JOHN G FP  
238 A CONCORD RD ASTON PA 19014  
WALLACE JR MD, JOS OTO  
5 N OWEN AVE LANSDOWNE PA 19050  
WANG MD, GEO C IM  
40 N CHESTER PIKE GLENOLDEN PA 19036  
WANG MD, MONICA H PD  
542 HAMPSHIRE RD DREXEL HILL PA 19026  
WARD MD, EDWARD J OBG  
204 E CHESTER PK RIDLEY PARK PA 19078  
WARRINGTON JR MD, JOHN T GS  
204 E CHESTER PIKE RIDLEY PARK PA 19078  
WASLEY MD, DOUGLAS C FP  
1541 CHICHESTER AVE LINWOOD PA 19061  
WEBER MD, GEORGE L GS  
2804 N KENT RD BROMALL PA 19008  
WEBSTER MD, GORDON W FP  
881 GALER DR NEWTOWN SQ PA 19073  
WEIBEL MD, ROBT E PD  
1001 PENNSYLVANIA AVE HAVERTOWN PA 19083  
WEIDENHAMER MD, JAY E OS  
17900 GULF BLVD 1107 REDINGTN SHRS FL 33708  
WEINBERG MD, CARROLL A P  
261 INDIAN CREEK RD PHILADELPHIA PA 19151  
WEINBERG MD, RICHARD A D  
930 W SPROUL RD SPRINGFIELD PA 19064  
WEINER MD, ROGER D IM  
4 BARTOL AVE RIDLEY PARK PA 19078  
WENTZ JR MD, WALTER E FP  
CRUM CREEK ROAD RD 39 MEDIA PA 19063  
WENTZL JR MD, HARVEY E D  
301 PAXON HOLLOW RD MEDIA PA 19063  
WHELAN MD, STEPHEN T D  
LUDLOW ST AND BRANDON UPPER DARBY PA 19082  
WHITTAKER MD, H CRAIG OBG  
280 N PROVIDENCE RD MEDIA PA 19063  
WHITE MD, ROBT A OBG  
1622 WOODMERE WAY HAVERTOWN PA 19083  
WHITMORE MD, MASON R  
BOX 814 STATE COLLEGE PA 16801  
WICKIS MD, FRED T FP  
940 CHESTER PIKE SHARON HILL PA 19079  
WIDDOWSON MD, HAROLD R AN  
132 SEMINOLE AVE NORMOOD PA 19074  
WIESNER MD, IRVING S P  
985 OAK CREST LN MEDIA PA 19063  
WIGTON MD, JOHN H FP  
S CHESTER RD & YALE AVE SWARTHMORE PA 19081  
WILKERSON MD, JOSEPH L U  
2235 GARRETT RD DREXEL HILL PA 19026  
WILKINSON MD, HAROLD A FP  
111 DARTMOUTH AVE SWARTHMORE PA 19081  
WILKINSON MD, ROSELISE H FP  
111 DARTMOUTH AVE SWARTHMORE PA 19081  
WILKINSON MD, WILLIAM H OS  
P O BOX 124 ROCKLAND DE 19732  
WILLIAMS MD, BURTON L R  
ORCHARD LA-ROSE VLY WALLINGFORD PA 19086  
WILLIAMS MD, CLAUDE M OBG  
903 HEATHDALE LANE MEDIA PA 19063  
WINDERMAN MD, MARJORIE M OS  
15TH & UPLAND STS CHESTER PA 19013  
WINN MD, CHARLES OTO  
6100 N W 44TH ST APT 11 LAUDERHILL FL 33319  
WOZNIAK MD, JOHN P  
8040 RSVLT BLVD STE 102 PHILADELPHIA PA 19152  
WYMAN MD, NEWTON A FP  
601 S CHESTER RD APT 30 SWARTHMORE PA 19081  
YAGNIK MD, PRATAP M N  
V A HOSPITAL PHILADELPHIA PA 19104  
YAGNIK MD, REKHA P PD  
2 STEEPLCHASE DR MEDIA PA 19063  
YANKELEVICH MD, RAUL GS  
131 DEERFIELD RD BROOMALL PA 19008  
YODER MD, MORRIS L IM  
412 LANKENAU MED BLDG PHILADELPHIA PA 19151  
YOOD MD, NORMAN L R  
BOX 52 MEDIA PA 19063  
YOW MD, MICHAEL V IM  
906 TWYCKENHAM RD MEDIA PA 19063  
YUM MD, KEUK Y GS  
334 LANKENAU MED BLDG PHILADELPHIA PA 19151  
ZIBELMAN MD, MARK IM  
4 BARTOL AVE RIDLEY PARK PA 19078  
ZINTL MD, WM J GS  
1016 HARRIOR RD DREXEL HILL PA 19026  
ZLUPKO MD, GEORGE M IM  
ALTOONA HOSPITAL ALTOONA PA 16603

ZOURAS MD, NICHOLAS L P  
3951 N PROVIDENCE RD NEWTOWN SQ PA 19073

## Elk-Cameron County

ALFIERI MD, JOS A FP  
117 N MICHAEL ST ST MARYS PA 15857  
ARMSTRONG MD, B IRENE OPH  
125 STATE ST ST MARYS PA 15857  
BABIN MD, ROMAN A PD  
117 N MICHAELS ST ST MARYS PA 15857  
BENNER MD, NORMAN R FP  
516 MARKET ST JOHNSONBURG PA 15845  
BLACKBURN MD, JOS M FP  
275 E 4TH ST EMPORIUM PA 15834  
CHILIAN JR MD, STEPHEN A GS  
16 RAILROAD ST ST MARYS PA 15857  
COPPOLLO MD, BERNARD L FP  
121 ARCH ST ST MARYS PA 15857  
DELICH MD, JOHN P AN  
ANDREW KAUL HOSP ST MARYS PA 15857  
DICKINSON MD, ROBT J P  
220 CENTER ST RIDGWAY PA 15853  
HACKETT JR MD, JAMES L IM  
ANDREW KAUL MEM HOSP ST MARYS PA 15857  
HACKETT MD, JAMES L FP  
8 W 4TH ST EMPORIUM PA 15834  
HAUBER MD, CHAS A FP  
125 S MICHAEL ST ST MARYS PA 15857  
LOMBARDO MD, SEBASTIAN PTH  
6201 NORTH 16TH ST PHOENIX AZ 85016  
MCGEEHAN MD, JOHN T R  
ANDREW KAUL MEM HOSP ST MARYS PA 15857  
MILLIGAN MD, JAMES E P  
220 CENTER ST RIDGWAY PA 15853  
MIN MD, HENRY M ORS  
A KAUL MEM HOSP ST MARYS PA 15857  
MINTEER MD, JAMES W IM  
102 CENTER ST RIDGWAY PA 15853  
MYERS MD, PAUL R GS  
ELK COUNTY HOSP RIDGWAY PA 15853  
ORDINAY MD, M VERNON P  
220 CENTER ST RIDGWAY PA 15853  
PERNESKI MD, ROBT L ORS  
ANDREW KAUL MEM HOSP ST MARYS PA 15857  
PONTZER MD, HERBERT FP  
173 MAIN ST RIDGWAY PA 15853  
POULLIOTT MD, JEROME W GS  
ANDREW KAUL HOSP ST MARYS PA 15857  
SHARKEY JR MD, DENNIS A PTH  
ANDREW KAUL MEM HOSP ST MARYS PA 15857  
SIMPSON MD, ROBT C OPH  
PO BOX 4663 OCEANSIDE SURFSIDE BCH SC 29577  
SORIANO MD, MANUEL G U  
ANDREW KAUL MEM HOSP ST MARYS PA 15857  
SUNDER MD, JOS E FP  
117 N MICHAEL ST ST MARYS PA 15857  
THOMPSON MD, WM W FP  
107 CENTER ST RIDGWAY PA 15853  
VALIGORSKY MD, PAUL J FP  
BOX 43 FORCE PA 15841  
WU MD, CHAU H FP  
407 BRIDGE ST JOHNSONBURG PA 15845

BROCKMYER MD, M LAWRENCE GS  
140 W 2ND ERIE PA 16507  
BROWN MD, JOHN E FP  
315 YORK ST CORRY PA 16407  
BU MD, TAE-HYUNG OBG  
1611 PEACH ST ERIE PA 16501  
BURBRIDGE MD, I RALPH P  
234 W 6TH ST ERIE PA 16507  
BURDICK MD, MITCHELL R  
915 MYRTLE ST ERIE PA 16502  
BUTTERS MD, J GUY FP  
316 WAYNE ST CORRY PA 16407  
BYERS MD, ROBT J AN  
406 RONDEAU DR ERIE PA 16505  
BYERS MD, ROBT O IM  
411 PASADENA DR ERIE PA 16505  
CALLAHAN MD, ROBT B P  
1623 W 26TH ST ERIE PA 16508  
CARTER MD, JOS M AN  
816 HILLTOP RD ERIE PA 16509  
CASSELLMAN MD, HYMAN L FP  
1032 W 8TH ST ERIE PA 16502  
CHAFFEE MD, JOHN S GS  
820 SASSAFRAS ST ERIE PA 16501  
CHANAMOLU MD, VITTAL B PTH  
343 QUINBY RD ROCHESTER NY 14623  
CHAREPOO MD, KHASHAIAR GS  
2532 E 39TH ST ERIE PA 16510  
CHUNG MD, CHIN-YONG PD  
926 W 38TH ST ERIE PA 16508  
CLAPP MD, JOHN S P  
234 WEST SIXTH ST ERIE PA 16507  
COHEN MD, WM W FP  
3822 WAYNE ST ERIE PA 16504  
COLE MD, DENNIS G ORS  
406 PEACH ST ERIE PA 16507  
COOPER MD, HOMI S N  
1575 PINEWOOD DR FAIRVIEW PA 16415  
CRITTENDEN MD, GEO B FP  
9 N PEARL ST NORTH EAST PA 16428  
CRUZ MD, ROGELIO A TS  
315 YORK ST CORRY PA 16407  
CSIR MD, FLOYD M U  
4 E SECOND ST ERIE PA 16507  
DANIELE MD, JOS O GS  
238 W 22ND ST ERIE PA 16502  
DEFRANCO MD, JOS M IM  
1611 PEACH ST ERIE PA 16501  
DEIMEL MD, JOSEPH F FP  
5158 PEACH ST ERIE PA 16509  
DELANEY MD, JAMES H OPH  
210 W 6TH ST ERIE PA 16507  
DEMARCO MD, JOHN J OBG  
2314 SASSAFRAS ST 305 ERIE PA 16502  
DESANTIS MD, ARCHIE J FP  
6206 LAKE SHORE DR ERIE PA 16505  
DESHPANDE MD, ASHA S PTH  
3614 PRISCILLA DR ERIE PA 16506  
DESHPANDE MD, SHARADCHANDRA US  
ST VINCENT HOSP PO BOX 74 ERIE PA 16512  
DIETEMAN MD, DAVID F D  
1611 PEACH ST ERIE PA 16501  
DISTEFANO MD, BERARDINO IM  
238 W 22 ST ERIE PA 16502  
DOUPE MD, DAVID W OBG  
210 E 2ND ST ERIE PA 16507  
DRISCOLL MD, ROBERT A R  
3545 CULPEPPER DR ERIE PA 16506  
DRUCKEMILLER MD, WM H NS  
225 W 25TH ST STE 305 ERIE PA 16502  
DRUMHELLER MD, JOHN F PD  
1611 PEACH ST ERIE PA 16501  
DUBEY MD, SAROJ K FP  
1650 PERSHING AVE ERIE PA 16509  
DUDENHOEFER MD, FREDERICK J IM  
2048 ENFIELD LANE ERIE PA 16509  
DUGAN MD, ROBT B OPH  
225 W 25TH ST ERIE PA 16502  
DUNN MD, DAVID D GS  
140 W 2ND ST ERIE PA 16507  
DUSCKAS MD, GEO J OTO  
311 W 6TH ST ERIE PA 16507  
EARICK MD, MICHAEL E OPH  
225 W 25TH ST ERIE PA 16502  
ECKBERG MD, JOHN J IM  
140 W 2ND ST SUITE 203 ERIE PA 16507  
EHRLER MD, AUGUST H FP  
2618 SIGSBEE ST ERIE PA 16508  
EISENBERG MD, RICHARD B PTH  
4929 EDGEVALE DR ERIE PA 16509  
ENGEL MD, MILTON I IM  
2501 SASSAFRAS ST ERIE PA 16502  
EULIANO JR MD, JOHN J ORS  
406 PEACH ST ERIE PA 16507  
EULIANO MD, JOHN J ORS  
406 PEACH ST ERIE PA 16507  
FASO MD, JOS M CRS  
3216 STATE ST ERIE PA 16508  
FERNANDO MD, NEVILLE A AN  
ST VINCENT HEALTH CTR ERIE PA 16512  
FLANAGAN MD, JOHN E IM  
140 W 2ND ST ERIE PA 16507  
FLOREK MD, FLORIAN F ORS  
27 MARKET ST EDINBURG PA 16412  
FRANCIS MD, PAUL P  
155 W 8TH ST ERIE PA 16501  
FRANKOVITCH MD, KARL F ORS  
406 PEACH ST ERIE PA 16507  
FRYCZYNSKI MD, THADDEUS P IM  
502 E 12TH ST ERIE PA 16503  
FURR MD, CHARLES M IM  
104 EAST SECOND ST ERIE PA 16507  
FUST MD, JOHN A PTH  
HAMOT HOSP ERIE PA 16512  
GARREN MD, ALLAN C PM  
277 DEPEW AVE BUFFALO NY 14214

## Erie County

ADKINS MD, WM C U  
225 W 25TH ST ERIE PA 16502  
ALLANIQUE MD, ROGELIO M IM  
20 W HIGH ST UNION CITY PA 16438  
ALLEN MD, HUGH L IM  
1261 W 9TH ST ERIE PA 16502  
ALSHAIKHLY MD, A KARIMAREF ORS  
213 BAER DR APT 10 ERIE PA 16505  
AMACHER MD, HOWARD C FP  
3125 FRENCH ST ERIE PA 16504  
ANDERSON JR MD, WM H FP  
BOX 122 W SPRINGFLD PA 16443  
ANDERSON MD, GORDON P IM  
4347 VALENCIA CT ERIE PA 16506  
ANDERSON MD, RUSSELL S IM  
3915 PARKSIDE AVE ERIE PA 16508  
ARMSTRONG MD, ERNEST L US  
220 SHAWNEE DR ERIE PA 16505  
BACON MD, RALPH D R  
P O BOX 11 WATTSBURG PA 16442  
BAJOREK MD, EDWARD J GS  
230 W 26TH ST ERIE PA 16509  
BAKER MD, GRAEME C PS  
104 E SECOND ST ERIE PA 16507  
BALES MD, CHAS R PS  
104 E 2ND ST ERIE PA 16507  
BARCLAY JR MD, PAUL L IM  
104 E 2ND ST ERIE PA 16507  
BECK MD, GERALD E FP  
3750 W 25TH ST ERIE PA 16506  
BEEBY MD, JAMES L GS  
1611 PEACH ST ERIE PA 16501  
BERESKY MD, BARNABAS FP  
3908 STATE ST ERIE PA 16508  
BOHLENDER MD, GEO P OBG  
140 W 2ND ST ERIE PA 16507  
BOYLE MD, RICHARD C FP  
106 MARTIN AVE LAKE CITY PA 16423  
BRERETON MD, WM F IM  
104 E 2ND ST 5TH FL ERIE PA 16501



GARRISON MD, JOHN M	TS	LEE MD, IN W	P	RICKLOFF MD, RAYMOND J	D
104 E 2ND ST ERIE PA 16507		3102 EL CORTO WAY ERIE PA 16506		165 DORAL CIRCLE NAPLES FL 33940	
GARVEY MD, WM P	FP	LEONE MD, CHAS R	GS	ROCHE MD, ROBT J	OBG
3506 STERRATTANIA RD ERIE PA 16506		238 W 22 ST ERIE PA 16502		1122 EAST AVE ERIE PA 16503	
GAUGHAN MD, JOS F	PM	LLOYD MD, GERALD R	FP	ROOS MD, ALFRED T	FP
666 W 38TH ST ERIE PA 16508		315 YORK ST CORRY PA 16407		3125 FRENCH ST ERIE PA 16504	
GEIGLE MD, CARL F	CRS	LOEB MD, ROBT L	IM	ROTH MD, RUSSELL B	U
3216 STATE ST ERIE PA 16508		557 W 8TH ST ERIE PA 16502		225 W 25TH ST SUITE 204 ERIE PA 16502	PTH
GERMAN MD, ANTONIO I	PTH	LORUSSO MD, VIRGIL A	GS	ROZWADOWSKI MD, JACK V	
232 W 25TH ST ERIE PA 16512		2225 LIBERTY ST ERIE PA 16502		406 WILKINS RD ERIE PA 16505	
GOLD MD, JACK	PD	LUPU DO, STEPHEN F	AN	SAEDI MD, SAED F	TS
926 W 38TH ST ERIE PA 16508		2001 BERKSHIRE LN ERIE PA 16509		104 E SECOND ST ERIE PA 16507	
GOURGOUTIS MD, GEORGE D	IM	LYONS MD, GARY W	TS	SAMARASINGHE MD, GUNASIRI	AN
104 E 2ND ST ERIE PA 16507		225 W 25TH ST ERIE PA 16502		4916 WOOD ST ERIE PA 16509	
GUBBS MD, GEOFFREY W	FP	LYONS MD, RICHARD C	U	SANDSTROM MD, PAUL H	R
4 E 2ND ST ERIE PA 16512		4 E 2ND ST ERIE PA 16507		104 E 2ND ST ERIE PA 16507	
GUELCHER MD, ROBT T	OTO	MACLACHLAN MD, WM W	OTO	SANTOMENNA MD, MICHAEL A	GS
1611 PEACH ST STE 320 ERIE PA 16501		1611 PEACH ST ERIE PA 16501		238 W 22 ST ERIE PA 16502	
GUSTIN MD, THOS A	P	MAINZER MD, FRANCIS K	NS	SANTOSO MD, LINJADI	IM
3631 WINTHROP DR ERIE PA 16506		5 E 34TH ST ERIE PA 16504		HAMOT MED CTR ERIE PA 16512	
GUTHLEBEN MD, JOHN G	OBG	MANGO MD, ALBERT E	FP	SARDESAI MD, PRABHAKAR G	TS
140 W 2ND ST ERIE PA 16507		128 E 7TH ST ERIE PA 16501		104 E 2ND ST ERIE PA 16507	
HARMON MD, EDISON H	FP	MARASCO MD, RICHARD M	FP	SCARPITTI MD, WM F	OBG
8 PARK PL CORRY PA 16407		255 W 25TH ST ERIE PA 16507		350 W 10TH ST ERIE PA 16502	
HARRISON MD, PAUL D	FP	MARSH MD, ROBT J	U	SCHAFF MD, CHAS F	FP
33 W HIGH ST UNION CITY PA 16438		225 W 25TH ST ERIE PA 16502		3104 PEACH ST ERIE PA 16508	
HARTER MD, ALAN C	PRM	MARSHALL MD, JACK H	FP	SCHAFF MD, JOHN T	IM
2901 E LAKE RD ERIE PA 16511		2108 W 8TH ST ERIE PA 16505		104 E SECOND ST ERIE PA 16507	
HAVRILLA MD, THOMAS R	US	MARTINI MD, VICTOR S	FP	SCHLABACH MD, DONALD M	R
3790 FREEMONT RD S EUCLID OH 44121		20 W HIGH ST UNION CITY PA 16438		104 E 2ND ST 5TH FL ERIE PA 16507	
HEIBEL MD, RICHARD H	IM	MASSEY MD, GORDON J	FP	SCHUSTER MD, JAMES L	ORS
225 WEST 25TH ST ERIE PA 16502		60 N LAKE ST NORTH EAST PA 16428		140 W 2ND ST STE 100 ERIE PA 16507	
HENDERSON MD, ELLSWORTH W	FP	MCCOMBS MD, RAY D	FP	SCIBETTA MD, MARIO P	R
30 W HIGH ST UNION CITY PA 16438		938 POWELL AVE ERIE PA 16505		104 E 2ND ST 5TH FL ERIE PA 16507	
HENDRICKS JR MD, WM C	NS	MCLAREN JR MD, HAROLD J	U	SCULLY MD, DENNIS M	FP
202 EAST 2ND ERIE PA 16507		225 W 25TH ST SUITE 204 ERIE PA 16502		3125 FRENCH ST ERIE PA 16504	
HILEMAN MD, JAMES D	FP	MCNEILL MD, DONALD B	OBG	SEIFERTH MD, WM J	IM
315 YORK ST CORRY PA 16407		1611 PEACH ST ERIE PA 16501		VET ADMIN HOSP ERIE PA 16501	
HIPPS MD, JOHN G	PRM	MEAD MD, ROBT M	FP	SEMPLE MD, JOS M	OBG
1990 NAGLE RD ERIE PA 16510		EL CORTO WAY ERIE PA 16506		4213 STATE ST ERIE PA 16508	
HIRSCH MD, JACK H	FP	MERCIER MD, EDWARD E	IM	SHARMA MD, SUKH D	IM
2963 PEACH ST ERIE PA 16508		225 W 25TH ST ERIE PA 16502		6351 LAKESHORE DR ERIE PA 16605	
HO MD, RAYMOND C	PD	MERSKI MD, ANTHONY T	FP	SHELLEY MD, ELMER G	FP
112 HILLCREST DR RD 4 CORRY PA 16407		2624 LAKESIDE DR ERIE PA 16511		299 N RIVERSIDE DR POMPANO BCH FL 33062	TS
HO MD, SZE-KEY	P	MILLER 2ND MD, TOM R	FP	SHERAFAT MD, MOSTAFA	
MAYVIEW STATE HOSP BRIDGEVILLE PA 15017	OBG	HIGH ST EDINBORO PA 16412		104 E 2ND ST ERIE PA 16507	
HOU MD, CHING W		MILLER MD, ROLAND E	FP	SHERBERT MD, EDWARD	AN
540 WAYNE ST APT C CORRY PA 16407		HAMOT HOSP AMB CARE ERIE PA 16507	ORS	4601 GLENWOOD PK AVE 60 ERIE PA 16509	P
HUDSON JR MD, HOWARD L	R	MIR MD, DAVID J		SHMORA MD, FELIX S	
104 E 2ND ST ERIE PA 16507		406 PEACH ST ERIE PA 16507		234 W 6TH ST ERIE PA 16507	P
HYATT MD, FLOYD R	R	MISCHLER MD, FORREST C	GS	SINGH MD, KRIPA S	
102 E 2ND ST ERIE PA 16507		406 E 2ND ST ERIE PA 16507		1570 WINTERGREEN LN FAIRVIEW PA 16415	OTO
JACKSON MD, WM G	IM	MOAKEH MD, MOHAMED	U	SIVAK MD, MICHAEL V	
232 WEST 25TH ST ERIE PA 16512		1422 W 38TH ST ERIE PA 16508		506 E 25TH ST ERIE PA 16503	
JAGEMAN MD, JAMES R	FP	MONAHAN MD, JOHN J	ORS	SKOVRON MD, MICHAEL	ORS
2104 ZIMMERLY RD ERIE PA 16509		406 PEACH ST ERIE PA 16501		716 SASSAFRAS ST ERIE PA 16501	
JAGEMAN MD, JOHN C	IM	MORK MD, GUSTAVE W	PD	SMYTH MD, WM T	PTH
2104 ZIMMERLY RD ERIE PA 16509		1611 PEACH PROF BLDG ERIE PA 16501		232 W 25TH ST ERIE PA 16512	
JENKINS MD, JAY L	IM	MORRIS MD, JOHN L	FP	SNIDER MD, B LEONARD	D
104 E 2ND ST ERIE PA 16507		HIGH ST EDINBORO PA 16412		3416 STATE ST ERIE PA 16508	
JOY MD, CHAS A	IM	MOYER MD, THELBERT R	PM	SNOW MD, DANL S	FP
4 W 34TH ST ERIE PA 16508		2902 HOMESTEAD ST ERIE PA 16506		525 W 10TH STREET ERIE PA 16502	
JUANG MD, RICHARD C	GS	MRAZ MD, JAMES E	ORS	SPAULDING MD, HERBERT E	US
2800 STATE ST ERIE PA 16508		204 WEST 26 STREET ERIE PA 16508		62 EL DORADO PARK SAN MARCOS CA 92069	
KALAGAYAN MD, HECTOR J	GS	MRAZ MD, JOHN P	D	STARR MD, ALBERT M	AN
5 SOUTH ST UNION CITY PA 16438		225 W 25TH ST ERIE PA 16502		4727 WOLF RD ERIE PA 16505	
KALKHOFF MD, THOS C	FP	MSZANOWSKI MD, EDWIN M	GS	STRANG MD, MARY S	R
3815 FIELD ST ERIE PA 16511		502 E 12TH ST ERIE PA 16503		104 E 2ND ST 5TH FL ERIE PA 16507	
KAMINSKY MD, ANTHONY F	U	MSZANOWSKI MD, MELCHIOR	FP	STUART MD, ROBT B	FP
225 W 25TH ST ERIE PA 16502		502 E 12TH ST ERIE PA 16503		1565 WEST 38TH ST ERIE PA 16508	
KAMINSKY MD, JAMES F	AN	NAGLE MD, DOUGLAS B	R	SUMMERS MD, DAVID S	N
3520 BEECH AVE ERIE PA 16508		104 E 2ND ST 5TH FL ERIE PA 16507		1611 PEACH ST ERIE PA 16501	
KARLE MD, JOHN G	OPH	NARDOCCI MD, ANTHONY E	GS	SUPPA MD, OSVALDO S	IM
104 E 2ND ST ERIE PA 16507		2800 STATE ST ERIE PA 16508		4 E 2ND ST ERIE PA 16512	
KARSH MD, CARL A	FP	NARUS MD, VETOLD T	D	SUSAN MD, LUAY P	U
41 W MAIN ST NORTH EAST PA 16428		1123 W 38TH ST ERIE PA 16508		232 W 25TH ST ERIE PA 16512	
KECK MD, DAVID J	FP	NOLAN JR MD, THOS F	GS	TABORA MD, EMMANUEL J	GS
210 E MAIN ST FAIRVIEW PA 16415		225 W 25TH ST ERIE PA 16502		1611 PEACH ST ERIE PA 16501	
KEISTER MD, STEPHEN R	IM	NUTTER MD, RAYMOND B	PRM	TAN MD, WILFRED S	TS
104 E 2ND ST ERIE PA 16507		3853 TRASK AVE ERIE PA 16508		5536 ZEMVILLE DR ERIE PA 16510	
KEMBLE MD, EDWARD E	IM	OBRIEN MD, J ELMER	GS	TATE MD, J HARRISON	FP
104 E 2ND ST 7TH FL ERIE PA 16507		302 E 10TH ST ERIE PA 16503		1174 HILLTOP RD ERIE PA 16509	
KIBLER MD, CHAS E	GS	OLACK MD, JEROME A	R	TAVANA MD, MANOUCHER	GS
140 W 2ND ST ERIE PA 16507		104 E 2ND ST ERIE PA 16507		238 W 22 ST ERIE PA 16502	
KICHLU MD, KUNJ B	FP	OVERFIELD MD, EDWARD M	IM	TEED MD, EDWARD L	OPH
1741 W 26TH ST ERIE PA 16508		104 E 2ND ST ERIE PA 16507		104 E 2ND ST 6-A ERIE PA 16507	
KING MD, ROY J	FP	PAK MD, HANHO	GS	THEUERKAUF JR MD, FRANK J	CRS
225 E 6TH ST ERIE PA 16507		E R HAMOT MED CTR ERIE PA 16512		3216 STATE ST ERIE PA 16508	
KOPYCINSKI MD, CLARK F	FP	PALMER MD, DELMAR R	OBG	THEUERKAUF MD, FRANK J	GS
5158 BUFFALO RD ERIE PA 16510		230 W 26TH ST ERIE PA 16508		309 SHANNEE DR ERIE PA 16505	
KREMER JR MD, EDWIN S	OBG	PARSONS MD, WM H	P	THOMAS JR MD, JAMES J	US
2314 SASSAFRAS ST ERIE PA 16502		3503 POPLAR ST ERIE PA 16508		210 E 2ND ST ERIE PA 16507	
KUHN MD, RICHARD H	FP	PATEL MD, VINOD M	IM	TIDD MD, RALPH M	FP
225 W 25TH ST ERIE PA 16502		238 W 22ND ST ERIE PA 16502		508 PITT AVE ERIE PA 16505	
KUITERT MD, JOHN H	PM	PELLIZZARI MD, RINALDO G	PTH	TIMMONS MD, ROBT G	IM
PO BOX 896 SEASIDE OR 97138		HAMOT HOSP ERIE PA 16512		140 W 2ND ST ERIE PA 16507	
KURUP MD, SIVA P	P	PENMAN MD, ROBT K	ORS	TIROLD MD, FRANCISCO T	GS
232 WEST 25TH ST ERIE PA 16512		2626 916BEE ST ERIE PA 16508		315 YORK ST CORRY PA 16407	
LAMBERTON MD, WM D	FP	PEPICELLO MD, JAMES A	GS	TOOZE MD, FRANK M	PS
213 E 41ST ST ERIE PA 16504		3835 COOPER ROAD ERIE PA 16510		104 E 2ND ST ERIE PA 16507	
LAMP MD, ALBERT L	PD	PETERSON MD, CLIFFORD M	OBG	TOPEPERZ MD, BETTY C	FP
232 W 25TH ST ERIE PA 16502		2314 SASSAFRAS ST ERIE PA 16502		104 E 2ND ST ERIE PA 16507	
LANGE MD, JOHN A	P	PETRE MD, JOHN H	U	TREDWAY MD, JOHN B	IM
1611 PEACH ST #455 ERIE PA 16501		4 E 2ND ST ERIE PA 16507		140 W 2ND ST STE 203 ERIE PA 16501	
LARA MD, HENRY R	PTH	PISTORIO MD, MICHAEL J	FP	TRIEBER MD, KENNETH S	IM
HAMOT HOSP ERIE PA 16512		1123 W 38TH ST ERIE PA 16508		1056 W 26TH ST ERIE PA 16508	
LASHER MD, JAY D	GS	POGORZELSKI MD, GEO H	FP	TRIPPE MD, FRANK A	US
1611 PEACH ST SUITE 255 ERIE PA 16501		1555 S SHORE DR ERIE PA 16505		321 INDIANA DR ERIE PA 16505	
LASHER MD, LEMUEL A	GS	RAHNER MD, RICHARD A	ORS	TSAL MD, MING C	IM
255 PROFESSIONAL BLDG ERIE PA 16501		204 WEST 26 STREET ERIE PA 16508		540 B BLDG WAYNE ST CORRY PA 16407	
LASHER MD, ROBT L	GS	RALSTON MD, EMMERALD M	FP	UNDERHILL MD, WM L	IM
1611 PEACH ST SUITE 255 ERIE PA 16501		510 E MEADOW LA PHOENIX AZ 85022		104 E 2ND ST 7TH FLOOR ERIE PA 16507	
LAYDEN MD, PAUL W	ORS	RECIO MD, CONRADO M	PD	VANDAMIA MD, DONALD N	FP
204 WEST 26 STREET ERIE PA 16508		1611 PEACH ST SUITE 400 ERIE PA 16501		5158 PEACH ST ERIE PA 16509	
LEACH MD, GARY R	U	RENZ MD, ROBT T	PTH	VERDECCIA MD, LEO M	OBG
520 SHANNEE DR ERIE PA 16505		ST VINCENT HOSP ERIE PA 16502		1611 PEACH ST ERIE PA 16501	



WALKER MD, JAMES F IM  
302 W 9TH ST ERIE PA 16502  
WALLACE MD, WILBUR S FP  
790 LINCOLN AVE ERIE PA 16505  
MALSH MD, JOS M GS  
1410 S SHORE DR ERIE PA 16505  
WARD MD, EDGAR M IM  
104 E 2ND ST ERIE PA 16507  
WARDEN MD, JAMES R GS  
1611 PEACH ST ERIE PA 16501  
WARFEL MD, MARTIN C FP  
560 E 3RD ST ERIE PA 16507  
WEAVER MD, JAMES D FP  
3512 MALCOLM GROW USAF WASHINGTON DC 20331  
WELLS MD, E BUIST IM  
140 W 2ND ST SUITE 203 ERIE PA 16507  
WHARTON MD, STANLEY W FP  
1950 LAKESIDE DR ERIE PA 16511  
WICKRAMASINGHE MD, EARDLY K FP  
5035 CIDER MILL RD ERIE PA 16509  
WILHELM MD, WILLIAM C PD  
104 EAST 2ND ST ERIE PA 16512  
WILKOS MD, FRANCIS J FP  
619 E 10TH ST ERIE PA 16503  
WILLIAMS MD, DONALD D OBG  
225 W 40TH ST ERIE PA 16508  
YANG MD, DONG S OBG  
1611 PEACH ST STE 325 ERIE PA 16501  
YOUNG MD, HENRY A GS  
140 W 2ND ST SUITE 102 ERIE PA 16507  
ZADEH MD, MEHDI L GS  
4520 UPLAND DR ERIE PA 16509  
ZIEZULA MD, RONALD F PD  
104 E 2ND ST ERIE PA 16507  
ZIMM MD, EDWARD J OTO  
225 W 25TH ST ERIE PA 16502  
ZONE MD, DONALD D IM  
104 E 2ND ST ERIE PA 16507

## Fayette County

ANDOLINA MD, STEPHEN FP  
103 N PITTSBURGH ST CONNELLSVILLE PA 15425  
AREZA MD, PABLO R AN  
2021 REVERE DR CONNELLSVILLE PA 15425  
AYRES MD, WM W PTH  
205 EASY ST UNIONTOWN PA 15401  
BINNS MD, VERONICA PD  
200 UNION BLDG BROWNSVILLE PA 15417  
BLASS MD, DAVID C FP  
UNIONTOWN HOSP UNIONTOWN PA 15401  
BLUMENSCHIEIN MD, GERTRUDE FP  
105 MEDICAL ARTS BLDG UNIONTOWN PA 15401  
BONUCCI MD, BRUNO L FP  
STAR JUNCTION PA 15482  
CARDENAS MD, FLORENCIO P U  
205 EASY ST UNIONTOWN PA 15401  
CARVER MD, MARGARET A OBG  
105 MEDICAL ARTS BLDG UNIONTOWN PA 15401  
CHANDRASEKARAN MD, SANNASIE IM  
668 N GEARY ST MOUNT PLEASANT PA 15666  
CLOUD MD, M HARLAN FP  
612 MT VERNON TOWERS UNIONTOWN PA 15401  
COLVIN MD, WM F FP  
ADELAIDE RD & RT 201 CONNELLSVILLE PA 15425  
CONN MD, HOWARD F IM  
239 MC CLELLANDTOWN RD UNIONTOWN PA 15401  
CONNELLY MD, JEHUE R FP  
217 MAIN ST FAYETTE CITY PA 15438  
COOK MD, RALPH W FP  
R D 1 SMOCK PA 15480  
CORRADO JR MD, CATALDO F GS  
86 CONNOR ST UNIONTOWN PA 15401  
CORRADO MD, CATALDO FP  
136 E FAYETTE ST UNIONTOWN PA 15401  
COX MD, RALPH L FP  
101 S PITTSBURGH ST CONNELLSVILLE PA 15425  
OAS MD, JAGANNATH OBG  
76 EVERGREEN TERRACE UNIONTOWN PA 15401  
DAURIA MD, THOS M PD  
205 EASY ST UNIONTOWN PA 15401  
DENT MD, ALAND C GS  
217 MAIN ST FAYETTE CITY PA 15438  
DURKAN MD, GERALD P IM  
6 EMERSON ST UNIONTOWN PA 15401  
ELLENSWEIG MD, MORRIS S OBG  
PROF PLAZA 205 EASY ST UNIONTOWN PA 15401  
ENGLISH MD, ROBERT S D  
RT 1 BOX 373 SMITHFIELD PA 15478  
FOREJT MD, JOS M FP  
305 S ARCH ST CONNELLSVILLE PA 15425  
FRANKLIN MD, DONALD S IM  
UNIONTOWN HOSPITAL UNIONTOWN PA 15401  
GAROFALO MD, CARL A FP  
130 SIMPSON DR BROWNSVILLE PA 15417  
GAROFALO MD, RALPH F FP  
BOX 71 BROWNSVILLE PA 15417  
GOLDBLUM MD, JACOB R  
500 W BERKELEY ST UNIONTOWN PA 15401  
GOODMAN MD, DAVID B IM  
205 EASY ST UNIONTOWN PA 15401  
GORDON JR MD, JOHN W US  
12241 MIRASOL PL SAN DIEGO CA 92128  
HIBBS MD, JOHN B IM  
51 W FAYETTE ST UNIONTOWN PA 15401  
HUBBARD MD, CHAS C GS  
140 STOCKTON AVE UNIONTOWN PA 15401  
ISARIYAWONGSE MD, PRAKORB GS  
53 MARKET ST RM 500 BROWNSVILLE PA 15417  
JANA MD, BARID B GS  
1618 S PITTSBURGH ST CONNELLSVILLE PA 15425

JIN MD, BYUNGHAK GS  
113 HAGUE LANE UNIONTOWN PA 15401  
JOSHI MD, KISHOR E IM  
UNIONTOWN HOSPITAL UNIONTOWN PA 15401  
KAMONS MD, EDWIN J FP  
107 E MAIN ST UNIONTOWN PA 15401  
KAMONS MD, HAROLD O FP  
MARKLEYSBURG PA 15459  
KIM MD, DONG H PD  
2014 VALLEY FORGE DR CONNELLSVILLE PA 15425  
KIM MD, MYOUNG S OBG  
227 PROFESSIONAL PLAZA UNIONTOWN PA 15401  
KOMALAHIRANYA MD, AMNUAY OBG  
160 SKYLINE DR CALIFORNIA PA 15419  
KOMALAHIRANYA MD, USA E AN  
BROWNSVILLE HOSP BROWNSVILLE PA 15417  
KOUGH MD, OTHELLO S FP  
9 W CHURCH ST UNIONTOWN PA 15401  
LARKIN MD, FRANCIS L GS  
30 DELAWARE AVE UNIONTOWN PA 15401  
LARKIN MD, WM A GS  
30 DELAWARE AVE UNIONTOWN PA 15401  
LEE MD, YING P GS  
30 DELAWARE AVE UNIONTOWN PA 15401  
LIM MD, EDWARD T R  
16 MAYFLOWER DR UNIONTOWN PA 15401  
MAHER MD, REGIS M GS  
109 MED ARTS BLDG UNIONTOWN PA 15401  
MAHIDHARA MD, SESHAMAMBA PTH  
UNIONTOWN HOSP UNIONTOWN PA 15401  
MCDANIEL MD, ROBT A FP  
112 N 8TH ST CONNELLSVILLE PA 15425  
MCGEE MD, W RALSTON GS  
30 DELAWARE AVE UNIONTOWN PA 15401  
MCLELLAN JR MD, THOS G OPH  
323 BREAKNECK RD CONNELLSVILLE PA 15425  
MEDINA MD, ROLDAN G GS  
304 D MORGANTOWN ST UNIONTOWN PA 15401  
MEDLEN MD, RUDOLPH E FP  
30 DELAWARE AVE UNIONTOWN PA 15401  
MITCHELL MD, WM J ORS  
63 STOCKTON AVE UNIONTOWN PA 15401  
MOATS MD, ANTHONY W P  
MAYVIEW STATE HOSP BRIDGEVILLE PA 15017  
MONTGOMERY MD, MARK R FP  
107 CHURCH ST FAIRCHANCE PA 15436  
NEWILL MD, WM K GS  
804 S PITTSBURGH ST CONNELLSVILLE PA 15425  
OLIVERIO MD, ANTHONY J OTO  
30 DELAWARE AVE UNIONTOWN PA 15401  
PARK MD, JONGSUOK OBG  
113 HAGUE LANE UNIONTOWN PA 15401  
PARK MD, MIN H FP  
208 SKYLINE DR CALIFORNIA PA 15419  
PARK MD, THOS E FP  
208 UNION STA BLDG BROWNSVILLE PA 15417  
PATRICIO MD, ALEJANDRO M OBG  
413 JOANNE LN UNIONTOWN PA 15401  
PEREZ MD, GODOFREDO B FP  
410 2ND NATL BANK BLDG CONNELLSVILLE PA 15425  
PETERS MD, ROBT J IM  
87 KENSINGTON ST UNIONTOWN PA 15401  
RALSTON MD, JAMES C FP  
500 N WATER ST MASONTOWN PA 15461  
REILLY MD, PHILLIP E US  
125 BELMONT CIR UNIONTOWN PA 15401  
RHEE MD, KY Y AN  
408 JOANNE LANE UNIONTOWN PA 15401  
RUPP MD, ROBT A OTO  
30 DELAWARE AVE UNIONTOWN PA 15401  
RUSH MD, JOHN F FP  
1 S MOUNT VERNON AVE UNIONTOWN PA 15401  
SARADAR MD, RIAD IM  
116 BRAYLANE UNIONTOWN PA 15401  
SETTY MD, POLEPALLI S IM  
2900 MEMORIAL BLVD CONNELLSVILLE PA 15425  
SHELBY MD, JOSEPH E GS  
54 W FAYETTE ST UNIONTOWN PA 15401  
SINGH MD, VIJAI P R  
UNIONTOWN HOSP UNIONTOWN PA 15401  
SLOAN MD, CHAS R FP  
1 S MT VERNON UNIONTOWN PA 15401  
STAMAN MD, HARRY OPH  
49 W CHURCH ST UNIONTOWN PA 15401  
STONE MD, RALPH E OTO  
8 PENN ST CONNELLSVILLE PA 15425  
STURGEON JR MD, JOHN D PD  
68 BEN LOMOND ST UNIONTOWN PA 15401  
TOLSTOI MD, GEO PTH  
UNIONTOWN HOSP UNIONTOWN PA 15401  
TROILO MD, CAMILLO T FP  
101 E CRAWFORD AVE CONNELLSVILLE PA 15425  
VARGA MD, ARTHUR B AN  
UNIONTOWN HOSP UNIONTOWN PA 15401  
VILLAVICENCIONOCHE M, LYDIA L FP  
155 LENOX ST UNIONTOWN PA 15401  
WILT MD, HAROLD L FP  
899 SE 2ND AVE 206 DEERFLD BCH FL 33441  
WRIGHT JR MD, ALFRED E U  
205 EASY ST UNIONTOWN PA 15401  
ZAIDAN MD, JAMES G GS  
205 EASY ST UNIONTOWN PA 15401  
ZAMMERILLA MD, CHARLES A FP  
P O BOX 550 WAYNESBURG PA 15370

## Franklin County

ADAMS MD, LYNN I FP  
411 S FAYETTE ST SHIPPENSBURG PA 17257  
ALLEN MD, HAROLD Y FP  
731 CUMBERLAND AVE CHAMBERSBURG PA 17201

ANGULO MD, ARMAND J AN  
1201 WAYNE AVE CHAMBERSBURG PA 17201  
ARNETT MD, EDWARD F PD  
WAYNESBORO HOSP WAYNESBORO PA 17268  
ASHBY MD, JOHN D ORS  
1201 WAYNE AVE CHAMBERSBURG PA 17201  
BAKER JR MD, GEO W FP  
130 E MAIN ST FAYETTEVILLE PA 17222  
BALARAMAN MD, GOVINDACHETTY AN  
1201 WAYNE AVE CHAMBERSBURG PA 17201  
BARKLEY MD, WM W FP  
5 ROADSIDE AVE WAYNESBORO PA 17268  
BARTON MD, JAMES C FP  
634 LINCOLN WAY EAST CHAMBERSBURG PA 17201  
BEIDLER MD, JON G D  
156 HARVEST LANE CHAMBERSBURG PA 17201  
BENDER MD, WM A FP  
776 LINCOLN WAY E CHAMBERSBURG PA 17201  
BIKLE MD, CHAS A D  
19 N 5TH AVE CHAMBERSBURG PA 17201  
BLASCO MD, WALTER J R  
CHAMBERSBURG HOSP CHAMBERSBURG PA 17201  
BREWER MD, WILLIAM C FP  
359 E BALTIMORE ST GREENCASTLE PA 17225  
BRINK MD, CORNELIUS P FP  
1311 WILSON AVE CHAMBERSBURG PA 17201  
BROWN MD, ROBT B FP  
105 S POTOMAC ST WAYNESBORO PA 17268  
BRULL MD, ROBT GS  
DRAWER 190 SUMMIT PLZ BLU RIDGE SMT PA 17214  
BUNDY MD, THOS W OBG  
1201 WAYNE AVE CHAMBERSBURG PA 17201  
BURNS MD, FRANK D OBG  
1201 WAYNE AVE CHAMBERSBURG PA 17201  
CHAN MD, DANIEL M AN  
PO BOX 96 WAYNESBORO PA 17268  
CHICKLO MD, JAMES M OTO  
118 CLEVELAND AVE CHAMBERSBURG PA 17201  
CHO MD, KWAN S AN  
211 HIGHLAND CR CHAMBERSBURG PA 17201  
CLUTZ MD, PAUL A FP  
29 N MAIN ST MERCERSBURG PA 17236  
DAVIS MD, THOS P FP  
704 PHILADELPHIA AVE CHAMBERSBURG PA 17201  
DICKSON MD, JAMES A GS  
PROFESSIONAL ARTS BLDG CHAMBERSBURG PA 17201  
DITTMAR MD, STUART W OBG  
473 LINCOLN WAY E CHAMBERSBURG PA 17201  
DONAHOE MD, MICHAEL T IM  
1201 WAYNE AVE CHAMBERSBURG PA 17201  
DOVEY MD, WM C FP  
217 LOUDON RD MERCERSBURG PA 17236  
ENGLE MD, JOS H OPH  
3 W MAIN ST WAYNESBORO PA 17268  
FARAGALLA MD, RAMSES I U  
1201 WAYNE AVE CHAMBERSBURG PA 17201  
FOSTER DR, DONALD B IM  
648 E MAIN ST WAYNESBORO PA 17268  
FRANTZ MD, ALFRED S OBG  
1201 WAYNE AVE CHAMBERSBURG PA 17201  
FREEMAN MD, ALBERT W FP  
76 W KING ST SHIPPENSBURG PA 17257  
FREEMAN MD, WM A FP  
P O BOX 130 SHIPPENSBURG PA 17257  
FRY MD, ROBT L FP  
53 GLEN ST CHAMBERSBURG PA 17201  
GARCIA MD, DOMINGO A IM  
8 POTOMAC ST WAYNESBORO PA 17268  
GETTE MD, WARREN A IM  
19 OLLER CT WAYNESBORO PA 17268  
GILDA MD, HERMAN A FP  
273 LINCOLN WAY EAST CHAMBERSBURG PA 17201  
GLOTFELTY MD, EARL FP  
125 HARRISON AVE WAYNESBORO PA 17268  
GREENAWALT MD, ROBT G FP  
125 E QUEEN ST CHAMBERSBURG PA 17201  
GUENON MD, WM A FP  
200 E FRANKLIN ST GREENCASTLE PA 17225  
GUYTON MD, WM L GS  
130 W MAIN ST WAYNESBORO PA 17268  
HADDON JR MD, HARRY H IM  
23 N THIRD ST CHAMBERSBURG PA 17201  
HAN MD, CHONG C IM  
310 LORTZ AVE CHAMBERSBURG PA 17201  
HARTMAN MD, OWEN W PD  
PROFESSIONAL ARTS BLDG CHAMBERSBURG PA 17201  
HASAN MD, SAAD M R  
SHEFFIELD DR RD3 CHAMBERSBURG PA 17201  
HEIM MD, HELEN L FP  
1734 WILSON AVE CHAMBERSBURG PA 17201  
HENDRICKSON MD, DONALD C PD  
PROF ARTS BLDG CHAMBERSBURG PA 17201  
HESS JR MD, D ROBERT FP  
SHADYGROVE PA 17256  
HESS MD, DOUGLAS B FP  
SHADY GROVE PA 17256  
HESS SR MD, DAVID R OBG  
SHADYGROVE PA 17256  
HIMELFARB MD, HILLARD M OPH  
182 S 2ND ST CHAMBERSBURG PA 17201  
HOFFMAN MD, HOWARD L PTH  
CHAMBERSBURG HOSP CHAMBERSBURG PA 17201  
HOJAT MD, SAIED M R  
33 TURNER DR 1 FAYETTEVILLE PA 17222  
INGALLS MD, WARREN J GS  
CHAMBERSBURG HOSP CHAMBERSBURG PA 17201  
KHALIFA MD, NAGIB M U  
1201 WAYNE AVE CHAMBERSBURG PA 17201  
KIEFER MD, ROBT A FP  
BLU RDGE SMT PA 17214  
KISTLER MD, WARREN D OPH  
1201 WAYNE AVE CHAMBERSBURG PA 17201  
KORANGY MD, AMILE A R  
CHAMBERSBURG HOSP CHAMBERSBURG PA 17201



LAYMAN MD, RICHARD P PD  
PROFESSIONAL ARTS BLDG CHAMBERSBURG PA 17201  
LINDEMAN MD, CLARENCE W FP  
1 W MAIN ST WAYNESBORO PA 17268  
LOGAN MD, DAVID J GS  
5 ROADSIDE AVE WAYNESBORO PA 17268  
LORENTZ MD, GERALD T FP  
412 LINCOLN WAY E MCCONNELLSBURG PA 17233  
MAGBOJOS MD, QUIRICO R IM  
178 HERITAGE RD CHAMBERSBURG PA 17201  
MAGBOJOS MD, ZENAIDA V AN  
178 HERITAGE RD CHAMBERSBURG PA 17201  
MANGES MD, JOHN P R  
1201 WAYNE AVE CHAMBERSBURG PA 17201  
MATZELLE MD, DONALD W GS  
1201 WAYNE AVE CHAMBERSBURG PA 17201  
MCKENZIE MD, JAMES G R  
WAYNESBORO HOSP WAYNESBORO PA 17268  
MC LAUGHLIN MD, JUANITA S FP  
21 N MAIN ST MERCERSBURG PA 17236  
MERCHAND MD, RALPH P FP  
R D 4 BOX 70 A SHIPPENSBURG PA 17257  
MILLER MD, JOS J FP  
39 S BROAD ST WAYNESBORO PA 17268  
NAVARRO MD, ROBERTO N AN  
WAYNESBORO HOSP WAYNESBORO PA 17268  
NICKLES MD, WM A FP  
SHIPPENSBURG STATE COLL SHIPPENSBURG PA 17257  
PETERS MD, THEODORE FP  
1427 WILSON AVE CHAMBERSBURG PA 17201  
PREVOST MD, JOHN V FP  
MERCERSBURG ACADEMY MERCERSBURG PA 17236  
RAHAUSER MD, DAVID M FP  
634 LINCOLN WAY E CHAMBERSBURG PA 17201  
RAMIREZ MD, CONSTANCIO A PTH  
CHAMBERSBURG HOSP CHAMBERSBURG PA 17201  
RECTOR MD, ROBT D GS  
PROFESSIONAL ARTS BLDG CHAMBERSBURG PA 17201  
RETTIG MD, STEPHEN J FP  
48 E 2ND ST WAYNESBORO PA 17268  
RICHARDS MD, ROBT N ORS  
1201 WAYNE AVE CHAMBERSBURG PA 17201  
ROSEL MD, ROMEO C GS  
310 LORTZ AVE CHAMBERSBURG PA 17201  
ROTHMAN MD, WARREN OTO  
518 CLEVELAND AVE CHAMBERSBURG PA 17201  
RUCH MD, ASHER G US  
214 S COLDBROOK AVE CHAMBERSBURG PA 17201  
SCHULTZ JR MD, WM C FP  
134 CLAYTON AVE WAYNESBORO PA 17268  
SHAPIRO MD, CHAS J FP  
1047 LINCOLN WAY EAST CHAMBERSBURG PA 17201  
SHUKLA MD, ROHITKUMAR S OBG  
143 N OLLER AVE WAYNESBORO PA 17268  
SMITH MD, FORREST F GS  
PROFESSIONAL ARTS BLDG CHAMBERSBURG PA 17201  
SOLLENBERGER MD, FRANKLIN S R  
20 WEST THIRD ST WAYNESBORO PA 17268  
SOMERS MD, ERNEST E ORS  
PROF ARTS BLDG CHAMBERSBURG PA 17201  
SOWELL MD, GEO A FP  
100 N CARLISLE ST GREENCASTLE PA 17225  
SOWERS MD, JOHN W FP  
FAYETTEVILLE PA 17222  
STADER MD, RICHARD O ORS  
1201 WAYNE AVE CHAMBERSBURG PA 17201  
STERN MD, JAMES M GS  
6 PINE HILL DR WAYNESBORO PA 17268  
STETSON MD, DERWOOD L FP  
RD 4 SHIPPENSBURG PA 17257  
STEWART 3D DO, JOSEPH H FP  
48 E 2ND ST WAYNESBORO PA 17268  
STEWART MD, ALEXANDER R  
60 W KING ST SHIPPENSBURG PA 17257  
STRIITE MD, JOS O P  
118 CUMBERLAND AVE SHIPPENSBURG PA 17257  
SWARTZ MD, EDWARD F OBG  
1201 WAYNE AVE CHAMBERSBURG PA 17201  
TANANIS MD, HELEN F US  
R D 2 FAYETTEVILLE PA 17222  
TEETER MD, JAMES H GS  
WAYNESBORO PROFSSNL CTR WAYNESBORO PA 17268  
VANBUSKIRK MD, GORDON P FP  
1047 LINCOLN WAY E CHAMBERSBURG PA 17201  
VANKIRK MD, JAMES K FP  
634 LINCOLN WAY E CHAMBERSBURG PA 17201  
WILLIAMS JR MD, RICHARD B PTH  
RD 4 HILLCREST HGTS WAYNESBORO PA 17268  
WINGERD MD, ROBT A FP  
776 LINCOLN WAY E CHAMBERSBURG PA 17201  
WOLFINGER MD, WALTER L AN  
203 HOMEWOOD AVE WAYNESBORO PA 17268  
YOUNGS JR MD, HARRY M FP  
2525 GULF OF MEX DR 4F SARASOTA FL 33577  
ZIOBROWSKI MD, FRANK G U  
1201 WAYNE AVE CHAMBERSBURG PA 17201

BUTERBAUGH MD, JOHN C GS  
93 E HIGH ST WAYNESBURG PA 15370  
CELAYIR MD, CAVIT FP  
CARMICHAELS CLINIC CARMICHAELS PA 15320  
CHAYAPRUKS MD, PRAYUN PD  
189 E HIGH ST WAYNESBURG PA 15370  
CLENEDENNING MD, WM B FP  
230 E HIGH ST WAYNESBURG PA 15370  
CRUZ MD, ALICE M OBG  
CARMICHAELS CLINIC CARMICHAELS PA 15230  
CRUZ MD, TRINIDAD T GS  
CARMICHAELS CLINIC CARMICHAELS PA 15230  
FALOR MD, STANLEY L FP  
151 S PORTER ST WAYNESBURG PA 15370  
GREENLEE MD, DANL P GS  
93 E HIGH ST WAYNESBURG PA 15370  
GRIMES MD, CLARENCE W FP  
MAIN ST RICES LANDING PA 15357  
HARSHMAN MD, LEROY D IM  
18304 GULF BLVD APT 609 REDINGTN SHRS FL 33708  
HUFFMAN MD, CHAS R FP  
1105 7TH ST WAYNESBURG PA 15370  
KUNKEL MD, MARY E IM  
8 CLOVER LANE UNIONTOWN PA 15401  
MISHRA MD, MANORAMA PD  
1811 6TH ST WAYNESBURG PA 15370  
OCONNELL MD, C LEONARD FP  
64 CHURCH ST WAYNESBURG PA 15370  
PATTERSON MD, ARTHUR J GS  
223 E HIGH ST WAYNESBURG PA 15370  
POWELL MD, GROVER C GS  
PARK AVE RD 2 BOX 138 A WAYNESBURG PA 15370  
RING JR MD, FLOYD O FP  
1150 SEVENTH ST WAYNESBURG PA 15370  
RUSH MD, CALVIN C OPH  
106 W GREENE ST WAYNESBURG PA 15370  
SINCLAIR MD, CATHERINE P FP  
341 WATER DAM RD MCMURRAY PA 15317  
SONNEBORN DO, MEYER R FP  
P O BOX 68 WIND RIDGE PA 15380  
SPRINGER MD, ROY A R  
RTE #2 WAYNESBURG PA 15370  
TSAI MD, JER Y IM  
175 BONAR AVE WAYNESBURG PA 15370  
WALKER MD, A CARL IM  
59 S WASHINGTON ST WAYNESBURG PA 15370

## Huntingdon County

BECK MD, ROBT H IM  
923 MIFFLIN ST HUNTINGDON PA 16652  
BROWN MD, ROBERT E PTH  
J C BLAIR MEM HOSP HUNTINGDON PA 16652  
BUMGARDNER MD, GEO H FP  
ORBISONIA PA 17243  
BUNYOR MD, AGNES K OPH  
WARM SPRINGS AVE HUNTINGDON PA 16652  
BUNYOR MD, ERHARD J IM  
WARM SPRINGS AVE HUNTINGDON PA 16652  
CLARK MD, H FORD OPH  
814 WASHINGTON ST HUNTINGDON PA 16652  
DUNN MD, PHILIP F FP  
416 PENN ST HUNTINGDON PA 16652  
FILLMAN MD, JOHN B OBG  
805 MIFFLIN ST HUNTINGDON PA 16652  
ISENBERG MD, CHESTER L FP  
18TH & NORRIS ST SAXTON PA 16678  
LONGO MD, SANTO PTH  
RD 3 BOX 21 HUNTINGDON PA 16652  
MAINZER MD, FRANCIS S GS  
WARRIOR OAKS HUNTINGDON PA 16652  
MAINZER MD, THOS R GS  
BRYAN ST HUNTINGDON PA 16652  
MALCOLM MD, DONALD C FP  
BOX 218 ALEXANDRIA PA 16611  
MCCLAIN JR MD, FRED H FP  
P O BOX 58 MOUNT UNION PA 17066  
MELOY MD, THOS R FP  
803 WASHINGTON ST HUNTINGDON PA 16652  
RAO MD, VAVILIKOLANU ORS  
727 WASHINGTON ST HUNTINGDON PA 16652  
REINERS MD, CHAS R GS  
BRYAN ST HUNTINGDON PA 16652  
SCHOCK MD, WM W PD  
213 STANDING STONE AVE HUNTINGDON PA 16652  
SCHUCKER MD, CHAS L OBG  
806 MIFFLIN ST HUNTINGDON PA 16652  
SILVA MD, OSCAR R GS  
J C BLAIR MEM HOSP HUNTINGDON PA 16652  
STEWART MD, H WILLIAM FP  
MAIN ST BOX 276 ALEXANDRIA PA 16611  
WATKIN MD, WALTER B FP  
SALTILLO PA 17253  
WAWROSE MD, FREDERICK E P  
TOPAWAW HILL MTD RT HUNTINGDON PA 16652  
WEST MD, WM B FP  
ONEIDA HEIGHTS HUNTINGDON PA 16652

## Indiana County

BARCLAY MD, WM A ORS  
505 RUSTIC LODGE RD INDIANA PA 15701  
BEE MD, DANL H FP  
561 WATER ST INDIANA PA 15701  
BEYMER MD, CHAS B GS  
INDIANA U OF PA INDIANA PA 15701

BROWN MD, RALPH R FP  
76 LIBERTY ST HOMER CITY PA 15748  
BUCHANAN MD, DAVID H FP  
21 E MARKET ST BLAIRSVILLE PA 15717  
CAVOTO MD, MICHAEL J ORS  
590 INDIAN SPRINGS RD INDIANA PA 15701  
CHEN MD, JAMES C OBG  
25 S 8TH ST INDIANA PA 15701  
COHEN MD, SAML FP  
50 W MARKET ST BLAIRSVILLE PA 15717  
COPE MD, WALTER B OPH  
63 S 9TH ST INDIANA PA 15701  
DIPPERY MD, LEE M FP  
1805 RT 422 WEST INDIANA PA 15701  
EVANS MD, WM G FP  
48 6TH ST CLYNER PA 15728  
FLAHERTY MD, JANICE M FP  
270 GRANDVIEW AVE INDIANA PA 15701  
FREDA MD, RICHARD N OBG  
25 S 8TH ST INDIANA PA 15701  
GARRETTSON MD, JAMES A IM  
590 INDIAN SPRINGS RD INDIANA PA 15701  
GATTI MD, JOS M FP  
637 PHILADELPHIA ST INDIANA PA 15701  
GOLDSTROM MD, ROBT G OPH  
834 PHILADELPHIA ST INDIANA PA 15701  
GREENE MD, ROBT F GS  
1480 INDIAN SPRINGS RD INDIANA PA 15701  
HANNA MD, GEO W GS  
550 PHILADELPHIA ST INDIANA PA 15701  
HANNA MD, HERBERT L FP  
9 W MARKET ST BLAIRSVILLE PA 15717  
HESS MD, CHESTER C FP  
141 CONCORD ST INDIANA PA 15701  
HUGHES MD, DAVID C OTO  
1047 LILAC ST INDIANA PA 15701  
KARANJIA MD, MINOD D OTO  
364 S CARPENTER AVE INDIANA PA 15701  
KAUFFMAN MD, CHESTER T FP  
49 N 7TH ST INDIANA PA 15701  
KREDEL MD, THOS W GS  
INDIANA THEATER BLDG INDIANA PA 15701  
LAORR MD, ANAN K GS  
1177 S 6TH ST INDIANA PA 15701  
LAPSLEY MD, JOHN H FP  
276 S 7TH ST INDIANA PA 15701  
LUNG JR MD, HERBERT C R  
1260 OAK ST INDIANA PA 15701  
MACISAAC MD, PEGGY S D  
553 SCHOOL ST INDIANA PA 15701  
MCKOWN MD, JAMES W PD  
HEATHERBRAE SQUARE INDIANA PA 15701  
MILLER MD, RALPH J U  
1480 INDIAN SPRINGS RD INDIANA PA 15701  
MILLS R, JOHN W OBG  
590 INDIAN SPRINGS RD INDIANA PA 15701  
MITCHELL MD, HENRY PD  
45 S 8TH ST INDIANA PA 15701  
NEAL JR MD, HARRY B FP  
936 CHURCH ST INDIANA PA 15701  
PARK MD, JOS M U  
645 NORTH 6TH ST INDIANA PA 15701  
SAYERS MD, KENNETH H FP  
2050 NE 39TH APT 103N LIGHTHOUSE PT FL 33064  
SHIPLEY MD, ALAN E ORS  
1775 LISA DR APT 8 INDIANA PA 15701  
SIBOLBORO MD, ISABELO Z AN  
INDIANA HOSPITAL INDIANA PA 15701  
SINGH MD, BIJAI B IM  
1012 PHILADELPHIA ST INDIANA PA 15701  
STRUNK DO, HERBERT A IM  
590 INDIAN SPRINGS RD INDIANA PA 15701  
TAKACH MD, STEPHEN J FP  
39 SOUTH 6TH ST INDIANA PA 15701  
TSAI MD, EDWARD M IM  
832 PHILADELPHIA ST INDIANA PA 15701  
TSAI MD, MICHAEL M P  
840 PHILADELPHIA ST INDIANA PA 15701  
VERNOCY MD, WILLIAM G GS  
45 N 7TH ST INDIANA PA 15701  
VERNOCY MD, WM C GS  
45 N 7TH ST INDIANA PA 15701  
WALDO MD, RALPH F IM  
56 S 6TH ST INDIANA PA 15701  
WEINER MD, FRANK PD  
225 S 6TH ST INDIANA PA 15701  
WHITTEN MD, WARREN L FP  
11 S 7TH ST INDIANA PA 15701  
WILLIAMS MD, MELVIN C IM  
INDIANA HOSPITAL INDIANA PA 15701  
WOODS MD, WM S FP  
21 S STEWART ST BLAIRSVILLE PA 15717  
YEAGLEY MD, WM B FP  
1056 MANSFIELD AVE INDIANA PA 15701

## Jefferson County

BANTLY MD, HARRY C GS  
MEDICAL CENTER REYNOLDSVILLE PA 15851  
BARLEY MD, SAML B ORS  
101 N MAIN ST DUBOIS PA 15801  
BIZOUISKY MD, FRANKLIN S FP  
115 JENKS AVE PUNXSUTAWNEY PA 15767  
BLAKESLEE DO, COLSON E FP  
116 W LONG AVE DUBOIS PA 15801  
BRANDON MD, MILTON B FP  
6 N 3RD ST REYNOLDSVILLE PA 15851  
BROHM MD, CHAS G GS  
HAWTHORN PA 16230  
BUFFONE MD, DAVID A OBG  
PHYS OFF BLDG SUNFLR DR DUBOIS PA 15801

## Greene County

AUSTIN MD, BRUCE R OBG  
350 W SCHAUMBURG B163 SCHAUMBURG IL 60194  
AVNER MD, DAVID L PRM  
R D #1 GREENSBORO PA 15338  
BAIRD MD, WM F PTH  
GREENE COUNTY MEM HOSP WAYNESBURG PA 15370  
BARTHOLOMEW MD, WM W GS  
SUNRISE PK BOX 271 WAYNESBURG PA 15370  
BOULOS MD, ONSI K FP  
LIONS MED CTR DRY TAVERN PA 15357  
BROOKS MD, JAMES L FP  
LOCUST AVE MOUNT MORRIS PA 15349



CARLINO MD, JAMES T	FP	BARNES MD, WILLIS C	AN	EISNER MD, ABRAHAM G	FP
410 HILL ST REYNOLDSVILLE PA 15851		SUGARBUSH RD RD 2 DALTON PA 18414		MADISON AVE AT PINE ST SCRANTON PA 18510	
CHERRY MD, LOUIS J	GS	BENJAMIN MD, WALLACE F	FP	EVANS JR MD, MILTON M	FP
6 N THRD ST REYNOLDSVILLE PA 15851		606 PINE WOOD PL R D 1 SCRANTON PA 18504		325 W AETHERON ST TAYLOR PA 18517	
COCHRAN MD, BRYCE C	FP	BERARDIS MD, VELIO E	FP	FABI MD, MARIO M	IM
3 S BRADY ST DU BOIS PA 15801		632 PROSPECT AVE SCRANTON PA 18505		538 SPRUCE ST SCRANTON PA 18503	
CONNELL JR MD, FRANCIS L	R	BERGER MD, NORMAN S	FP	FALBO MD, SANTO J	FP
BROOKVILLE HOSP BROOKVILLE PA 15825		MADISON AVE MED CTR SCRANTON PA 18510		53 N CHURCH ST CARBONDALE PA 18407	
DANIELS MD, DAN	GS	BERNSTEIN MD, A ALEXANDER	FP	FARRELL MD, ROBERT E	R
1840 52ND ST APT 12A BROOKLYN NY 11204		327 N WASHINGTON AVE SCRANTON PA 18503		201-6 MED ARTS BLDG SCRANTON PA 18503	
DEVITTORIO MD, ARMOND A	FP	BIANCARELLI MD, EDMUND J	FP	FARRELL MD, WM J	R
6 N 3RD ST REYNOLDSVILLE PA 15851		405 1/2 3D AVE JESSUP PA 18434		495 N ABINGTON RD CLARKS SUMMIT PA 18411	
DEVLIN MD, ALBERT E	FP	819IGNANI MD, GABRIELLA M	FP	FAVINI MD, JOSEPHINE L	FP
1100 MAIN ST BROCKWAY PA 15824		946 MAIN ST PECKVILLE PA 18452		1610 PITTSSTON AVE SCRANTON PA 18505	
DINSMORE MD, HARRY H	GS	BLACK JR MD, WM A	NS	FAVINI MD, M PETER	PD
201 S JEFFERSON ST PUNXSUTANNEY PA 15767		SCRANTON LIFE BLDG SCRANTON PA 18503		1611 PITTSSTON AVE SCRANTON PA 18505	
FATULA MD, GEO M	PD	BLOES MD, WALTER S	FP	FAZIO MD, ANTHONY N	AN
BLUE JAY DR RD 1 DUBOIS PA 15801		5 WASHINGTON AVE JERMYN PA 18433		746 JEFFERSON AVE SCRANTON PA 18501	
FUGATE JR MD, HOWARD	FP	BLOMAIN MD, E WILLIAM	FP	FERRARO MD, PATRICK J	GS
633 MAPLE AVE DUBOIS PA 15801		709 MAIN ST AVOCA PA 18641		512 TULIP CIRCLE CLARKS SUMMIT PA 18411	
FUGATE MD, HOWARD	FP	BOLAND MD, FRANCIS P	U	FIERRO MD, FRANK E	AN
36 E MAIN ST SYKESVILLE PA 15865		802 JEFFERSON ST SCRANTON PA 18510		257 KNOB RD MT POCONO PA 18344	
FUGATE MD, JAMES K	P	BOLAND MD, STANLEY W	OPH	FISH MD, HENRY	FP
202 JENKS AVE PUNXSUTANNEY PA 15767		NOBLE ROAD CLARKS SUMMIT PA 18411		314 SCRANTON LIFE BLDG SCRANTON PA 18503	
GIGLIOTTI MD, ERNEST P	OS	BOLUS MD, CHARLES M	GS	FOY MD, JAMES H	FP
JENKS AVE-BOX 404 PUNXSUTANNEY PA 15767		PRES PLAZA TNN HOUSE 36 SYRACUSE NY 13202		1431 N MAIN AVE SCRANTON PA 18508	
GORDON DO, DANIEL S	FP	BORIOSI MD, GUIDO D	P	FRATTALI MD, AUGUST	FP
207 N 4TH ST DU BOIS PA 15801		324 NE NTL BK BLDG SCRANTON PA 18503		100 N MAIN AVE SCRANTON PA 18504	
GRIFFIN MD, STEVE P	PTH	BRILL MD, FRANCIS W	FP	FRIEDMANN MD, ELIHU	ORS
407 N FINDLEY AVE PUXSUTANNEY PA 15767		1318 JACKSON ST SCRANTON PA 18504		SUITE 102 GLEN ALDEN BL SCRANTON PA 18503	
GRILL MD, WINFRED E	FP	BROWN MD, SYLVAN	IM	FRODOAN MD, HOMAYOON	N
3 S BRADY ST DU BOIS PA 15801		475 MORGAN HWY SCRANTON PA 18508		628 SCRANTON LIFE BLDG SCRANTON PA 18503	
HAGLUND MD, RODGER B	PTH	BRUNDAGE MD, JOHN T	FP	FUREY MD, SANDY A	IM
306 HILLCREST DR DUBOIS PA 15801		137 MAIN ST MUSCOM PA 18444		748 QUINCY AVE SCRANTON PA 18510	
HAVERTY DO, GARY F	PTH	BRUNDAGE MD, ROBT P	FP	GAFFNEY MD, JOHN J	FP
15 CALSWELL ST BROOKVILLE PA 15825		733 MAIN ST PECKVILLE PA 18452		310 GEORGE ST THROOP PA 18512	
HILL MD, WM R	OPH	BURIK MD, ALEXANDER J	OBG	GAREY MD, HERMAN S	OBG
BOX 394 DU BOIS PA 15801		748 QUINCY AVE SCRANTON PA 18510		1 ADAMS PLAZA SCRANTON PA 18510	
HOUCK MD, EARL E	GS	CACCIAMANI MD, JOHN D	IM	GAVIN MD, J ROBERT	FP
409 RANDALL CT DU BOIS PA 15801		802 JEFFERSON AVE SCRANTON PA 18510		802 JEFFERSON AVE SCRANTON PA 18510	
HUH MD, SUN H	R	CAMPANELLA MD, JOS A	FP	GAZHEN MD, CANDONINO C	GS
PARK & JENK AVE PUNXSUTANNEY PA 15767		74 PITTSSTON AVE PITTSSTON PA 18640		WILLIAMSON BLDG OLYPHANT PA 18447	
KIM MD, SANG M	ORS	CARINO MD, MARIEL G	GS	GENTILE MD, ANTHONY J	IM
301 S MAIN ST PUNXSUTANNEY PA 15767		204 BURTON ST PECKVILLE PA 18452		748 QUINCY AVE SCRANTON PA 18510	
KLEIN MD, THEODORE C	FP	CASEY MD, ADRIAN V	D	GEORGIU MD, VIRGIL	OTO
41 N BRADY ST DU BOIS PA 15801		CASEY INN SCRANTON PA 18501		141 SALEM AVE CARBONDALE PA 18407	
KOH MD, SEUNG Y	U	CESARE MD, JOS G	ORS	GIOMBETTI MD, JOS J	FP
DEPOSIT BANK BLDG DUBOIS PA 15801		MEDICAL ARTS BLDG SCRANTON PA 18503		115 W DRINKER ST DUNMORE PA 18512	
LIPPETT MD, LOUIS C	R	CHAI MD, MIN S	OBG	GOLDSTEIN MD, MILTON J	IM
DUBOIS HOSP DUBOIS PA 15801		141 SALEM AVE CARBONDALE PA 18407		711 MEDICAL ARTS BLDG SCRANTON PA 18503	
LORENZO MD, NICHOLAS F	FP	CHANG MD, CHING H	PD	GOLDSTONE MD, SHELDON B	D
682 MAIN ST BROCKWAY PA 15824		141 SALEM AVE CARBONDALE PA 18407		523 NE NATL BANK BLDG SCRANTON PA 18503	
LULL JR MD, CLIFFORD B	R	CHANG MD, CHUN S	P	GOMBAR MD, EDWARD F	FP
P O BOX 487 DU BOIS PA 15801		41 DORCHESTER DR DALLAS PA 18612		522 SANDERSON AVE SCRANTON PA 18512	
MANGROLA MD, PRABHATSINH P	AN	CHANG MD, LAURENCE	P	GRAD MD, CHARLES T	IM
100 HOSPITAL AVE DUBOIS PA 15801		41 DORCHESTER AVE DALLAS PA 18612		115 W DRINKER ST DUNMORE PA 18512	
MCKINLEY MD, A RANDON	FP	CHIAYACCI MD, WAYNE E	PD	GROSS MD, SAML	D
12 S MAIN ST BROOKVILLE PA 15825		440 N MAIN AVE SCRANTON PA 18504		MED ARTS BLDG SCRANTON PA 18503	
MCKINLEY MD, OSCAR V	FP	CIANNI MD, RONALD J	IM	GRYCZKO MD, GERALD A	ORS
127 FRANKLIN AVE BROOKVILLE PA 15825		722 CONNELL BLDG SCRANTON PA 18501		401 ADAMS AVE SCRANTON PA 18504	
MCKINLEY MD, WAYNE S	FP	CIMOCZOWSKI MD, ALEXANDER B	FP	GUSTAITTS MD, JOS A	FP
51 S MAIN ST BROOKVILLE PA 15825		342 MAIN ST FOREST CITY PA 18421		1642 N MAIN AVE SCRANTON PA 18508	
MURDOCK MD, FRED E	OPH	CLAUSS MD, THOS F	FP	GUZEK MD, JOS T	OPH
28 1/2 W SCRIBNER AVE DUBOIS PA 15801		515 GEORGE ST THROOP PA 18512		431 WYOMING AVE SCRANTON PA 18503	
MURRAY MD, CARROLL A	FP	COCHRAN MD, TERENCE A	TS	HAHN MD, KON S	OPH
6 N 3RD ST REYNOLDSVILLE PA 15851		SCRANTON LIFE BLDG SCRANTON PA 18503		141 SALEM AVE CARBONDALE PA 18407	
OCONNOR MD, RAYMOND F	OPH	COLEMAN MD, THOS H	FP	HALLBORG MD, ROBT B	P
212 PINE ST PUNXSUTANNEY PA 15767		76 N MAIN ST CARBONDALE PA 18407		1020 DARBY AVE SCRANTON PA 18505	
ORRIS MD, DONALD J	PD	COLIZZO MD, FRANK P	OBG	HAMZAVI-ABEDI MD, SIAMAK	IM
18 S 3RD ST DU BOIS PA 15801		1201 WASHBURN ST SCRANTON PA 18504		414 MADISON AVE SCRANTON PA 18510	
PAIK MD, SUKYOUN R	PTH	COLLINS MD, CLYDE A	FP	HANNA MD, RAOUF E	PD
DUBOIS HOSP 100 HOSP AV DUBOIS PA 15801		1735 SANDERSON AVE SCRANTON PA 18509		CONNELL BLDG N WASH AVE SCRANTON PA 18503	
ROBB MD, HARRY J	OPH	COTTONE MD, BENJ J	OPH	HENNESSEY MD, MARK A	PTH
3 S BRADY ST DU BOIS PA 15801		321 ARTHUR SCRANTON PA 18510		MOSES TAYLOR HOSP SCRANTON PA 18510	
SANTOS MD, GASPAR A	PD	COVALESKY MD, VICTOR J	P	HENNIGAN MD, JOHN J	IM
114 LANE AVE PUNXSUTANNEY PA 15767		R D 2 DALTON PA 18414		404 S MAIN ST OLD FURGE PA 18518	
SHAH MD, SHAH N	GS	COX MD, DANA D	AN	HENSTELL MD, PHILIP	FP
307 GREENRIDGE DR DUBOIS PA 15801		P O BOX 240 CLARKS SUMMIT PA 18411		632 MAIN ST FOREST CITY PA 18421	
THAMES DO, RICHARD	FP	CROSS MD, ALBERT J	IM	HERSHFIELD MD, DAVID H	OPH
105 N MAHONING ST PUNXSUTANNEY PA 15767		748 QUINCY AVE SCRANTON PA 18510		417 DELAWARE AVE OLYPHANT PA 18447	
TRUNZO MD, FRANCIS J	GS	CRUCIANI JR MD, DOMINICK A	OPH	HICKOK MD, ROBT L	R
116 E MAHONING ST PUNXSUTANNEY PA 15767		304 3RD NATL BANK BLDG SCRANTON PA 18503		327 N WASHINGTON AVE SCRANTON PA 18503	
TSAI MD, WEI C	ORS	CUPPLE MD, PETER P	FP	HIDLAY MD, RAYMOND G	FP
ADRIAN HOSPITAL PUNXSUTANNEY PA 15767		1656 SANDERSON AVE SCRANTON PA 18509		204 N BLAKELY ST DUNMORE PA 18512	
VERONESI DO, JOHN N	FP	CURTIN MD, EUGENE A	OBG	HINES MD, JOS F	FP
DU BOIS HOSP ER DEPT DU BOIS PA 15801		802 JEFFERSON AVE SCRANTON PA 18510		SCRANTON STATE HOSP SCRANTON PA 18501	
YOO MD, TAI Y	OBG	DAVIS JR MD, ROBT V	OPH	HOLMAN MD, CHAS S	US
DEP BNK BLDG RMS 234-23 DUBOIS PA 15801		NOBLE RD CLARKS SUMMIT PA 18411		617 N WEBSTER AVE SCRANTON PA 18510	

## Lackawanna County

AGNONE MD, PETER M	AN	DEMCO MD, JOS N	FP	HOWELL MD, WM M	GS
749 N MAIN AVE SCRANTON PA 18504		300 MEADOW AVE SCRANTON PA 18505		BOX 35 WAVERLY PA 18471	
ANDRIOLE MD, JOS P	OBG	DEMPSEY MD, JAMES G	GS	HUANG MD, CHAN F	IM
ONE ADAMS PLAZA STE 406 SCRANTON PA 18510		203 FRANKLIN AVE SCRANTON PA 18503		115 W DRINKER ST DUNMORE PA 18512	
ANDROSKEI MD, JOHN J	FP	DENK MD, MARY W	R	HUBER MD, RICHARD L	FP
1211 WASHBURN ST SCRANTON PA 18504		746 JEFFERSON SCRANTON PA 18501		1736 SANDERSON AVE SCRANTON PA 18509	
ANTOGNOLI MD, ANTHONY F	FP	DEQUEVEDO MD, DUNALD G	OBG	HWAN MD, JUNG J	OBG
613 MAIN ST PECKVILLE PA 18452		MEDICAL ARTS BLDG SCRANTON PA 18503		319 N ABINGTON RD CLARKS GREEN PA 18411	
ANTOGNOLI MD, WM J	PTH	DEQUEVEDO MD, NESTOR G	OBG	JEWETT MD, STEPHEN R	FP
403 MED ARTS BLDG SCRANTON PA 18503		808 MED ARTS BLDG SCRANTON PA 18503		251 E GROVE AVE CLARKS SUMMIT PA 18411	
ARONICA MD, MICHAEL J	PM	DIMMICK MD, EDGAR L	US	JOHLER DO, CHARLES W	FP
1609 JEFFERSON AVE DUNMORE PA 18512		CASEY INN RM 624 SCRANTON PA 18503		10 WYOMING ST CARBONDALE PA 18407	
ARTABANE MD, THOS A	IM	DOHERTY MD, JOHN H	OBG	JONES MD, C HENRY	OPH
BOX 261/2 RD 2 CLARKS SUMMIT PA 18411		802 JEFFERSON AVE SCRANTON PA 18510		401 ADAMS AVE SCRANTON PA 18510	
BADAMI MD, RADMAN A	D	DOUGHERTY MD, JOSEPH C	IM	JORDAN MD, JAMES S	OPH
822 CONNELL BLDG SCRANTON PA 18503		741 QUINCY AVE SCRANTON PA 18510		201 FRANKLIN AVE SCRANTON PA 18503	
BALL MD, MYRON H	CRS	DRUFFNER JR MD, LEWIS C	FP	JORDAN MD, JEROME W	OPH
748 QUINCY AVE SCRANTON PA 18510		603 GROVE ST AVOCA PA 18641		201 N FRANKLIN AVE SCRANTON PA 18503	
BANNON MD, CHARLES J	GS	DRUFFNER MD, CHAS R	IM	KANE MD, JAMES A	GS
MEDICAL ARTS BLDG SCRANTON PA 18503		SCRANTON LIFE BLDG SCRANTON PA 18503		327 N WASHINGTON AVE SCRANTON PA 18503	



KAREHA MD, LOUIS G	FP	NEWMAN III MD, WM H	FP	SHOVLIN MD, JOHN P	P
319 N ABINGTON RD CLARKS SUMMIT PA 18411		251 E GROVE AVE CLARKS SUMMIT PA 18411		20 HENDRICK LN CARBONDALE PA 18407	
KAUFMAN MD, BENJ V	FP	NEWMAN JR MD, WM H	FP	SIMPSON MD, ROY W	FP
105 UNION ST TAYLOR PA 18517		251 E GROVE AVE CLARKS SUMMIT PA 18411		304 CHESTNUT ST PECKVILLE PA 18452	
KEHLRI MD, WM H	OPH	NICHOLLS MD, ALBERT E	FP	SIROTHAK MD, JOHN J	OTO
1536 N WASHINGTON AVE SCRANTON PA 18509		240 MAIN ST OLYPHANT PA 18447		310 DUNMORE ST THROOP PA 18512	
KELLY MD, EDWARD J	R	NOTARI MD, EDWARD J	FP	SKEOCH MD, JAMES R	FP
212 FAIRVIEW RD CLARKS SUMMIT PA 18411		115 W DRINKER ST DUNMORE PA 18512		7 OAKWOOD PLACE SCRANTON PA 18510	
KEYES MD, JOHN W	FP	NOWICKI MD, SIGMUND	OTO	SKETTINO MD, JOS A	OPH
88 S MAIN ST CARBONDALE PA 18407		1115 PITTSSTON AVE SCRANTON PA 18505		401 ADAMS AVE SCRANTON PA 18510	
KIELAR MD, JOS R	FP	OBOYLE MD, JAMES P	OBG	SKOVIRA MD, EDWARD M	PTH
331 MAIN ST SIMPSON PA 18407		2027 GREEN RIDGE ST SCRANTON PA 18512		217 HAND ST JESSUP PA 18434	
KILKER MD, JOHN J	FP	OBOYLE MD, TOMAS A	PD	SLOVAK MD, JAMES P	P
102 DELAWARE ST OLYPHANT PA 18447		80X 317 MOSCOW PA 18444		BANK TWRS SPRUCE AT WYO SCRANTON PA 18503	
KIM MD, EUN T	GS	OBRIEN MD, JOHN P	GS	SNYDER MD, RANDALL W	IM
44 N CHURCH ST CARBONDALE PA 18407		149 PENN AVE SCRANTON PA 18503		115 W DRINKER ST DUNMORE PA 18512	
KIRALY MD, LASZLO	GS	OBRIEN MD, JOS J	R	SOMA MD, JOS J	OTO
116 MT VIEW WAY SCRANTON PA 18508		201 MED ART BLDG SCRANTON PA 18503		327 N WASHINGTON AVE SCRANTON PA 18503	
KLINE MD, BEN	FP	OCNONN JR MD, JAMES J	PTH	SPALLETTA MD, CAMILLUS H	FP
111 S TURNPIKE RD DALTON PA 18414		403 MED ARTS BLDG SCRANTON PA 18503		1032 PITTSSTON AVE SCRANTON PA 18505	
KOLUCKI MD, FRANK R	FP	OHORA MD, WM A	PD	SPITZER MD, JOHN J	GS
861 MAIN ST DICKSON CITY PA 18519		111 W DRINKER ST DUNMORE PA 18512		MED ARTS BLDG SCRANTON PA 18503	
KOTCHICK MD, E DONALD	FP	ORAM MD, MELVIN	FP	STEC MD, EUGENE G	FP
802 JEFFERSON AVE SCRANTON PA 18510		431 WYOMING AVE SCRANTON PA 18503		802 JEFFERSON AVE SCRANTON PA 18510	
KRANICK MD, FRANCIS X	FP	ORDINARIO JR MD, ANACLETO T	IM	STEINBACH III MD, WM A	ORS
802 JEFFERSON AVE SCRANTON PA 18510		MOSES TAYLOR HOSP SCRANTON PA 18411		NE BANK BLDG #309 SCRANTON PA 18504	
KRISANDA MD, JOS B	FP	PARK MD, CECIL R	ORS	STEINDEL MD, CARL R	ORS
112 DELAWARE AVE OLYPHANT PA 18447		832 N MAIN AVE SCRANTON PA 18504		NE BANK BLDG STE 309 SCRANTON PA 18503	
LALUNA MD, FRANCIS J	IM	PARK MD, SUNG H	P	SU MD, LANG-PAO	AN
748 QUINCY AVE SCRANTON PA 18510		CLARKS SUMMIT ST HOSP CLARKS SMT PA 18411		141 SALEM AVE CARBONDALE PA 19407	
LAMBERTI MD, WM F	P	PARRILLO MD, DOUGLAS W	R	SUH MD, SANG J	GS
748 QUINCY AVE SCRANTON PA 18510		BELLEFONTE APTS VENCI SCRANTON PA 18505		166 N MAIN ST OLD FORGE PA 18518	
LARKIN MD, WALTER J	OBG	PASCUCCI MD, STEPHEN E	PD	SUNDHEIM MD, JAMES L	R
327 N WASHINGTON AVE SCRANTON PA 18503		MED ARTS BLDG SCRANTON PA 18503		MERCY HOSP 746 JEFF AVE SCRANTON PA 18509	
LAVELLE MD, JAMES P	PD	PATEL MD, BIPINCHANDRA M	TS	SUTULA MD, JOSEPH A	FP
302 BRIGHTON DR CLARKS SUMMIT PA 18411		112 JON SICA LN MOSCOW PA 18444		1702 ADAMS AVE SCRANTON PA 18509	
LAVENDER MD, ARDIS R	IM	PAVUK MD, DANL J	OPH	SWIFT MD, FRANK L	PD
741-743 QUINCY AVE SCRANTON PA 18510		3 OLD MILL RD JERMYN PA 18433		1510 N WASHINGTON AVE SCRANTON PA 18509	
LAWRENCE MD, SALVATORE A	CRS	PETRIELLO MD, JOS A	FP	SWIFT MD, JOHN E	IM
108 E DRINKER ST DUNMORE PA 18512		101 E DRINKER ST DUNMORE PA 18512		145 S MAIN ST SCRANTON PA 18509	
LESNIAK MD, JOHN P	FP	PETTINATO MD, SALVATORE R	FP	SWISHER II MD, CHARLES L	FP
102 CLAREMONT AVE CLARKS SUMMIT PA 18411		92 SALEM AVE CARBONDALE PA 18407		700 WINOLA AVE CLARKS SUMMIT PA 18411	
LEVINSON MD, SANDER J	IM	PICZON MD, SEVERINO Y	NS	THORNTON MD, EVA A	P
802 JEFFERSON AVE SCRANTON PA 18501		628 SCRANTON LIFE BLDG SCRANTON PA 18503		801 JEFFERSON AVE SCRANTON PA 18510	
LOOMIS MD, JAMES W	FP	PLATT MD, HOWARD A	NS	TIGHE MD, PATRICK L	AN
1110 ST ANN ST SCRANTON PA 18504		SCRANTON LIFE BLDG SCRANTON PA 18503		909 PITTSSTON AVE SCRANTON PA 18505	
MACKRELL MD, JAMES J	GS	POLENTZ MD, PAUL F	IM	TODARO MD, SAML R	ORS
519 CONNELL BLDG SCRANTON PA 18503		1113 COLUMBIA ST SCRANTON PA 18509		SUITE 102 1ADAM PLAZA SCRANTON PA 18504	
MACKRELL MD, WM P	FP	POTELUNAS MD, CLEMENT B	D	TOUCH MD, RALPH J	FP
KENNEDY DR ARCHBALD PA 18403		RD 4 BOX 564A MOUNTAINTOP PA 18707		44 N CHURCH ST CARBONDALE PA 18407	
MAIGUR MD, WM S	FP	PREATE MD, DONALD L	U	TRACY MD, GERALD P	IM
BOX 155 HAMLIN PA 18427		LONGVIEW TERRACE HAVERLY PA 18471		802 JEFFERSON AVE SCRANTON PA 18510	
MALLOY MD, EDWIN S	ORS	PRELI MD, OLINDO J	IM	TUROCK MD, MICHAEL J	US
MEDICAL ARTS BLDG SCRANTON PA 18503		1008 MEDICAL ARTS BLDG SCRANTON PA 18503		RD 2 WYNDWOOD RD DALTON PA 18414	
MARINO MD, JOS N	FP	PUGH MD, GEO E	GS	UROSKIE MD, THEODORE W	OBG
637 PRESCOTT AVE SCRANTON PA 18510		140 JERMYN DR CLARKS SUMMIT PA 18411		200 YALE BLVD CLARKS SMT PA 18411	
MARMO MD, THEODORE	FP	RANCIER MD, LEE F	R	VALVERDE MD, MARIO F	OPH
121 MOOSIC RD OLD FORGE PA 18518		201-6 MED ARTS BLDG SCRANTON PA 18503		812 SCRANTON LIFE BLDG SCRANTON PA 18503	
MASANKAY MD, MANUEL G	GS	REDEL MD, WALTER A	GS	VENTURA MD, SAMUEL R	OBG
141 SALEM AVE CARBONDALE PA 18407		327 N WASHINGTON AVE SCRANTON PA 18503		113 MAIN ST BLAKELY PA 18447	
MCANDREW MD, JOHN J	FP	RHIEW MD, CHANG N	R	VITALE MD, LOUIS J	P
319 ABINGTON RD CLARKS SUMMIT PA 18411		101 BELMONT AVE CLARKS GREEN PA 18411		326 ADAMS AVE SCRANTON PA 18503	
MCANDREW MD, PAUL C	IM	RILEY MD, FRANCIS W	GS	WAGNER MD, JOHN M	IM
1100 W SHORE DR ST PETERSBURG FL 33701		PO BOX 178 GREENTOWN PA 18426		112 COLBORN AVE CLARKS SUMMIT PA 18411	
MCDONALD MD, HERBERT M	GS	RINALDI MD, LUCIAN L	OPH	MALLER MD, LOUIS C	FP
622 SCRANTON LIFE BLDG SCRANTON PA 18503		601 N MAIN AVE SCRANTON PA 18504		140 CHERRY ST DUNMORE PA 18512	
MCDONNELL MD, THOS J	IM	ROE MD, EUGENE J	FP	MALNISTA MD, FRANK J	FP
1736 SANDERSON AVE SCRANTON PA 18509		802 JEFFERSON AVE SCRANTON PA 18510		222 OAK ST SCRANTON PA 18508	
MCGOWAN MD, JOHN P	PM	ROGALLA MD, CHAS S	OBG	HANDALOWSKI MD, JOHN G	IM
746 JEFFERSON AVE SCRANTON PA 18510		808 MED ARTS BLDG SCRANTON PA 18503		748 QUINCY AVE SCRANTON PA 18510	
MCGUIRE MD, EDWARD J	R	ROSCOE MD, FRANCIS W	GS	MENGER MD, NORMAN E	GS
BX 994 746 JEFFERSON AV SCRANTON PA 18501		207 WYOMING AVE SCRANTON PA 18503		185 FALLBROOK ST CARBONDALE PA 18407	
MCHUGH MD, THOS F	FP	ROSENBLATT MD, STANLEY A	N	WERNER MD, DONALD J	FP
153 S MAIN AVE SCRANTON PA 18504		SCRANTON LIFE BLDG SCRANTON PA 18503		GOULDSBORO PA 18424	
MECCA MD, DONATO D	FP	ROSENFELD MD, BERNARD D	U	WHITE MD, WESLEY R	OTO
1533 WYOMING AVE SCRANTON PA 18509		131 N WASHINGTON AVE SCRANTON PA 18503		MED ARTS BLDG SCRANTON PA 18503	
MENZEL MD, PAUL H	IM	ROSENTHAL MD, STEPHEN I	PD	WITOWSKI MD, JOHN J	R
748 QUINCY AVE SCRANTON PA 18510		MADISON AT PINE SCRANTON PA 18510		201-6 MED ARTS BLDG SCRANTON PA 18503	
MILANI MD, FRANK A	IM	ROSIECKI MD, MICHAEL W	OPH	WOLK MD, MELVYN H	PD
475 MORGAN HWAY SCRANTON PA 18508		306 PRIMROSE DR CLARKS SUMMIT PA 18411		PO BX 69 HAVERLY PA 18471	
MINORA MD, MICHAEL A	FP	ROSS MD, VINCENT L	PD	WRIGHT MD, ROBT E	IM
1714 PITTSSTON AVE SCRANTON PA 18505		440 N MAIN ST SCRANTON PA 18504		748 QUINCY AVE SCRANTON PA 18510	
MIRANDA MD, JORGE	U	ROUMANI MD, GHASSAN K	U	KU MD, JUN-YI	GS
140 SALEM AVE CARBONDALE PA 18407		513 MOUNTAIN VIEW WAY SCRANTON PA 18508		302 HARRISON AVE SCRANTON PA 18510	
MORASCO MD, EDWARD R	FP	RUPPENTHAL MD, J BRUCE	IM	YEAGER MD, HENRY C	IM
RD 2 HALLSTEAD PA 18622		741 QUINCY AVE SCRANTON PA 18510		522 SCRANTON LIFE BLDG SCRANTON PA 18503	
MORGAN JR MD, VERNON W	OBG	SALKO MD, GREGORY J	FP	YEVITZ MD, MICHAEL G	FP
802 JEFFERSON AVE SCRANTON PA 18510		WHITES CROSSING CARBONDALE PA 18407		624 CONNELL BLDG SCRANTON PA 18503	
MORGAN MD, ALBERT P	FP	SANKAR MD, SAYEE N	IM	ZALE MD, ANTHONY G	ORS
403 1ST NTL BANK BLDG CARBONDALE PA 18407		609 MEDICAL ARTS BLDG SCRANTON PA 18503		1538 WYOMING AVE SCRANTON PA 18509	
MORI MD, GINO	GS	SANNER MD, JOHN C	FP	ZOBEL JR MD, ARTHUR C	R
SCRANTON LIFE BLDG ST 82 SCRANTON PA 18503		1822 MULBERRY ST SCRANTON PA 18510		201-6 MEDICAL ARTS BLDG SCRANTON PA 18503	
MORI MD, HUGO	U	SANTARSIERO MD, D ANTHONY	OPH		
538 SPRUCE ST SCRANTON PA 18503		SCRANTON LIFE BLDG SCRANTON PA 18503			
MORITZ MD, MORDEKHAH	IM	SCHAPIRA MD, DANIEL	OPH		
4 LAKESIDE DR CLARKS SUMMIT PA 18411		ONE ADAMS PLAZA SCRANTON PA 18510			
MOYLAN MD, JOS E	FP	SCHEUER MD, JOHN W	IM		
602 S WEBSTER AVE SCRANTON PA 18505		713 PITTSSTON AVE SCRANTON PA 18505			
MOYLAN MD, ROBT E	FP	SCHUMAN MD, ROBERT A	IM		
812 N SUMNER AVE SCRANTON PA 18504		327 N WASHINGTON AVE 20 SCRANTON PA 18503			
MUNCHAK MD, ALEXANDER M	FP	SEBASTIANELLI MD, MARIO J	IM		
311 N IRVING AVE BOX 93 SCRANTON PA 18501		748 QUINCY AVE SCRANTON PA 18510			
MURPHY JR MD, ROBT C	P	SEBASTIANI MD, GUILLERMO B	ORS		
210 E MAIN ST DALTON PA 18414		141 SALEM AVE CARBONDALE PA 18407			
MURPHY MD, JOHN T	GS	SEGAL MD, ARTHUR M	P		
129 N WASHINGTON AVE SCRANTON PA 18503		N E BANK BLDG SCRANTON PA 18503			
MURPHY MD, LOUIS R	IM	SHANDER MD, ERNEST G	AN		
802 JEFFERSON BOX 994 SCRANTON PA 18501		1107 RICHMONT ST SCRANTON PA 18509			
NALEVANKO MD, ALBERT M	OTO	SHELLMAN MD, ALEXANDER	ORS		
701 MEDICAL ARTS BLDG SCRANTON PA 18503		513 W LACKAWANNA AVE OLYPHANT PA 18447			
NESE MD, ANTHONY J	GS	SHIBLEY MD, GEO J	FP		
207 MEDICAL ARTS BLDG SCRANTON PA 18503		832 GREEN RIDGE ST SCRANTON PA 18509			
NEUMANN MD, GEO L	OBG	SHINGALA MD, ARUN J	IM		
207 WYOMING AVE SCRANTON PA 18503		141 SALEM AVE CARBONDALE PA 18407			
NEVILLE MD, EDWIN C	TS	SHOVLIN MD, JOHN M	P		
MEDICAL ARTS BLDG SCRANTON PA 18503		55 LAUREL ST CARBONDALE PA 18407			

## Lancaster County

ADAMS MD, LAURENCE J	NS
822 MARIETTA AVE LANCASTER PA 17603	
AGUSTA MD, VICTOR E	U
620 N DUKE ST LANCASTER PA 17607	
ALBRECHT MD, JAMES B	FP
45 UNION AVE NEW HOLLAND PA 17557	
ALBRIGHT MD, GERALD S	FP
241 MAIN ST LANDISVILLE PA 17538	
ALTMARE MD, PETER J	FP
551 E FREDERICK ST LANCASTER PA 17602	
AMEND MD, THOS C	FP
444 N LIME ST LANCASTER PA 17602	
APPEL JR MD, CHARLES R	FP
647 E ROSEVILLE RD LANCASTER PA 17601	
APPEL MD, JAMES Z	FP
305 N DUKE ST LANCASTER PA 17602	



ARGIRES MD, JAMES P	NS	EBERSOLE MD, JOHN H	R	HESS MD, PAUL G	FP
444 MURRAY HILL CIR LANCASTER PA 17601		LANCASTER GEN HOSP LANCASTER PA 17604		562 W 2ND AVE LITITZ PA 17543	
ATLEE JR MD, JOHN L	GS	ECKENRODE MD, JOS L	FP	HIRSCH MD, IRWIN L	FP
822 MARIETTA AVE LANCASTER PA 17603		834 MARIETTA AVE LANCASTER PA 17603		1560 LITITZ PIKE LANCASTER PA 17601	
ATLEE MD, WM A	GS	ELLISON MD, ERVIN	IM	HODGE MD, IAN G	U
822 MARIETTA AVE LANCASTER PA 17603		24 E JAMES ST LANCASTER PA 17602		620 N DUKE ST LANCASTER PA 17602	
ANAD MD, EPHRAIM R	FP	ESBENSHADE II MD, JOHN H	IM	HOFFMAN JR MD, HARRY H	FP
75 E MAIN ST MT JOY PA 17552		525 N DUKE ST LANCASTER PA 17602		300 STONEY BATTERY RD LANDISVILLE PA 17538	
BACON MD, RICHARD W	FP	ESHLEMAN MD, D ROHRER		HOFFMAN MD, CHAS M	FP
38 COUNTRYSIDE LA LEOLA PA 17540		985 NISSELY RD LANCASTER PA 17601		311 E ORANGE ST LANCASTER PA 17602	
BAIR MD, CHAS W	FP	ESHLEMAN MD, S KENDRICK	P	HOKE JR MD, HUGH H	R
22 W STATE ST QUARRYVILLE PA 17566		108 E LEMON ST LANCASTER PA 17602		555 N DUKE ST LANCASTER PA 17604	
BAKER MD, JOHN H	PRM	EVANS MD, CHARLES M	ORS	HOLDER MD, ARTHUR J	FP
NAVAL SUBMARINE MED CTR GROTON CT 06340		210 CHURCH AVE EPHRATA PA 17522		562 W 2ND AVE LITITZ PA 17543	
BARR MD, V WARD	NS	EYLER MD, MARGARET V	FP	HOOVER MD, CARL H	PD
444 MURRY HILL CIRCLE LANCASTER PA 17601		2374 LITITZ PIKE LANCASTER PA 17601		9701 GLEN OAKS CIR SUN CITY AZ 85351	
BASHORE JR MD, ROBT M	OBG	EYLER MD, PAUL W	R	HOUSMAN MD, JOHN H	FP
531 N LIME ST LANCASTER PA 17602		2530 MONDAMIN FARM RD LANCASTER PA 17601		558 N DUKE ST LANCASTER PA 17602	
BEACHER JR MD, GEO W	FP	FAIRFIELD MD, JAMES C	FP	HUFFNAGLE MD, HENRY W	U
LINCOLN HWY GAP PA 17527		36 N EASTLAND DR LANCASTER PA 17602		620 N DUKE ST LANCASTER PA 17602	
BECKER JR MD, HEBER W	P	FALK JR MD, ROBT B	AN	HUTCHISON MD, WM A	US
80X 1781 LANCASTER PA 17604		133 E FREDERICK ST LANCASTER PA 17602		1875 LITITZ PIKE LANCASTER PA 17601	
BECKER MD, HILARY J	PD	FARMER MD, JOHN L	GS	IGLESIAS MD, MANUEL	FP
800 ESTELLE DR LANCASTER PA 17601		571 W LEMON ST LANCASTER PA 17603		2162 W RIDGE DR LANCASTER PA 17603	
BEITTEL MD, JAMES P	PD	FLORES MD, ALBERTO C	IM	JAMESON MD, E CARLETON	GS
800 ESTELLE DR LANCASTER PA 17601		208 W MAIN ST EPHRATA PA 17522		208 W MAIN ST EPHRATA PA 17522	
BENDER MD, ROBT R	FP	FORMAN MD, IRWIN H	P	JOHNS MD, MILTON W	FP
BOWMANVILLE PA 17507		351 DELP RD LANCASTER PA 17601		231 N DUKE ST LANCASTER PA 17602	
BERNHARD MD, ROBT A	R	FOUST MD, WILSON A	FP	JOHNSON MD, CARL G	IM
1509 CLAYTON RD LANCASTER PA 17603		592 E VALLEY VIEW DR NEW HOLLAND PA 17557		585 RIDGEVIEW AVE ELIZABETHTOWN PA 17022	
BESECKER MD, JOS A	PD	FRANCE MD, LAURENCE W	OBG	JOHNSON MD, ROBERT P	FP
1875 LITITZ PIKE LANCASTER PA 17601		1059 COLUMBIA AVE LANCASTER PA 17603		RD 1 BOX 242 NEW HOLLAND PA 17557	
BIEBER MD, LARIEN G	IM	FRANCOS MD, CHAS G	FP	JOHNSTON MD, EUGENE V	FP
250 COLLEGE AVE LANCASTER PA 17604		600 N SCHOOL LA LANCASTER PA 17603		20 PINE ST CHRISTIANA PA 17509	
BOBEN JR MD, WM R	PD	FREDERICK MD, DAVID W	FP	JONES JR MD, ARTHUR F	OTO
310 N WEST END AVE LANCASTER PA 17603		102 PEARL ST LANCASTER PA 17603		202 BUTLER AVE LANCASTER PA 17601	
BOWMAN MD, JOHN H	OPH	FULTON MD, HARRY C	OPH	JUNIOUS DR, WILLIAM E	AN
601 N DUKE ST LANCASTER PA 17602		1420 HUNSICKER RD LANCASTER PA 17601		1175 CLARK ST LANCASTER PA 17602	
BRADY MD, GEO M	OBG	GALANIS MD, SOTIRE	FP	KAISER DR, GRACE H	OBG
1059 COLUMBIA AVE LANCASTER PA 17603		884 N MAPLE ST EPHRATA PA 17522		561 W MAIN ST NEW HOLLAND PA 17557	
BRANAS MD, JOHN A	FP	GARETS MD, JOHN W	R	KATZ MD, JOS	AN
2158 FRUITVILLE PIKE LANCASTER PA 17601		1253 WHEATLAND AVE LANCASTER PA 17603		275 BLOSSOM HILL DR LANCASTER PA 17601	
BRICKER MD, ELIZ B	US	GAROFOLA MD, JOHN H	R	KEEFE MD, JERRY M	FP
600 E MAIN ST LITITZ PA 17543		515 WILSON DR LANCASTER PA 17603		96 HIGHLAND AVE EPHRATA PA 17522	
BROWN MD, M ZANE	OPH	GAULT MD, JAMES H	IM	KEGEL MD, EUGENE E	OBG
1254 LITITZ PIKE LANCASTER PA 17601		420 W CHESTNUT ST LANCASTER PA 17603		1059 COLUMBIA AVE LANCASTER PA 17603	
BROWN MD, ROBT E	AN	GAYNOR MD, WM B	PTH	KEMP MD, ROBT M	FP
133 E FREDERICK ST LANCASTER PA 17602		23 RIDGE DR LITITZ PA 17543		25 NOLT AVE WILLOW STREET PA 17584	
BRUBAKER MD, J KENNETH	FP	GENTZLER II MD, RICHARD D	IM	KEMRER MD, J DONALD	FP
NORLANCO MED ASSOC RT 1 ELIZABETHTOWN PA 17022		420 W CHESTNUT ST LANCASTER PA 17603		536 N DUKE ST LANCASTER PA 17602	
BRUBAKER MD, JACOB H	FP	GLAH JR MD, HENRY J	FP	KENDALL MD, LEIGH W	GS
421 MAIN ST DENVER PA 17517		906 E ORANGE ST LANCASTER PA 17602		1314 QUARRY LA LANCASTER PA 17603	
BRUBAKER MD, PAUL E	FP	GODDARD JR MD, JAMES E	AN	KENDIG MD, JAMES W	PD
NORLANCO MED ASSOC RT 1 ELIZABETHTOWN PA 17022		1311 HUNTER DR LANCASTER PA 17601		NORLANCO MED ASSOC RD 1 ELIZABETHTOWN PA 17022	
BRYSON MD, RICHARD L	FP	GODSHALL MD, STANLEY M	FP	KENT MD, GEO M	ORS
120 BANK ST LANDISVILLE PA 17538		NORLANCO MED ASSOC ELIZABETHTOWN PA 17022		325 N DUKE ST LANCASTER PA 17602	
BUCH MD, ROBT R	FP	GOLDIN MD, RALPH J	FP	KIM MD, HACK J	R
125 W MAIN ST MOUNTVILLE PA 17554		BROWNSTOWN PA 17508		327 MAIN ST LANDISVILLE PA 17538	
BURNETT MD, GEO W	PD	GOLDMAN MD, DUANE C	R	KINZER MD, HORACE C	US
413 N ORANGE ST LANCASTER PA 17603		630 MILLCROSS RD LANCASTER PA 17601		2556 CREEK HILL RD LANCASTER PA 17601	
CALLIS MD, CHAS A	FP	GOOD MD, DANIEL C	NS	KIPP MD, JAMES E	FP
136 E HIGH ST MANHEIM PA 17545		444 MURRAY HILL CIR LANCASTER PA 17601		NORLANCO HEALTH CTR ELIZABETHTOWN PA 17022	
CAPPIELLO MD, JUSTIN L	OPH	GOOD MD, MILTON S	FP	KIRCHNER MD, G GARY	GS
626 NORTH DUKE ST LANCASTER PA 17602		610 HIGHLAWN AVE ELIZABETHTOWN PA 17022		129 E FREDERICK ST LANCASTER PA 17602	
CARRUTHERS MD, RALPH B	FP	GOTTLIEB MD, ROBT J	IM	KIRK MD, MARVEL S	FP
211 N 8TH ST COLUMBIA PA 17512		1875 LITITZ PIKE LANCASTER PA 17601		446 W CHESTNUT ST LANCASTER PA 17603	
CARSON MD, THOS E	FP	GRANT MD, ALISTAIR M	OBG	KIRK MD, NORRIS J	GS
MASONIC HOMES ELIZABETHTOWN PA 17022		549 N LIME ST LANCASTER PA 17602		446 W CHESTNUT ST LANCASTER PA 17603	
CASSEL MD, FRANKLIN K	FP	GRASSE JR MD, JOHN M	P	KITA MD, MICHAEL W	FP
34 S BROAD ST LITITZ PA 17543		115 N 9TH ST AKRON PA 17501		1123 OLD HICKORY RD LANCASTER PA 17601	
CLELAN MD, GEO M	AN	GRATCH MD, ISAAC	PRM	KNEPPER MD, JOS A	PD
133 E FREDERICK ST LANCASTER PA 17602		32475 BINGHAM RD BIRMINGHAM MI 48010		11 HOLLY DR LEOLA PA 17540	
CLIME MD, GILBERT N	FP	GRATCH MD, MICHAEL	FP	KNERR JR MD, EDGAR D	OBG
1703 MARIETTA AVE 1-K LANCASTER PA 17603		533 21ST ST AVALON N J 08202		531 N LIME ST LANCASTER PA 17602	
CONDON MD, BRIAN P	P	GREGOIRE MD, JAMES P	FP	KOCH MD, ANDREW W	R
1295 MEADOWBROOK RD LANCASTER PA 17603		545 N LIME ST LANCASTER PA 17602		1010 GRANDVIEW BLVD LANCASTER PA 17601	
CONNAUGHTON MD, PATRICK N	R	GRISWOLD MD, ARTHUR S	FP	KORNFIELD MD, NORMAN B	AN
555 N DUKE ST LANCASTER PA 17604		402 S BROAD ST LITITZ PA 17543		160 RIVER DR LANCASTER PA 17603	
COOKE JR MD, ALFRED J	ORS	GROSH MD, JOHN L	IM	KRAYBILL MD, HAROLD E	FP
127 E FREDERICK ST LANCASTER PA 17602		1875 LITITZ PIKE LANCASTER PA 17601		20 EASTBROOK RD RONKS PA 17572	
COOPER JR MD, HERBERT K	IM	GROSH MD, JOS W	FP	KREIDER MD, HENRY L	FP
445 N DUKE ST LANCASTER PA 17602		2 S BROAD ST LITITZ PA 17543		RT 2 BOX 330 MT JOY PA 17552	
COOPER MD, EMMETT M	R	GROSH MD, PAUL R	IM	KREIDER MD, JOHN K	FP
1370 HUNTER DR LANCASTER PA 17601		1521 RIDGE RD LANCASTER PA 17603		2045 STATE ST E PETERSBURG PA 17520	
CORCORAN MD, JOHN J	OBG	GROSH MD, WILLIAM B	FP	KRISINGER MD, ROBT C	FP
8 W ROSEVILLE RD LANCASTER PA 17601		215 S BROAD ST LITITZ PA 17543		1002 GRANDVIEW BLVD LANCASTER PA 17601	
COURSDIN MD, DAVID B	PD	GROSH MD, WM K	FP	KRUSEN MD, DAVID E	FP
1503 HILLCREST RD LANCASTER PA 17603		1036 BROAD ST AKRON PA 17501		OAK HILL DR PARADISE PA 17562	
COURTER MD, MONTE H	D	HAMMOND MD, CHAS P	FP	KUREY MD, ROBT J	P
1903 LITITZ PIKE LANCASTER PA 17601		449 W JAMES ST LANCASTER PA 17603		330 N DUKE ST LANCASTER PA 17602	
CRILL MD, NORMAN C	FP	HANSBERRY MD, JAMES T	FP	KURTZ MD, CHAS H	PD
143 MILLERSVILLE RD LANCASTER PA 17603		117 PROSPECT ST LANCASTER PA 17603		LANCASTER JR MD, EDWARD L	ORS
CRYSTLE MD, C DEANS	OBG	HARGRAVE MD, HUGH J	AN	554 N DUKE ST LANCASTER PA 17602	
162 HAMILTON RD LANCASTER PA 17603		133 E FREDERICK LANCASTER PA 17602		LANDIS MD, FLOYD M	FP
DALEY MD, MARVIN C	U	HARNISH MD, DAVID M	GS	10 CONESTOGA AVE LEOLA PA 17540	
822 MARIETTA AVE LANCASTER PA 17603		208 W MAIN ST EPHRATA PA 17522		LANDIS MD, RICHARD M	FP
DAMATO MD, SAMUEL L	R	HARRIGER MD, MILES D	FP	653 W CHESTNUT ST LANCASTER PA 17603	
365 VALLEY BROOK DR LANCASTER PA 17601		2081 EDGE MONT DR E PETERSBURG PA 17520		LANDIS MD, WM B	FP
DAVIDSON MD, PAUL R	GS	HARRISON MD, CYNTHIA	FP	501 WALNUT ST COLUMBIA PA 17512	
726 N DUKE ST LANCASTER PA 17602		30 GLENMORE CIR LANCASTER PA 17601		LAUKAITIS MD, RONALD B	FP
DAVIS MD, IRENE B	OBG	HARTMAN MD, WM F	OBG	REINHOLDS PA 17569	
311 N DUKE ST LANCASTER PA 17602		439 N DUKE ST LANCASTER PA 17602		LAURIA MD, MICHAEL H	FP
DEARDORFF MD, CHAS L	GS	HASSEL JR MD, CARL W	D	328 BROAD ST TERRE HILL PA 17581	
822 MARIETTA AVE LANCASTER PA 17603		275 HESS BLVD LANCASTER PA 17601		LAWRENCE MD, CLINTON M	FP
DECK JR MD, ROY	R	HAUCK MD, SAML M	FP	430 W MAIN ST OFFICE # NEW HOLLAND PA 17557	
200 BUTLER AVE LANCASTER PA 17601		314 N DUKE ST LANCASTER PA 17602		LEAMAN MD, IVAN B	FP
DELONG II MD, DONALD H	AN	HEISTERKAMP III MD, CHAS A	GS	109 N DECATUR ST STRASBURG PA 17579	
2580 PONDEROSA DR LANCASTER PA 17601		721 N DUKE ST LANCASTER PA 17602		LEBO MD, ARLAND A	FP
DERR MD, RUSSELL H	FP	HELM JR MD, JOHN D	IM	PO BOX 5281 LANCASTER PA 17601	
154 W MAIN ST ADAMSTOWN PA 19501		618 N DUKE ST LANCASTER PA 17602		LEGUM MD, RONALD M	IM
DOENECKE MD, ARTHUR L	OS	HELM MD, ROBT C	FP	ST JOSEPHS HOSP LANCASTER PA 17604	
210 N PRESIDENT AVE LANCASTER PA 17603		108 S CHURCH ST QUARRYVILLE PA 17566		LEHMAN MD, HARVEY L	FP
DORAZIO MD, DOMINICK J	US	HESS MD, AMMON G	US	506 MANOR AVE MILLERSVILLE PA 17551	
133 E FREDERICK ST LANCASTER PA 17602		30 W MAIN ST MOUNTVILLE PA 17554		LEIPHART MD, CLARENCE D	OPH
DREISBACH MD, PHILIP B	IM	HESS MD, JOS B	FP	339 N DUKE ST LANCASTER PA 17602	
5794 CHESTNUT AVE LONG BEACH CA 90805		2174 OLD PHILADELPHIA P LANCASTER PA 17602			



LEVANDOWSKI MD, RICHARD	FP	PEARMAN MD, TREVOR J	US	SHERTZER MD, JOHN H	ORS
861 MARTHA AVE LANCASTER PA 17601		202 ST THOMAS RD LANCASTER PA 17601		127 E FREDERICK LANCASTER PA 17602	
LEVENSON MD, MORTON W	FP	PENADES MD, ENRIQUE	PTH	SHULTZ MD, MARGARITA M	R
CLEARVIEW DR REINHOLDS PA 17569		1310 MARIETTA AVE LANCASTER PA 17603		1309 WHEATLAND AVE LANCASTER PA 17603	
LEVIN MD, RICHARD M	PS	PENCHANSKY MD, BARRY H	FP	STEGRIST MD, J DONALD	FP
822 MARIETTA AVE LANCASTER PA 17603		102 PEARL ST LANCASTER PA 17603		86 GREENFIELD RD LANCASTER PA 17602	
LINN MD, ROBT H	FP	PETERS MD, HAROLD E	FP	SIGMUND MD, WM J	D
MASONIC HOME ELIZABETHTOWN PA 17022		390 STATE ST NEW HOLLAND PA 17557		14 S BROAD ST LITITZ PA 17543	
LOCKEY III MD, STEPHEN D	IM	PETERSON JR MD, CHAS B	IM	SKINNER 3RD MD, ROBT W	GS
60 N WEST END AVE LANCASTER PA 17603		131 S W 51ST ST CAPE CORAL FL 33904		1927 MILLERSVILLE PIKE LANCASTER PA 17603	
LOCKEY MD, STEPHEN D	IM	PETERSON MD, ALAN S	FP	SHELZER MD, DONALD C	US
60 N WEST END AVE LANCASTER PA 17603		21 WILLOW VALLEY DR LANCASTER PA 17602		207 E ORANGE LANCASTER PA 17602	
LOEB MD, ROLAND A	FP	PETERSON MD, ROGER D	R	SMITH MD, C STUART	FP
BOX 1724 LANCASTER PA 17604		LANC GEN HOSP LANCASTER PA 17604		103 W HIGH ST ELIZABETHTOWN PA 17022	
LOMBARD MD, ROBT M	FP	PHILLIPS MD, JOHN D	FP	SMITH MD, EUGENE C	FP
259 N 6TH ST COLUMBIA PA 17512		825 MC GRANN BLVD LANCASTER PA 17601		647 E ROSEVILLE RD LANCASTER PA 17601	
LONG MD, PHILIP M	GS	PHIPPEN MD, WM G	ORS	SMITH MD, RUSSELL C	AN
554 DUKE ST LANCASTER PA 17602		527 N LIME ST LANCASTER PA 17602		830 MARTIN AVE EPHRATA PA 17522	
LONGWELL MD, ROBT H	OBG	PICKLE JR MD, J HARRY	FP	SMITH MD, STEPHEN R	IM
439 N DUKE ST LANCASTER PA 17602		643 LOCUST ST COLUMBIA PA 17512		743 BARRCREST LANE LANCASTER PA 17602	
LOWELL MD, FRED M	P	PIERSOL MD, LLOYD C	FP	SOLOMON MD, ELIAS M	FP
26 CONESTOGA DR LANCASTER PA 17602		840 JANET AVE LANCASTER PA 17601		516 N DUKE ST LANCASTER PA 17602	
LU MD, MILTON M	PS	POHL MD, CHAS E	U	SPILLMAN MD, MURRAY K	FP
614 NORTH DUKE ST LANCASTER PA 17602		605 HAMILTON RD LANCASTER PA 17603		120 CORY AVE LANCASTER PA 17601	
MALEY MD, EDWARD D	ORS	PONTIUS MD, JOHN G	GS	SRITULANONDA MD, NOWARATANA	AN
127 E FREDERICK ST LANCASTER PA 17602		129-131 E FREDERICK ST LANCASTER PA 17602		DONEGAL HGTS RD 1 MOUNT JOY PA 17552	
MANN MD, LOWELL D	FP	PONTZ MD, JACK B	FP	STAPINSKI MD, CYRIL C	U
306 S MARKET ST ELIZABETHTOWN PA 17022		647 E ROSEVILLE RD LANCASTER PA 17601		822 MARIETTA AVE LANCASTER PA 17603	
MANN MD, RICHARD H	IM	PORTER JR MD, WM F	IM	STAUFFER MD, HAROLD E	FP
420 W CHESTNUT ST LANCASTER PA 17603		555 N DUKE ST LANCASTER PA 17604		154 E MAIN ST LEOLA PA 17540	
MARTIN MD, ARTHUR E	FP	POSEY MD, DALE M	OPH	STEFFY DO, HARRY L	US
126-28 W BROAD ST NEW HOLLAND PA 17557		339 N DUKE ST LANCASTER PA 17602		1147 W MAIN ST EPHRATA PA 17522	
MARTIN MD, JAMES S	FP	PRANKUN MD, PETER P	GS	STEINMAN MD, ROBT C	PM
28 E LIBERTY ST LANCASTER PA 17602		510 N DUKE ST LANCASTER PA 17602		555 N DUKE ST LANCASTER PA 17604	
MAST MD, TRUMAN E	P	PRICE MD, ALBERT C	PD	STOLTZFUS MD, VIRGIL D	FP
630 NORTH DUKE ST LANCASTER PA 17602		1875 LITITZ PIKE LANCASTER PA 17601		BOX 277 MORGANTOWN PA 19543	
MASTROPIETRO MD, NUNZIO A	FP	PROWELL MD, JOS W	FP	STONER MD, ROBT E	FP
102 PEARL STREET LANCASTER PA 17603		105 E MAIN ST STRASBURG PA 17579		54 JACKSON DR LANCASTER PA 17603	
MATHEWS MD, ROBT S	ORS	PURDY MD, RICHARD T	GS	STOUT MD, WM J	FP
127 E FREDERICK ST LANCASTER PA 17602		129-131 E FREDERICK ST LANCASTER PA 17602		106 N CLAY ST MANHEIM PA 17545	
MATLIN MD, ROBERT A	IM	RAAB MD, DAVID B	FP	STUART MD, THOS J	
1171 COUNTRY CLUB DR LANCASTER PA 17601		311 E ORANGE ST LANCASTER PA 17602		535 N LIME ST LANCASTER PA 17602	
MAY MD, JOHN C	OBG	RAICH MD, WM A	OPH	SUMMERS MD, KERMIT L	FP
549 N LIME ST LANCASTER PA 17602		520 N DUKE ST LANCASTER PA 17602			GAP PA 17527
MAYER MD, DAVID P	FP	RAMBACH MD, LEONARD	FP	SURRY MD, JOHN H	FP
WELSH MT MED CTR RD 2 NEW HOLLAND PA 17557		634 MANOR ST LANCASTER PA 17603		97 GLENMOORE CR LANCASTER PA 17601	
MCCANN MD, WM D	IM	RANDALL MD, JOHN L	FP	SWAN MD, REYER O	FP
420 W CHESTNUT ST LANCASTER PA 17603		555 N DUKE ST LANCASTER PA 17604		23 S BROAD ST LITITZ PA 17543	
MCKEE MD, MICHAEL B	IM	RICE MD, SAMUEL A	IM	SZUTOWICZ DO, MICHAEL P	
1120 PLEASURE RD LANCASTER PA 17601		250 COLLEGE AVE LANCASTER PA 17604		248 W MAIN ST EPHRATA PA 17522	
MCLANE MD, ROGERS D	FP	RIDGWAY MD, WM G	FP	TINDALL MD, HERBERT L	FP
2045 STATE ST E PETERSBURG PA 17520		115 N 9TH ST AKRON PA 17501		RD 1 BOX 29 CHRISTIANA PA 17509	
MCLAUGHLIN MD, FRANK W	FP	RIFFERT MD, PAUL M	GS	TINNEY JR MD, WM S	IM
1010 DAVIS DR LANCASTER PA 17603		123 E MAIN ST EPHRATA PA 17522		129 COLLEGE AVE LANCASTER PA 17603	
MCNEAL MD, SAM L	FP	RIGANO DO, RUDOLPH	AN	UMIKER MD, WM O	PTH
8TH AND CHESTNUT STS COLUMBIA PA 17512		1175 CLARK ST LANCASTER PA 17602		1520 HILL CREST RD LANCASTER PA 17603	
MCSPARREN MD, CLARK	PD	RINGWALT MD, JOHN D	IM	VERI MD, FRANK A	TS
310 N WEST END AVE LANCASTER PA 17603		P O BOX 6162 LANCASTER PA 17603		501 W JAMES ST LANCASTER PA 17603	
MEARS MD, VIRGINIA G	FP	RIPPLE MD, PAUL H	OPH	WAGNER JR MD, RICHARD S	AN
822 MARIETTA AVENUE LANCASTER PA 17603		558 N DUKE ST LANCASTER PA 17602		1411 HILLCREST RD LANCASTER PA 17603	
MECKSTROTH MD, HERMAN F	FP	ROBBINS MD, HOWARD S	AN	WAGNER MD, IRA G	FP
MASONIC HOMES HOSP ELIZABETHTOWN PA 17022		779 STONY BATTERY RD LANCASTER PA 17601		PO BOX 525 EPHRATA PA 17522	
MEDWICK MD, JOS X	OPH	ROBBINS MD, WARREN J	ORS	WALKER MD, JON G	U
326 N DUKE ST LANCASTER PA 17603		822 MARIETTA AVE LANCASTER PA 17603		822 MARIETTA AVE LANCASTER PA 17603	
MEISER MD, EDGAR W	IM	ROBERTS MD, HASKELL E	FP	WEAVER MD, CHAS E	FP
428 N DUKE ST LANCASTER PA 17602		353 MAIN ST DENVER PA 17517		72 S HEINTZEIMAN MANHEIM PA 17545	
MELLINGER MD, RICHARD W	IM	ROE MD, JACQUELINE F	FP	WEAVER MD, R CLAIR	US
225 N MAPLE ST EPHRATA PA 17522		144 E CHESTNUT ST LANCASTER PA 17602		NORLANCO ASSOC RT 1 ELIZABETHTOWN PA 17022	
METZGER MD, TOM B	P	ROGERS MD, WM H	FP	WEAVER MD, W RONALD	U
450 W CHESTNUT ST LANCASTER PA 17603		569 E JACKSON ST NEW HOLLAND PA 17557		440 W CHESTNUT ST LANCASTER PA 17603	
MILLER JR MD, JOHN W	ORS	ROSCHER MD, ROBT L	D	WEBER MD, RICHARD H	FP
2617 MONDAMIN FARM RD LANCASTER PA 17601		203 N LIME ST LANCASTER PA 17602		817 N CHERRY ST LANCASTER PA 17602	
MILLER MD, C EUGENE	FP	ROMAN MD, PAUL J	GS	WEDDLE MD, WILLIAM E	FP
109 W MAIN ST EPHRATA PA 17522		806 MARIETTA AVE LANCASTER PA 17603		204 HENRIETTA AVE LANCASTER PA 17602	
MILLER MD, HENRY W	OBG	ROWLAND MD, N DEAN	FP	WEINBERG MD, J DAVID	FP
434 OAKLAND AVE INDIALANTIC FL 32903		185 BIGELOW APT 15-10 PITTSBURGH PA 15212		515 LOCUST ST COLUMBIA PA 17512	
MILLER MD, PARRY J	R	RUBIN MD, MYRON M	IM	WELCH MD, JOHN G	OTO
374 VALLEYBROOK DR LANCASTER PA 17601		616 N DUKE ST LANCASTER PA 17602		514 N DUKE ST LANCASTER PA 17602	
MOBERG MD, F BARRIE	FP	RUTT JR MD, CLARENCE H	GS	WENGER MD, MARLIN E	IM
419 RINGNECK LN LANCASTER PA 17601		806 MARIETTA AVE LANCASTER PA 17603		420 N DUKE ST LANCASTER PA 17602	
MONCRIEF MD, RICHARD D	FP	RUTT MD, JOHN M	FP	WENTZ MD, HENRY S	FP
1560 LITITZ PIKE LANCASTER PA 17601		RD 1 BOX 120 STRASBURG PA 17579		180 HILLCREST AVE STRASBURG PA 17579	
MONTGOMERY MD, MAXINE	N	RYNIEER MD, DONALD L	P	WESTON MD, DAVID M	IM
BX 19 RD 1 DRUMORE PA 17518		1049 LAMBLEY RD LANDISVILLE PA 17538		512 N DUKE ST LANCASTER PA 17602	
MUNTEANU MD, VIRGIL P	FP	SANDHAUS MD, BEATRICE W	FP	WHEATLY MD, WM K	OPH
128 S STATE ST EPHRATA PA 17522		43 N LIME ST LANCASTER PA 17602		324 N DUKE ST LANCASTER PA 17602	
MUSSELMAN MD, CLYDE V	FP	SANDHAUS MD, JULIUS L	FP	WHITE JR MD, ROBT H	OPH
436 HERR AVE MILLERSVILLE PA 17551		43 N LIME ST LANCASTER PA 17602		1254 LITITZ PIKE LANCASTER PA 17601	
MYERS JR MD, HERBERT E	FP	SAUNDERS JR MD, ROBERT W	PRM	WILCOX JR MD, WINTHROP P	AN
RD 1 ELIZABETHTOWN PA 17022		DOVER AFB HOSP DOVER A F B DE 19901		133 E FREDERICK ST LANCASTER PA 17602	
MYERS MD, WILLIAM R	PM	SCATARIAGE MD, CAROL S	IM	WILLIAMS MD, HENRY N	FP
812 WATERFRONT DR LANCASTER PA 17602		1422 QUARRY LANE LANCASTER PA 17603		556 W JAMES ST LANCASTER PA 17604	
NEIDHARDT MD, PAUL W	FP	SCATARIAGE MD, JOHN C	R	WILSKER MD, HERBERT B	FP
316 N 5TH ST DENVER PA 17517		1422 QUARRY LN LANCASTER PA 17603		1001 MARIETTA AVE LANCASTER PA 17603	
NEWCOMER MD, DAVID L	GS	SCHACHTERLE MD, RALPH E	FP	WILSON MD, JAMES A	FP
1880 STURBRIDGE DR LANCASTER PA 17601		123 E MAIN ST EPHRATA PA 17522		R D 1 RONKS PA 17572	
NEMEYER MD, RICHARD H	US	SCHAEFFER MD, WM A	IM	WINTER MD, CHAS R	ORS
154 E MAIN ST LEOLA PA 17540		443 N DUKE ST LANCASTER PA 17602		822 MARIETTA AVE LANCASTER PA 17603	
NOLLER MD, WILLIAM E	FP	SCHAFFNER MD, MEADE D	FP	WISSLER MD, ROBT U	FP
101 S 7TH ST AKRON PA 17501		844 COLUMBIA AVE LANCASTER PA 17603		49 OLD MILL RD EPHRATA PA 17522	
NOVOSEL MD, PETER S	FP	SCHANTZ MD, PAUL S	FP	WITMER MD, DONALD B	FP
440 W CHESTNUT ST LANCASTER PA 17603		103 W MAIN ST EPHRATA PA 17522		BOX 188 WILLOW STREET PA 17584	
OCONOR MD, THOS W	FP	SCHLOSSER MD, DAVID E	FP	WITMER MD, ROBT H	GS
6 E MAIN ST MOUNT JOY PA 17552		304 E MAIN ST MOUNT JOY PA 17552		126 E CHESTNUT ST LANCASTER PA 17602	
ODONNELL MD, WARD M	PTH	SCHUBERT MD, JOHN J	U	WOLBACH JR MD, ALBERT B	FP
525 N DUKE ST LANCASTER PA 17602		555 N DUKE ST LANCASTER PA 17604		923 W MAIN ST EPHRATA PA 17522	
OLIN MD, STEPHEN T	FP	SCHULZ MD, AUGUST J	P	WOLGEMUTH JR MD, JOHN M	FP
1029 WOODS AVE LANCASTER PA 17603		320 N LIME ST LANCASTER PA 17602		146 E MAIN ST LEOLA PA 17540	
PALMGREN JR MD, EINAR A	OTO	SCHULZ MD, JACOB A	P	WOOD MD, ERNEST M	OBG
PO BOX 752 GASTONIA NC 28052		164 HAMILTON RD LANCASTER PA 17603		150 RIVER DR LANCASTER PA 17603	
PALUMBO MD, JOHN A	FP	SEPLE MD, HARVEY H	IM	YAVIL DO, JULES S	R
619 W CHESTNUT ST LANCASTER PA 17603		734 N FRANKLIN ST LANCASTER PA 17602		1933 GERALDSON AVE LANCASTER PA 17601	
PATEL MD, HARSHADKUMAR B	IM	SEVENTKO MD, JOSEPH M	ORS	YEAKEL MD, ALLEN E	AN
555 N DUKE ST LANCASTER PA 17604		822 MARIETTA AVE LANCASTER PA 17603		RT 1 BOX 428 NEWMANSTOWN PA 17073	
PAUL JR MD, JOHN D	OBG	SHAUB MD, A PAUL	FP	YOUNG MD, JAMES F	IM
716 N LIME ST LANCASTER PA 17602		156-158 S QUEEN ST LANCASTER PA 17603		512 N DUKE ST LANCASTER PA 17602	



YOUNG MD, WILLIAM W R  
 20 LEAF PARK LANCASTER PA 17603  
 ZAEPEL MD, JOS P OTO  
 702 EDEN RD LANCASTER PA 17601  
 ZERVANOS MD, NIKITAS J FP  
 LANC GEN HOSP LANCASTER PA 17602  
 ZIEMER MD, HARRY S FP  
 2 E MAIN ST ADAMSTOWN PA 19501  
 ZWALLY MD, ARNOLD H FP  
 206 S STATE ST EPHRATA PA 17522

# Lawrence County

ABUL-ELA MD, AHMAD E GS  
 708 N JEFFERSON ST NEW CASTLE PA 16101  
 ALTONARE JR MD, FRANK J R  
 2563 BLOSSOM LN NEW CASTLE PA 16105  
 BANNISTER JR MD, WM B GS  
 125 E NORTH ST NEW CASTLE PA 16101  
 BASHARA MD, THOMAS J FP  
 107 E WALLACE AVE NEW CASTLE PA 16101  
 BASSALI MD, RIFAAT R OBG  
 19 SHENANGO RD NEW CASTLE PA 16105  
 BOWER MD, JAMES N FP  
 103 S MERCER ST NEW CASTLE PA 16101  
 BROOKS MD, JACK C FP  
 26 PITTSBURGH CIRCLE ELLWOOD CITY PA 16117  
 CAPLAN MD, AARON FP  
 510 PARK AVE ELLWOOD CITY PA 16117  
 CAPLAN MD, MILTON L FP  
 510 PARK AVE ELLWOOD CITY PA 16117  
 CHERVENAK MD, JOHN P R  
 2975 MELVIN DR NEW CASTLE PA 16105  
 FLANNERY MD, WILBUR E IM  
 24 E GRANT ST NEW CASTLE PA 16101  
 FRENCH MD, TRAVIS A OBG  
 1ST FEDERAL PLAZA NEW CASTLE PA 16101  
 FUJIMAGARI MD, TAK R  
 JAMESON MEM HOSP NEW CASTLE PA 16101  
 GARDNER MD, JAMES L GS  
 122 4TH ST ELLWOOD CITY PA 16117  
 GEER MD, FRANK D P  
 2100 WILMINGTON RD NEW CASTLE PA 16105  
 GILLESPIE MD, WM G PTH  
 108 PARK LANE NEW CASTLE PA 16101  
 GINSBERG MD, JOS E OBG  
 405B 1ST FEDERAL PLAZA NEW CASTLE PA 16101  
 GINSBURG MD, NATHAN N OBG  
 1ST FEDERAL PLAZA NEW CASTLE PA 16101  
 GRAUEL JR MD, THEODORE A FP  
 2602 WILMINGTON RD NEW CASTLE PA 16105  
 HART MD, GEO R OTO  
 424 TEMPLE BLDG NEW CASTLE PA 16101  
 HENDERSON MD, ROBT E GS  
 2602 WILMINGTON RD NEW CASTLE PA 16105  
 HENTHORNE MD, JOHN C PTH  
 413 HAUGH AVE NEW WILMINGTON PA 16142  
 HOENSTINE MD, ARTHUR C OPH  
 134 4TH ST ELLWOOD CITY PA 16117  
 HOFFMASTER MD, ALFRED L FP  
 125 E NORTH ST NEW CASTLE PA 16101  
 HOUSTON MD, R ROSS FP  
 411 W NESHANNOCK AVE NEW WILMINGTON PA 16142  
 ISIDRO MD, EUGENIO G PTH  
 JAMESON MEM HOSP NEW CASTLE PA 16101  
 JONES MD, GEO J FP  
 1406 E WASHINGTON ST NEW CASTLE PA 16101  
 KEHLER MD, WALTER H R  
 JAMESON HOSP NEW CASTLE PA 16101  
 KIM MD, UH G FP  
 425 SPRING AVE ELLWOOD CITY PA 16117  
 KOUKAL MD, LUDWIG R AN  
 11 FRUITLAND DR NEW CASTLE PA 16101  
 LANANCUSA MD, NANCY C FP  
 836 S MILL ST NEW CASTLE PA 16101  
 MALVAR MD, THOS G AN  
 107 E WALLACE AVE NEW CASTLE PA 16101  
 MANCINO MD, PETER J IM  
 LEAHWOOD DR NEW CASTLE PA 16105  
 MANSELL MD, JOHN L FP  
 150 N NEW CASTLE ST NEW WILMINGTON PA 16142  
 MARCELLA MD, LAWRENCE C OBG  
 518 TEMPLE BLDG NEW CASTLE PA 16101  
 MARKLEY MD, RALPH ORS  
 2602 WILMINGTON RD NEW CASTLE PA 16105  
 MASTRIAN MD, ANTHONY S GS  
 2602 WILMINGTON ROAD NEW CASTLE PA 16105  
 MCCONAHY MD, JOHN G D  
 137 E WALLACE ST NEW CASTLE PA 16101  
 MITTICA MD, NICHOLAS M OPH  
 708 N JEFFERSON ST NEW CASTLE PA 16101  
 MOORE MD, GEO W U  
 329 TEMPLE BLDG NEW CASTLE PA 16101  
 MORETTO MD, JOS L OPH  
 413 N JEFFERSON ST NEW CASTLE PA 16101  
 NEWMARK MD, ABE A PD  
 112 E SHERIDAN AVE NEW CASTLE PA 16105  
 NORD MD, ROLAND E FP  
 103 S MERCER ST NEW CASTLE PA 16101  
 ONG MD, BIENVENIDO S PTH  
 JAMESON MEM HOSP NEW CASTLE PA 16101  
 PAINTER MD, JOS C FP  
 80 PITTSBURGH CIRCLE ELLWOOD CITY PA 16117  
 PALATKA MD, ANDREW A FP  
 800 ADAMS AVE ELLWOOD CITY PA 16117  
 PERRY JR MD, SAML W OBG  
 227 E NORTH ST NEW CASTLE PA 16101  
 PERRY MD, DAVID L IM  
 227 E NORTH ST NEW CASTLE PA 16101  
 POMMERSHEIM MD, WM J U  
 TEMPLE BLDG NEW CASTLE PA 16101

POPP MD, J LUMEN FP  
 308 N MERCER ST NEW CASTLE PA 16101  
 PRABHU MD, SRINIVASA K GS  
 208 TEMPLE BLDG NEW CASTLE PA 16101  
 PRIOLETTI MD, JOHN P GS  
 3101 TEMPLE BLDG NEW CASTLE PA 16101  
 PRIOLETTI MD, VINCENZO FP  
 1006 S MILL ST NEW CASTLE PA 16101  
 RAJASENAN MD, VASUDEVAN IM  
 3RD & LAWRENCE AVE ELLWOOD CITY PA 16117  
 RAYMUNDO 3D MD, RICARDO B GS  
 605 LAWRENCE AVE ELLWOOD CITY PA 16117  
 RAYMUNDO MD, ROSALINDA R IM  
 1005 DIVISION ST ZELIENOPLE PA 16063  
 ROGERS MD, VINCENT P ORS  
 2602 WILMINGTON RD NEW CASTLE PA 16105  
 SANTOS MD, CESAR R OBG  
 605 LAWRENCE AVE ELLWOOD CITY PA 16117  
 SENJOM MD, RAYMOND V FP  
 2 E LAUREL AVE NEW CASTLE PA 16101  
 SHAFFER MD, HOWARD L FP  
 150 N NEW CASTLE ST NEW WILMINGTON PA 16142  
 SHANKY MD, MOHAMMED S AN  
 JAMESON MEM HOSP NEW CASTLE PA 16101  
 SHOAFF MD, PARIS A GS  
 1405 HIGHLAND AVE NEW CASTLE PA 16105  
 SKOLE MD, SIMON M PD  
 404C 1ST FEDERAL PLAZA NEW CASTLE PA 16101  
 SOMMERFELD MD, JAMES P PD  
 2 E LAUREL AVE NEW CASTLE PA 16101  
 SUMMER MD, HAROLD R OBG  
 200 SPRING AVE ELLWOOD CITY PA 16117  
 SUNG MD, PYOUNG FP  
 202 E POLAND AVE BESSEMER PA 16112  
 TAYENGO-MAISUG MD, VICTORIA S PD  
 565 W NESHANNOCK AVE NEW WILMNGTN PA 16142  
 UBER MD, THOS R U  
 329 TEMPLE BLDG NEW CASTLE PA 16101  
 MADHMA MD, KANAL P IM  
 2602 WILMINGTON RD NEW CASTLE PA 16105  
 WEINER MD, GERALD H ORS  
 2602 WILMINGTON RD NEW CASTLE PA 16105  
 WILSON MD, PAUL B FP  
 2503 HIGHLAND AVE NEW CASTLE PA 16105  
 WILSON MD, THOS W FP  
 100 S DIVISION ST ZELIENOPLE PA 16063  
 WRIGHT MD, WM R OBG  
 1ST FEDERAL PLAZA NEW CASTLE PA 16101  
 YOUNG MD, FREDERICK F FP  
 BOX 194 R D 3 VOLANT PA 16156  
 ZIEVE MD, GERALD FP  
 2508 WILMINGTON RD AP29 NEW CASTLE PA 16105

GROH MD, JOHN R GS  
 RD 5 BOX 230 LEBANON PA 17042  
 GROSKY MD, MURRAY B IM  
 618 CORNWALL RD LEBANON PA 17042  
 HABECKER MD, ELIZABETH T PD  
 1654 RITA LANE LEBANON PA 17042  
 HALLAHAN MD, WM F IM  
 618 CORNWALL RD LEBANON PA 17042  
 HARRISON MD, TIMOTHY S GS  
 M S HERSHEY MED CTR HERSHEY PA 17033  
 HARTMAN 2ND MD, SAML A PD  
 229 S 4TH ST LEBANON PA 17042  
 HAUER MD, MARLIN L FP  
 330 CUMBERLAND ST LEBANON PA 17042  
 HEBERLING MD, THOS P FP  
 601 S 12TH ST LEBANON PA 17042  
 HEISEY MD, ROBT G OBG  
 3RD & WILLOW ST LEBANON PA 17042  
 HOFFMAN MD, GLENN H FP  
 322 E MAIN ST PALMYRA PA 17078  
 HOFFMAN MD, RICHARD R R  
 1149 GREINER ST LEBANON PA 17042  
 HOSTETTER MD, ABRAH M P  
 1736 E CHOCOLATE AVE HERSHEY PA 17033  
 JONES MD, EDWARD L GS  
 422 CUMBERLAND ST LEBANON PA 17042  
 KEITER MD, JAMES M FP  
 30 W ORCHARD DR PALMYRA PA 17078  
 KLATCHKO MD, WM W GS  
 402 S 12TH ST LEBANON PA 17042  
 KLINE MD, ROBT M OBG  
 115 E WALNUT ST LEBANON PA 17042  
 KONCLE MD, GERALD E FP  
 NEWMANSTOWN PA 17073  
 LAPE JR MD, IRWIN S OBG  
 3RD & WILLOW ST LEBANON PA 17042  
 LEONARD MD, JUSTIN T R  
 RD 5 BOX 230 LEBANON PA 17042  
 LIGHT MD, JOHN J R  
 25 N 9TH ST LEBANON PA 17042  
 LOEHLE MD, JOHN F FP  
 937 CUMBERLAND ST LEBANON PA 17042  
 LONG MD, THEODORE K OPH  
 327 CUMBERLAND ST LEBANON PA 17042  
 LOTA MD, MILOS J PM  
 1342 OAK ST LEBANON PA 17042  
 MCCLELLAND MD, HERBERT C FP  
 505 CHESTNUT ST LEBANON PA 17042  
 MENGES MD, CHAS G GS  
 S 3RD & OAK STS LEBANON PA 17042  
 MEYER JR MD, MAURICE M OPH  
 701 MAPLE ST LEBANON PA 17042  
 MILLER MD, CLAUDE J D  
 1151 CORNWALL RD LEBANON PA 17042  
 MOEHLMANN MD, ERNST O FP  
 RICHLAND PA 17087  
 MONTEITH MD, JAMES R FP  
 301 E MAIN ST ANNVILLE PA 17003  
 MYSTAKAS MD, FOTIS G ORS  
 229 S 4TH ST LEBANON PA 17042  
 NEFF MD, CHAS A P  
 BOX 345 ROUTE 5 LEBANON PA 17042  
 NUCUM MD, AFRODISIO N FP  
 341 CUMBERLAND ST LEBANON PA 17042  
 PATERNITI MD, BAWL OBG  
 3RD & WILLOW ST LEBANON PA 17042  
 PLACE MD, ELMER R FP  
 BOX 419 R D 5 LEBANON PA 17042  
 POTASH MD, GEO C OPH  
 513 CHESTNUT ST LEBANON PA 17042  
 POUST MD, GEO S OBG  
 3RD & WILLOW ST LEBANON PA 17042  
 PROVENCIO MD, FLORENCIO PTH  
 1661 KRIM COURT LEBANON PA 17042  
 REED MD, HARRY W FP  
 FREDERICKSBURG PA 17026  
 RYAN MD, ROBT J GS  
 323 CUMBERLAND ST LEBANON PA 17042  
 SACKS MD, RICHARD R R  
 R D 3 MANHEIM PA 17545  
 SAYSON MD, JOSE N IM  
 302 WALNUT ST LEBANON PA 17042  
 SCHAEFFER JR MD, WM E IM  
 618 CORNWALL RD LEBANON PA 17042  
 SCHARADIN MD, NELSON S D  
 102 E PENN AVE CLEONA PA 17042  
 SCHREIBER MD, RICHARD D FP  
 801 WALNUT ST LEBANON PA 17042  
 SHAVER MD, WM A GS  
 618 CORNWALL RD LEBANON PA 17042  
 SHERK MD, CARL R IM  
 618 CORNWALL RD LEBANON PA 17042  
 SILBERMAN MD, J DEWOLF FP  
 246 W MAIN ST ANNVILLE PA 17003  
 SNYDER MD, EARL J GS  
 618 CORNWALL RD LEBANON PA 17042  
 SOLOMON MD, STEPHEN J N  
 618 CORNWALL RD LEBANON PA 17042  
 SUAREZ MD, RAMON U GS  
 437 CHESTNUT ST LEBANON PA 17042  
 SUTER MD, STANLEY C U  
 437 CHESTNUT ST LEBANON PA 17042  
 TANNER MD, LEONARD M PTH  
 1551 RITA LANE LEBANON PA 17042  
 TIBBITTS MD, JAMES A FP  
 KING AND QUEEN STS JONESTOWN PA 17038  
 UHRICH MD, KATHRYN H FP  
 523 N 7TH ST LEBANON PA 17042  
 UHRICH MD, ROBT W FP  
 523 N 7TH ST LEBANON PA 17042  
 WALMER MD, JOHN D P  
 PHILHAVEN HOSP R 5 LEBANON PA 17042  
 WEYLAND MD, CHAKLETTA K PD  
 209 HATHAWAY PARK LEBANON PA 17042  
 WISE MD, JOHN R FP  
 135 S 10TH ST LEBANON PA 17042

# Lebanon County

ALLEY MD, ALBERT A OPH  
 618 CORNWALL RD LEBANON PA 17042  
 ANDREOZZI MD, ROBERT J D  
 924 HAUCK ST LEBANON PA 17042  
 BAMBERGER MD, JOHN A OTO  
 621 CHESTNUT ST LEBANON PA 17042  
 BARTON MD, ROBT L FP  
 BOX 45 QUENTIN PA 17028  
 BAUER MD, ROBERT L FP  
 322 E MAIN ST PALMYRA PA 17078  
 BECKER MD, CARL K FP  
 E C C RETIREMENT VLG MYERSTOWN PA 17067  
 BELL JR MD, C RAY FP  
 418 CUMBERLAND ST LEBANON PA 17042  
 BERGLAND MD, RICHARD W NS  
 RD 4 LEBANON PA 17042  
 BERING MD, JOS P FP  
 300 WALNUT ST LEBANON PA 17042  
 BERTRAM MD, HORST N R  
 GOOD SAMARITAN HOSP LEBANON PA 17042  
 CALLEN MD, H SAMUEL R  
 115 MORAVIAN AVE LITITZ PA 17543  
 CLARK MD, JOS M R  
 711 S 8TH ST LEBANON PA 17042  
 CONNER MD, GEO M OTO  
 MILTON S HERSHEY MED CT HERSHEY PA 17033  
 COURTNEY MD, DREW E FP  
 RD 3 MYERSTOWN PA 17067  
 CURANZY MD, RAYMOND R FP  
 39 E MAPLE ST PALMYRA PA 17078  
 DIEHL MD, WM H OPH  
 212 E WALNUT ST LEBANON PA 17042  
 DIGIACOMO MD, PAUL R IM  
 618 CORNWALL RD LEBANON PA 17042  
 DINULOS MD, BALTAZAR T GS  
 225 S 4TH ST LEBANON PA 17042  
 DORSCH JR MD, RAYMOND M ORS  
 229 S FOURTH ST LEBANON PA 17042  
 DRUCKMAN MD, STEPHEN M IM  
 618 CORNWALL RD LEBANON PA 17042  
 DYREYES MD, ROBERTO R R  
 1647 CAMBRIDGE DR LEBANON PA 17042  
 ECKROTH MD, RICHARD N FP  
 136 E CHERRY ST PALMYRA PA 17078  
 ENGLE MD, HAROLD H FP  
 322 E MAIN ST PALMYRA PA 17078  
 FLOWERS MD, PETER B FP  
 618 CORNWALL RD LEBANON PA 17042  
 FORKER MD, THOS ORS  
 4 S 4TH ST LEBANON PA 17042  
 FRANK MD, PATRICK J FP  
 925 CUMBERLAND ST LEBANON PA 17042  
 GINGRICH JR MD, RUSSELL L GS  
 34 N CENTER AVE CLEONA PA 17042  
 GINGRICH MD, KERRY H FP  
 618 CORNWALL RD LEBANON PA 17042



MORRILLO MD, SUZANNE M FP  
400 E HIGH ST LEBANON PA 17042  
ZIMMERMAN JR MD, FRANKLIN D FP  
SCHAEFFERSTOWN PA 17088

CERCIELLO MD, MARK J ORS  
40 CDR CRST BLVD S ALLENTOWN PA 18104  
CHANG MD, IN-HO R  
ALLENTOWN HOSP ALLENTOWN PA 18102  
CHEFETZ MD, MARSHALL D OBG  
2200 HAMILTON ST ALLENTOWN PA 18104  
CHEN MD, CHUN N GS  
1200 S CEDAR CREST BLVD ALLENTOWN PA 18105  
CHEN MD, JUH-HUEY PD  
BOX 147 TREXLETTOWN PA 18087  
CHENG MD, LAWRENCE C FP  
2710 LIBERTY ST ALLENTOWN PA 18104  
CHUNG MD, HAE J P  
1993 KINGSLEY DR BETHLEHEM PA 18018  
CLIFFORD MD, JAMES R FP  
111 E HARRISON ST EMMAUS PA 18049  
CRISWELL MD, SAHL W FP  
533 N 26TH ST ALLENTOWN PA 18104  
CUNIN MD, HARRY L OPH  
104 N NASSAU AVE MARGATE N J 08402  
CUSICK MD, RICHARD J FP  
535 E EMMAUS AVE ALLENTOWN PA 18103  
CUSTODIO MD, EDGARDO C R  
785 MEDGEWOOD RD BETHLEHEM PA 18107  
DAVIS MD, DAVID R  
3502 CONGRESS ST ALLENTOWN PA 18104  
DEEB MD, RAMON J AN  
421 CHEW ST ALLENTOWN PA 18102  
DEX MD, WALTER J R  
ALNTN HOSP 17TH & CHEW ALLENTOWN PA 18104  
DICKSON JR MD, THOS B ORS  
1730 CHEW ST ALLENTOWN PA 18104  
DILCHER MD, ROBT H U  
1111 N 19TH ST ALLENTOWN PA 18104  
DILEO MD, FRANK J FP  
203 N 2ND ST ALLENTOWN PA 18102  
DILEO MD, LUSCIAN W D  
1136 LINDEN ST ALLENTOWN PA 18102  
DIMICK MD, DEAN F IM  
ALLENTOWN HOSPITAL ALLENTOWN PA 18102  
DONIO MD, DOMINIC A PM  
528 WASHINGTON ST ALLENTOWN PA 18102  
DONMOYER MD, THEODORE L IM  
2635 PKWY BLVD ALLENTOWN PA 18104  
DORSEY MD, JAMES T OBG  
160 MAIN ST EMMAUS PA 18049  
DOWNIE MD, ROBERT W PM  
1062 LOUISE LANE ALLENTOWN PA 18103  
DRAUCH MD, EUGENE W FP  
1215 W HIGHLAND ST ALLENTOWN PA 18102  
DRY MD, FREDERICK A FP  
730 HARRISON EMMAUS PA 18049  
DUBBS MD, ALFRED W IM  
1443 HAMILTON ST ALLENTOWN PA 18102  
DUNN MD, JEROME PD  
501 N 17TH ST STE 207 ALLENTOWN PA 18104  
EARNEST MD, TAMAR D GS  
MIDDLESEX GEN HOSP NEW BRUNSWICK N J 08903  
EASTLAND JR MD, THEODORE W FP  
111 E HARRISON ST EMMAUS PA 18049  
EDDINGER MD, LEO C FP  
951 N 4TH ST ALLENTOWN PA 18102  
EICHER MD, WENDELL P GS  
136 S 10TH ST QUAKERTOWN PA 18951  
ENDRES MD, WAKREN H FP  
6000 MAIN ST FOGELSVILLE PA 18051  
ESLER JR MD, JAMES W AN  
421 CHEW ST ALLENTOWN PA 18102  
EVERETT MD, HAROLD E IM  
501 N 17TH ST ALLENTOWN PA 18104  
EZAKI MD, TOSHIO GS  
18 N 13TH ST ALLENTOWN PA 18102  
FALCONE MD, DOMENICO AN  
RD 2 ALLENTOWN PA 18103  
FARRELL MD, PETER E OTO  
1251 S CDR CRST BLVD 11 ALLENTOWN PA 18103  
FEENEY MD, ROBT A FP  
3710 HAMILTON ST ALLENTOWN PA 18104  
FENNER MD, HENRY E PTH  
ALLENTOWN HOSP ALLENTOWN PA 18102  
FENSTERMACHER MD, ROBT P FP  
ALLENTOWN HOSP ALLENTOWN PA 18102  
FETTERMAN MD, HENRY H OBG  
501 N 17TH ST ALLENTOWN PA 18104  
FETZER MD, ARTHUR E U  
1405 CEDAR CREST BLVD ALLENTOWN PA 18104  
FIEDLER MD, HOWARD T P  
2030 S OCEAN DR APT 314 HALLANDALE FL 33009  
FINNEGAN MD, WALTER J ORS  
1730 CHEW ST ALLENTOWN PA 18104  
FISTER MD, FREDERICK D US  
R D 2 WESCOVILLE PA 18106  
FITZGERALD MD, JAMES L OBG  
1633 ALLEN ST ALLENTOWN PA 18102  
FOX MD, CHAS R FP  
LUTHERAN HOME TOPTON PA 19564  
FOX MD, WM F FP  
4102 LEHIGH AVE WHITEHALL PA 18052  
FRAILEY JR MD, WM W GS  
226 SPRUCE ST EMMAUS PA 18049  
FRANKENFIELD MD, BRUCE A IM  
2200 HAMILTON ST RM 203 ALLENTOWN PA 18104  
FRIEDBERG MD, MILTON J GS  
2200 HAMILTON ST ALLENTOWN PA 18104  
FROST MD, STEPHEN S IM  
1335 MORRIS RD WYNNWOOD PA 19096  
FUGAZZOTTO MD, PASQUALE J PD  
LIBERTY SQ MED CTR ALLENTOWN PA 18104  
GALGON MD, JOHN P IM  
1162 BELLAIR DR ALLENTOWN PA 18103  
GALLAGHER MD, A CORNELIUS FP  
40 S 16TH ST ALLENTOWN PA 18102  
GALLAGHER MD, HUGH S IM  
901 N 19TH ST ALLENTOWN PA 18104  
GASTINGER MD, JOSEPH W IM  
625 N BERKS ST ALLENTOWN PA 18104

GAYLOR MD, DONALD H GS  
1200 S CEDAR CREST BLVD ALLENTOWN PA 18105  
GEARHART MD, LYSER M OBG  
501 N 17TH ST ALLENTOWN PA 18104  
GEE MD, WILLIAM GS  
2200 HAMILTON ST 212 ALLENTOWN PA 19104  
GELLER MD, EDWARD I FP  
1027 N 19TH ST ALLENTOWN PA 18104  
GERCHMAN MD, LEROY B FP  
3710 HAMILTON ST ALLENTOWN PA 18104  
GINSBERG MD, GENE H IM  
1251 S CEDAR CREST #212 ALLENTOWN PA 18103  
GOLDFARB MD, DANIEL D P  
2200 HAMILTON ST ALLENTOWN PA 18104  
GOLDFARB MD, HAROLD J OPH  
101 S 17TH ST ALLENTOWN PA 18104  
GOLDSMITH MD, CHAS P OPH  
LIBERTY SQUARE MED CTR ALLENTOWN PA 18104  
GOOD MD, HARRY S GS  
1711 HAMILTON ST ALLENTOWN PA 18104  
GORDON MD, CHARLES A FP  
51 C GLENMEAD DR PORTSMOUTH RI 02871  
GORDON MD, MICHAEL J OTO  
1251 S CED CRST BVD 202 ALLENTOWN PA 18103  
GREYBUSH MD, JOS N OBG  
2200 HAMILTON ST ALLENTOWN PA 18104  
GROSS MD, PAUL K P  
1600 LEHIGH PKWY E ALLENTOWN PA 18103  
GRUNBERG MD, ROBT W IM  
1600 LEHIGH PKWY E AP6F ALLENTOWN PA 18103  
HAAS MD, FREDERICK W FP  
554 BENNER RD ALLENTOWN PA 18104  
HABERERN MD, EDWARD J FP  
4205 LEHIGH ST WHITEHALL PA 18052  
HAFF MD, DONALD W FP  
4 GOLF CIR EMMAUS PA 18049  
HARDIN MD, VIRGIL W IM  
1426 LINCOLN PKWY W ALLENTOWN PA 18104  
HARMAN MD, ROBT G FP  
TREXLETTOWN PA 18087  
HARRIS MD, STANLEY R R  
SACRED HEART HOSP ALLENTOWN PA 18102  
HARTZELL JR MD, GEO W GS  
2004 ALLEN ST ALLENTOWN PA 18104  
HARVEY MD, KENNETH L FP  
302 WALNUT ST CATASAUQUA PA 18032  
HASTINGS JR MD, LEO J FP  
324 N 6TH ST ALLENTOWN PA 18102  
HEFFERNAN MD, ANDREW H PS  
2200 HAMILTON ST ALLENTOWN PA 18104  
HEILIGMAN MD, NATHAN H IM  
1251 S CEDAR CREST BLVD ALLENTOWN PA 18103  
HEINTZELMAN MD, GEO W FP  
NEFFS PA 18065  
HELWIG MD, FRED G IM  
28 N 15TH ST ALLENTOWN PA 18102  
HENTOSH MD, JOHN P PD  
331 S 16TH ST ALLENTOWN PA 18102  
HERTZ MD, CHAS S GS  
1532 PARK AVE QUAKERTOWN PA 18951  
HILL MD, E MERTON PRM  
1833 W CONGRESS ST ALLENTOWN PA 18104  
HOFFMAN MD, WM W FP  
2416 3RD ST WHITEHALL PA 18052  
HOLLAND MD, CLARENCE A GS  
1118 HAMILTON ST ALLENTOWN PA 18101  
HOUIDES MD, ATHANASIOS C GS  
219 N 17TH ST ALLENTOWN PA 18104  
HUDSON JR MD, HOWARD E AN  
421 CHEW ST ALLENTOWN PA 18102  
HYMAN MD, HERBERT L IM  
1033 HAMILTON ST ALLENTOWN PA 18101  
JAEGER MD, ROBT M NS  
1746 ALLEN ST ALLENTOWN PA 18104  
JAIN MD, MOHN H P  
2829 LIVINGSTON ST ALLENTOWN PA 18104  
JEFFERIS MD, EARL S OBG  
744 N 19TH ST ALLENTOWN PA 18104  
JERANT MD, VINCENT J FP  
507 ALLEN ST ALLENTOWN PA 18102  
JOHNSON MD, CHAS F IM  
216 N 4TH ST EMMAUS PA 18049  
JONES MD, DAVID G OPH  
501 N 17TH ST ALLENTOWN PA 18104  
JUNG MD, JAY SOU PD  
1031 KEYSTONE DR SELLERSVILLE PA 18960  
KASPRENSKI MD, MATTHEW A FP  
2416 3RD ST WHITEHALL PA 18052  
KATZ MD, MITCHELL E FP  
727 N 19TH ST ALLENTOWN PA 18104  
KAUFMAN MD, BARRE D IM  
2202 TILGHMAN ST ALLENTOWN PA 18104  
KAUPP JR MD, HARRY A GS  
3233 UNION ST ALLENTOWN PA 18103  
KEAN MD, DENNIS W PD  
4432 HANTHORNE CT MACUNGIE PA 18062  
KEBLISH JR MD, PETER A ORS  
1730 CHEW ST ALLENTOWN PA 18104  
KELCHNER MD, CLYDE H IM  
1125 TURNER ST ALLENTOWN PA 18102  
KELLY MD, JOHN S GS  
RD 2 BOX 31A NEW TRIPOLI PA 18066  
KENVIN MD, JOHN E PD  
811 N 19TH ALLENTOWN PA 18104  
KINDRI MD, CHETAN D TS  
1125 S CEDAR CREST BLVD ALLENTOWN PA 18103  
KHUSHCHANDANI MD, INDRU T CRS  
LIB SQ MEDCT 17TH&LIBRT ALLENTOWN PA 18104  
KIBELSTIS MD, JOHN A IM  
1730 CHEW ST ALLENTOWN PA 18104  
KIESEL MD, ROBT OPH  
3710 HAMILTON ST ALLENTOWN PA 18104  
KIM MD, CHUNG H R  
106K VILLAGE ROUND WESCOVILLE PA 18106  
KIM MD, JIN I AN  
927 PATRICIA DR ALLENTOWN PA 18103

## Lehigh County

ALBRIGHT MD, DILL J FP  
913 N 32ND STREET ALLENTOWN PA 18104  
ALEXANDER MD, RAYMUND S OBG  
811 N 19TH ST ALLENTOWN PA 18104  
ALLMAN MD, RICHARD L IM  
501 N 17TH ST ALLENTOWN PA 18104  
ALMAZAN MD, ANTONIO C FP  
317 BRIDGE ST CATASAUQUA PA 18032  
ALTOBELLI MD, JOHN A PS  
501 N 17TH ST ALLENTOWN PA 18104  
ANDERKO MD, FRANK T FP  
414 RIDGE AVE ALLENTOWN PA 18102  
ANSON MD, PETER M ORS  
1405 N CEDAR CREST BLVD ALLENTOWN PA 18104  
ARANGIO MD, GEORGE A ORS  
32 N WEST STREET ALLENTOWN PA 18102  
BACKENSTOE MD, GERALD S FP  
500 CHESTNUT ST EMMAUS PA 18049  
BALZE MD, PAUL C P  
1940 LAUBACH AVE NORTHAMPTON PA 18067  
BANACH MD, STANLEY F IM  
2015 HAMILTON ST STE 20 ALLENTOWN PA 18104  
BANKS MD, WALTER A FP  
8 W MAIN ST MACUNGIE PA 18062  
BARNES MD, BEN C IM  
MUHLNBERG MED CTR BETHLEHEM PA 18017  
BARONE MD, ANTHONY AN  
421 CHEW ST ALLENTOWN PA 18102  
BARR MD, WM B IM  
733 TURNER ST ALLENTOWN PA 18102  
BARRETT MD, JUDITH N FP  
2421 GREENLEAF ST ALLENTOWN PA 18104  
BARRETT MD, STEPHEN J P  
642 HAMILTON ST ALLENTOWN PA 18101  
BAUDER MD, ELIZABETH S P  
MUHLNBERG MED CTR BETHLEHEM PA 18017  
BAUM MD, EDGAR S FP  
1624 WALNUT ST ALLENTOWN PA 18102  
BAUSCH JR MD, FREDERICK R FP  
142 N 9TH ST ALLENTOWN PA 18102  
BAUSCH MD, RICHARD D FP  
951 N 4TH ST ALLENTOWN PA 18102  
BAYRI MD, MEHMET F AN  
1196 MEADOWBRK CIRCLE W ALLENTOWN PA 18103  
BECK MD, THEODORE A FP  
SAND SPRING FARM BX 206 GREENTOWN PA 18426  
BEITEL JR MD, ROBT J OPH  
1026 HAMILTON ST ALLENTOWN PA 18101  
BERNHARD MD, JOHN J OBG  
33 N 17TH ST ALLENTOWN PA 18104  
BIERMAN MD, JOS R FP  
1321 HAMILTON ST ALLENTOWN PA 18102  
BLAISDELL MD, C THEODORE AN  
SACRED HEART HOSP ALLENTOWN PA 18102  
BLAKE MD, DOUGLAS R AN  
421 CHEW ST ALLENTOWN PA 18102  
BLASSER MD, EDWARD F IM  
USCG ACADEMY HOSP NEW LONDON CT 06320  
BLUM MD, MITCHELL E OTO  
1257 S CDR CRST BLVD 202 ALLENTOWN PA 18103  
BONOS III MD, CHAS T FP  
ALLENTOWN-SACRED HRT HOS ALLENTOWN PA 18105  
BOO MD, KI T IM  
815 NORTH 12TH ST ALLENTOWN PA 18102  
BOSANAC MD, PAUL R IM  
2200 HAMILTON ST ALLENTOWN PA 18104  
BOTTOMLEY DO, DONALD L OS  
555 UNION BLVD ALLENTOWN PA 18103  
BOUCHER MD, WM F FP  
234 E 20TH ST NORTHAMPTON PA 18067  
BOWEN MD, DALE T FP  
1136 FIFTH ST CATASAUQUA PA 18032  
BOYER MD, FRANK R IM  
530 N 20TH ST ALLENTOWN PA 18104  
BOYER MD, GEO S GS  
740 N 19TH ST ALLENTOWN PA 18104  
BOYER MD, NANCY H IM  
2179 OVERHILL RD ALLENTOWN PA 18103  
BRANTON MD, LEON N PD  
811 N 19TH ST ALLENTOWN PA 18104  
BRENNEN MD, ROBT F FP  
951 N 4TH ST ALLENTOWN PA 18102  
BRESLIN DO, THOMAS V IM  
1530 LEHIGH PARKWAY S ALLENTOWN PA 18103  
BRONG MD, GEO C FP  
104 W MAIN ST BATH PA 18014  
BROOKS MD, CHARLES M IM  
1416 STONERIDGE RD ALLENTOWN PA 18104  
BROSSMAN MD, MARTIN W FP  
549 N 8TH ST ALLENTOWN PA 18102  
BROWN STM MD, THOS N GS  
305 TONICKON AVE QUAKERTOWN PA 18951  
BURKHARD JR MD, EDWARD J PTH  
2186 BROOKHAVEN DR W ALLENTOWN PA 18103  
CACCESE MD, DAVID M IM  
LIBERTY SQ MED CTR ALLENTOWN PA 18104  
CANDAL MD, MARIO A IM  
628 SKYLINE DR ALLENTOWN PA 18103  
CARAPELLA MD, JOHN D FP  
960 N 32ND ST ALLENTOWN PA 18104  
CARBAUGH MD, HOWARD L FP  
614 N 6TH ST ALLENTOWN PA 18102  
CARPENTER IV MD, E JUEL FP  
102 N 13TH ST ALLENTOWN PA 18102



KINTZEL MD, JAMES E	IM	MERKLE MD, LARRY N	IM	SCAGLIOTTI MD, CHAS J	GS
2200 HAMILTON ST ALLENTOWN PA 18104		MED CTR 17TH & LIBERTY ALLENTOWN PA 18104		ALLENTOWN HOSPITAL 501 N 17TH ST 18104	
KINTZI MD, HARRY E	FP	MERKLE MD, RALPH F	FP	SCHADT JR MD, OLIVER S	FP
350 K MICKLEY RUN APT WHITEHALL PA 18052		219 N 7TH ST ALLENTOWN PA 18102		721 TURNER ST ALLENTOWN PA 18102	
KISTLER MD, JOHN C	FP	MINALAKIS MD, ISIDORE	PTH	SCHAEFFER MD, CHAS D	GS
2940 LIVINGSTON ST ALLENTOWN PA 18104		PATH LAB SACRED H HOSP ALLENTOWN PA 18102		17TH & LIBERTY SUITE 21 ALLENTOWN PA 18104	
KISTLER MD, KERMIT K	OPH	MILLER MD, JOS A	OBG	SCHANTZ MD, EDWARD T	FP
106 N 13TH ST ALLENTOWN PA 18102		3015 COLLEGE HTS BLVD ALLENTOWN PA 18104		1217 WALNUT ST ALLENTOWN PA 18102	
KLECKNER MD, FRANCIS S	IM	MINNER MD, ROGER J	FP	SCHANITZ MD, GLENN H	GS
202 N 8TH ST ALLENTOWN PA 18102		143 N 8TH ST ALLENTOWN PA 18101		1121 W BROAD ST QUAKERTOWN PA 18951	
KLEES MD, ATHANASIOS C	PTH	MOATZ MD, JAMES D	FP	SCHENCK MD, PAUL H	OPH
21 LEHIGH PKWY N ALLENTOWN PA 18103		44 N 15TH ST ALLENTOWN PA 18102		1349 WINCHESTER RD ALLENTOWN PA 18106	
KLOTZ MD, DONALD J	FP	MOERKIRK MD, GEO E	GS	SCHRAGGER MD, ALAN H	D
36 S 17TH ST ALLENTOWN PA 18104		SACRED HEART HOSP ALLENTOWN PA 18102		1317 HAMILTON ST ALLENTOWN PA 18102	
KNAPPER MD, ELIZABETH J	D	MONTANER MD, CARMEN G	AN	SECKINGER MD, RAYMOND P	OS
3015 COLLEGE HGTs BLVD ALLENTOWN PA 18104		RD 3 BOX 722 COOPERSBURG PA 18036		4285 TILGHMAN ST ALLENTOWN PA 18104	
KNECHT MD, CHAS L	R	MOREL MD, DONALD E	IM	SELL MD, CHAS P	IM
111 E HARRISON ST EMMAUS PA 18049		1433 CEDARWOOD RD ALLENTOWN PA 18104		932 N 32ND ST ALLENTOWN PA 18104	
KNIBBE MD, PIETER	IM	MORRISON MD, ALAN N	IM	SEMBROT MD, JOS T	IM
901 N 19TH ST ALLENTOWN PA 18104		3821 TREXLER BLVD ALLENTOWN PA 18104		17TH & LIBERTY STS ALLENTOWN PA 18104	
KOPENHAVER MD, DONALD B	OBG	MORRISON MD, MARJORIE G	P	SHAMAI MD, HAROUN A	IM
1251 S CEDAR CREST BLVD ALLENTOWN PA 18103		603 THE TOWERS 555SPRIN BETHLEHEM PA 18018		721 TURNER ST ALLENTOWN PA 18102	
KOSTELNIK MD, ELIZABETH V	R	MORROW MD, GERALD J	GS	SHEETS MD, JAMES A	CRS
P O BOX R HELLERTOWN PA 18055		730 HARRISON ST EMMAUS PA 18049		17TH & LIBERTY STS ALLENTOWN PA 18104	
KOSTELNIK MD, FRANCIS V	PTH	MOYER MD, FORREST G	PD	SHERWIN MD, GERALD P	GS
SACRED HEART HOSP ALLENTOWN PA 18102		227 N 17TH ST ALLENTOWN PA 18104		17TH & LIBERTY STS ALLENTOWN PA 18104	
KRATZER MD, ALBERT E	FP	MULLIN JR MD, EDWARD H	U	SHOEMAKER MD, PAUL C	US
563 CHESTNUT ST EMMAUS PA 18049		1405 CEDAR CREST BLVD ALLENTOWN PA 18104		2322 HAMILTON ST 3-A ALLENTOWN PA 18104	
KRATZER MD, GLENN S	IM	MUNCHAK JR MD, JOHN	FP	SHOEMAKER MD, ROBT E	OPH
223 N FULTON ST ALLENTOWN PA 18103		440 RIDGE AVE ALLENTOWN PA 18102		1248 HAMILTON ST ALLENTOWN PA 18102	
KRATZER MD, GUY L	CRS	NADER MD, JOS N	IM	SHOLEHYAR MD, JAVAD	OTO
1947 HAMILTON ST ALLENTOWN PA 18102		2200 HAMILTON ST 208 ALLENTOWN PA 18104		1251 S CDR CRST BLVD ALLENTOWN PA 18103	
KRAYNICK MD, BENJ M	ORS	NAPOLI MD, MICHAEL J	OBG	SIEGER MD, CHAS E	R
40 CEDAR CREST BLVD S ALLENTOWN PA 18104		1357 MAIN ST NORTHAMPTON PA 18067		RD 2 ALLENTOWN PA 18102	
KREITHEN MD, HAROLD	IM	NASS MD, JOEL	GS	SIEGFRIED MD, MYRTLE M	FP
1033 HAMILTON ST ALLENTOWN PA 18101		2416 HIGHLAND ST ALLENTOWN PA 18104		1344 HAMILTON ST ALLENTOWN PA 18102	
KRISUKAS MD, VERA J	FP	NEDWICH MD, ALEXANDER	PTH	SILBERG MD, SAM L	U
1425 LINDEN ST ALLENTOWN PA 18102		1200 S CEDAR CREST BLVD ALLENTOWN PA 18105		1111 N 19TH ST ALLENTOWN PA 18104	
KUCHARCZUK MD, JOHN B	OBG	NORMINGTON II MD, ERNEST Y	OBG	SILON MD, NATHANIEL	R
1357 MAIN ST NORTHAMPTON PA 18067		.1815 GREENWOOD RD ALLENTOWN PA 18103		ALLENTOWN HOSP ASSN ALLENTOWN PA 18102	
LACHMAN MD, BERNARD E	OPH	OELS MD, HELEN C	PTH	SILVERMAN MD, HOWARD A	FP
1140 WALNUT ST ALLENTOWN PA 18102		7646 MASSEY WAY ELKINS PARK PA 19117		2200 HAMILTON ST ALLENTOWN PA 18104	
LAM MD, CARL A	OBG	OKUNSKI MD, WALTER J	PS	SILVERMAN MD, MORTON I	IM
160 MAIN ST EMMAUS PA 18049		2200 HAMILTON ST ALLENTOWN PA 18104		1323 HAMILTON ST ALLENTOWN PA 18102	
LAPP MD, JOHN R	FP	ONSANIT MD, TAWACHAI	CRS	SILVERMAN MD, MORTON L	IM
TREXLETTOWN PA 18087		1201 WITCH DUCK BAY CT VA BEACH VA 23455		4334 VALLEY DR ALLENTOWN PA 18104	
LATTIMER MD, GARY L	IM	ORSI MD, JAMES M	AN	SIPES MD, EARL K	GS
2200 HAMILTON ST ALLENTOWN PA 18104		35 E ELIZABETH AVE BETHLEHEM PA 18018		24 N 18TH ST ALLENTOWN PA 18104	
LEE MD, YONG H	PS	OVITZ MD, MORRIS	P	SLEDZ MD, DONALD M	U
728 PEASE LANE WEST ISLIP NY 11795		1245 N OTT ST ALLENTOWN PA 18104		821 PROSPECT AVE BETHLEHEM PA 18108	
LEET MD, THOMAS E	R	PABLO MD, CARMELITA S	AN	SMITH JR MD, GEO S	OBG
1247 N CEDAR CREST BLVD ALLENTOWN PA 18104		1600 LEHIGH PKWY E ALLENTOWN PA 18103		1139 MEADOWBROOK CIR ALLENTOWN PA 18103	
LEHRICH MD, HENRY E	IM	PANAS MD, PAUL G	PTH	SMITH JR MD, RAYMOND M	AN
825 N CEDAR CREST BLVD ALLENTOWN PA 18104		ALLENTOWN HOSP ALLENTOWN PA 18102		1123 N 18TH ST ALLENTOWN PA 18104	
LEISTER MD, C MERRILL	PD	PANEBIANCO MD, ANTONIO C	TS	SMITH MD, JERE P	PD
1731 W BROAD ST BETHLEHEM PA 18018		1251 S CEDAR CREST BLVD ALLENTOWN PA 18103		811 N 19TH ST ALLENTOWN PA 18104	
LENTZ MD, ROBT E	FP	PANTANO MD, JAMES A	IM	SNYDER MD, STANLEY	OBG
2004 S 5TH ST ALLENTOWN PA 18103		901 N 19TH ST ALLENTOWN PA 18104		2200 HAMILTON ALLENTOWN PA 18104	
LERNER MD, SAMUEL M	AN	PARK MD, JUNESEOK	GS	SOSIS MD, ARTHUR C	D
1600 LEHIGH PKWAY ALLENTOWN PA 18103		3401 2ND AVE 20 WHITEHALL PA 18052		1317 HAMILTON ST ALLENTOWN PA 18102	
LEVINE MD, CHARLES R	ORS	PERSON MD, MORGAN D	FP	SOUDER MD, C LAWRENCE	P
99 POND AVE D-121 BROOKLINE MA 02146		1336 HAMILTON ST ALLENTOWN PA 18102		757 E MAIN ST APT G202 LANSDALE PA 19446	
LEVITT MD, LAWRENCE P	N	PETERS MD, ALEXANDER M	IM	STADER MD, DONALD E	PTH
1033 HAMILTON ST ALLENTOWN PA 18101		45 N 11 TH ST ALLENTOWN PA 18101		3515 UNION ST ALLENTOWN PA 18104	
LEVY MD, ELLIS H	P	PETERS MD, CHAS D	IM	STAHLER MD, EARLIN J	GS
1-G REGENCY TOWERS ALLENTOWN PA 18103		LIBERTY SQ MED CTR ALLENTOWN PA 18104		2004 ALLEN ST ALLENTOWN PA 18104	
LEVY MD, JACOB J	FP	PFROMM MD, JOHN	OTO	STAMATAKOS MD, MICHAEL J	R
44 S 10TH ST ALLENTOWN PA 18102		530 N 20TH ST ALLENTOWN PA 18104		SACRED HEART HOSP ALLENTOWN PA 18102	
LIEBERMAN JR MD, JOS A	FP	PLANO DO, VINCENT F	OBG	STASIK JR MD, JOHN J	GS
1541 OLYMPIC CIR E APT WHITEHALL PA 18052		838 MIXSELL ST EASTON PA 18042		501 N 17TH ST ALLENTOWN PA 18104	
LIEBERMAN MD, FRANCIS A	FP	POST MD, ROBT M	IM	STELLMACHER MD, VIRGINIA M	P
1751 TURNER ST ALLENTOWN PA 18104		1730 CHEW ST ALLENTOWN PA 18104		1251 S CDR CRST BLVD108 ALLENTOWN PA 18103	
LINDENFELD MD, ARTHUR	P	PRAGER MD, DAVID	US	STEPHENS JR MD, HARRY W	NS
LIBERTY SQUARE MED CTR ALLENTOWN PA 18104		1394 NORTH 39TH ST ALLENTOWN PA 18104		RD 2 RIVERBEND RD 274A ALLENTOWN PA 18103	
LOMBOY MD, NORMA T	IM	PROROK MD, JOS J	GS	STIERSTORFER MD, MAX J	FP
4282 BEVERLY COURT RD ALLENTOWN PA 18104		2833 GREENLEAF ST ALLENTOWN PA 18104		1123 N VAN BUREN ST ALLENTOWN PA 18103	
LONG MD, ELMER C	PO	PUSCHAK MD, RUSSELL B	PD	STRAUSS MD, ROBT D	OTO
17TH & LIBERTY ST ALLENTOWN PA 18102		2200 HAMILTON ST ALLENTOWN PA 18104		1251 S CDR CRST BLVD 11 ALLENTOWN PA 18103	
LONGENHAGEN MD, JOHN B	IM	RADER MD, HERBERT C	GS	STULL JR MD, WALTER F	FP
2200 HAMILTON ST ALLENTOWN PA 18104		C BOOTH HOSP NAGERCOLL TAMILNAD S INDIA		1129 N VAN BUREN ST ALLENTOWN PA 18103	
LOWRIGHT JR MD, WALLACE J	FP	RADER MD, MARK D	OBG	SUGARMAN MD, HARVEY J	GS
CENTER VALLEY PA 18034		1251 S CEDAR CRST BLVD ALLENTOWN PA 18103		2 HOPEWELL RD. R D 2 CENTER VLY PA 18034	
LUSSER MD, MARTHA A	N	RADIO MD, GREGORY J	OBG	SUGARMAN MD, HARVEY J	GS
1600 LEHIGH PKWY E ALLENTOWN PA 18103		4357 CREST LANE ALLENTOWN PA 18104		2 HOPEWELL RD. R D 2 CENTER VLY PA 18034	
LUTZ MD, RAYMOND J	R	RAPPAPORT MD, MELVIN M	FP	SUSSMAN MD, DAVID	ORS
1116 HAMILTON ST ALLENTOWN PA 18101		3321 CHESTNUT AVE WHITEHALL PA 18052		1405 N CEDAR CREST BVD ALLENTOWN PA 18104	
LUTZ MD, RONALD A	IM	REINHARDT MD, PAULINE K	FP	SUSSMAN MD, SYLVIA	AN
526 MICKLEY RD WHITEHALL PA 18052		625 N OTT ST ALLENTOWN PA 18104		3045 WHITEHALL ST ALLENTOWN PA 18104	
MADONNA MD, JOHN J	GS	REINHART MD, JOHN W	FP	TAN MD, ANTONIUS H	R
501 N 17TH ST ALLENTOWN PA 18104		2200 HAMILTON ST ALLENTOWN PA 18104		SACRED HEART HOSP ALLENTOWN PA 18102	
MAQUERA MD, ANDRES G	GS	REX MD, JAMES C	TS	TATE MD, FREDERICK J	FP
3710 HAMILTON ST ALLENTOWN PA 18104		1251 S CEDAR CREST BLVD ALLENTOWN PA 18103		751 N 7TH ST ALLENTOWN PA 18102	
MARCKS MD, KERWIN M	PS	RHODES MD, MICHAEL	GS	TERMINI MD, JOS T	FP
VILLAGE ROUND 109-1 WESCOSVILLE PA 18106		1200 S CEDAR CREST BLVD ALLENTOWN PA 18105		698 CEDAR CREST BLVD S ALLENTOWN PA 18103	
MARTIN MD, FREDERICK H	FP	RIETHER MD, ROBERT D	GS	TILLY MD, DAVID A	NS
308 MAIN ST EMMAUS PA 18049		1222 PERICLES PL WHITEHALL PA 18052		1746 ALLEN ST ALLENTOWN PA 18104	
MARTON MD, VICTOR W	FP	RODENBERGER MD, BRUCE M	OBG	TOMPA MD, ALEXANDER F	FP
229 N 4TH ST ALLENTOWN PA 18102		1251 S CEDAR CREST BLVD ALLENTOWN PA 18103		125 N 8TH ST ALLENTOWN PA 18101	
MARVI MD, DAYVOD	P	ROLAND MD, FREDERICK H	FP	TOONDER MD, F GEOFFREY	TS
609 N 29TH ST ALLENTOWN PA 18104		790 SPRUCE ST EMMAUS PA 18049		1251 S CEDAR CREST BLVD ALLENTOWN PA 18103	
MCCONNELL JR MD, CHAS S	OTO	ROSE JR MD, CHAS K	FP	TORRES MD, JULIO E	IM
1251 S CDR CRST BLVD 11 ALLENTOWN PA 18103		2115 HANOVER AVE ALLENTOWN PA 18103		332 CARVER DR BETHLEHEM PA 18017	
MCDONALD MD, KENNETH M	GS	ROSS MD, ABRAHAM	AN	TRACHTENBERG MD, WILLIAM M	OPH
2200 HAMILTON ST ALLENTOWN PA 18104		421 CHEW ST ALLENTOWN PA 18102		103 S 17TH ST ALLENTOWN PA 18104	
MCDONOUGH MD, GERARD A	TS	ROSSMAN MD, MAX	P	TREVASKIS MD, ALLAN E	PS
1251 S CEDAR CREST BLVD ALLENTOWN PA 18103		1546 WALNUT ST ALLENTOWN PA 18102		2200 HAMILTON ST ALLENTOWN PA 18104	
MCGINLEY MD, GEO W	OPH	ROTHENBERGER MD, MARVIN K	OTO	TRIMPI MD, HOWARD D	CRS
501 N 17TH ST ALLENTOWN PA 18104		206 N 8TH ST ALLENTOWN PA 18102		LIBERTY SQ MED CTR ALLENTOWN PA 18104	
MECCA MD, JOHN J	US	RUDELL MD, THOS A	P	TROXEL MD, RICHARD S	FP
3710 HAMILTON ST ALLENTOWN PA 18104		1960 NOTTINGHAM RD ALLENTOWN PA 18103		46 S 13TH ST ALLENTOWN PA 18102	
MENCH MD, JOHN R	OTO	RUTT MD, GEO P	IM	UFBERG MD, MICHAEL H	IM
2128 PENNA ST W ALLENTOWN PA 18104		901 N 19TH ST ALLENTOWN PA 18104		1633 ALLEN ST ALLENTOWN PA 18104	
MENGEL MD, CHARLES L	R	SADR MD, FARROKH S	TS	UMLAUF MD, CHAS W	P
304 E BURNAM RD COLUMBIA MD 65201		1251 S CEDAR CRST BLVD ALLENTOWN PA 18103		2200 HAMILTON STE 300 ALLENTOWN PA 18104	
MERCADO MD, MODESTO G	AN	SARACHEK MD, NORMAN S	IM	VALVO MD, BARBARA-ANN V	GS
421 CHEW ST ALLENTOWN PA 18102		3231 OXFORD CIR S ALLENTOWN PA 18104		330 POWDER MILL LA7WAYN EMMAUS PA 18049	



VELAYOS MD, EDUARDO J	CRS	BOBECK MD, JOS J	FP	DIORIO MD, NORINA M	FP
578 CEDAR HILL DR ALLENTOWN PA 18103		841 MAIN ST SUGAR NOTCH PA 18706		270 WILLIAM ST PITSTON PA 18646	
VERNIK MD, CLIFFORD G	ORS	BOBEN MD, WM R	FP	DORNBLASER MD, GEO B	FP
1730 CHEW ST ALLENTOWN PA 18104		318 S FRANKLIN ST WILKES-BARRE PA 18702		403 HAZ NATL BANK BLDG HAZLETON PA 18201	
VIETNICKI MD, MICHAEL B	FP	BONACCI MD, RICHARD J	FP	DOUGHERTY MD, EDWARD S	FP
4367 HEATHER LN ALLENTOWN PA 18103		68 MARKET ST TRESCOW PA 18254		31 TIMPSON ST ASHLEY PA 18706	
VIGILANTE MD, MICHAEL	OBG	BONITA MD, LOUIS B	FP	DRAPIENSKI MD, JOHN F	PTH
1344 HAMILTON ST ALLENTOWN PA 18102		234 S RIVER ST PLAINS PA 18705		196 HANOVER ST WILKES-BARRE PA 18703	
VINCENT MD, JOS E	IM	BONITA MD, RAPHAEL	IM	DRAPIENSKI MD, VINCENT A	IM
4133 KILMER AVE ALLENTOWN PA 18104		BORTHWICK MD, MALCOLM J	FP	8 CHURCH ST WILKES-BARRE PA 18702	
MALL MD, JAMES R	B	149 N PIONEER AVE SHAVERTOWN PA 18708		DURAN MD, TOMAS A	IM
1136 LINDEN ST ALLENTOWN PA 18102		BOYLE MD, HUGH G	R	209 BEECHWOOD DR WILKES-BARRE PA 18702	
MALP MD, FREDERIC M	FP	1732 WYOMING AVE FORTY FORT PA 18704		EARLES MD, GORDON H	FP
PO BX 652 PITSTOWN PA 19464		BOYLE MD, JAMES W	FP	534 WYOMING AVE KINGSTON PA 18704	
NAPNER MD, JOHN M	OPH	1732 WYOMING AVE FURTY FORT PA 18704		ECHENBERG MD, MAX	N
2015 HAMILTON ST ALLENTOWN PA 18104		BOYLE MD, WM H	FP	NARROWS MALL OFF BLDG KINGSTON PA 18704	
NASKO MD, ROBT	U	1732 WYOMING AVE FURTY FORT PA 18704		EDMUNDS MD, ELIZABETH H	FP
1111 N 19TH ST ALLENTOWN PA 18104		BRADY MD, JOHN C	FP	534 WYOMING AVE KINGSTON PA 18704	
WASSERMAN MD, RONALD E	N	228 HORTON ST WILKES-BARRE PA 18702		ENRHAUT MD, JOS W	FP
1033 HAMILTON ST ALLENTOWN PA 18101		BRANTZ MD, EDWARD A	FP	1174 WYOMING AVE FORTY FORT PA 18704	
WEABER JR MD, THOS H	FP	454 WARREN AVE KINGSTON PA 18704		ENGLISH MD, RICHARD B	FP
211 N 8TH ST ALLENTOWN PA 18102		BRENNAN MD, JOHN P	IM	534 WYOMING AVE KINGSTON PA 18704	
WEAVER MD, HAROLD P	GS	50 W RIDGE ST NANTICOKE PA 18634		FATEMI MD, JALAL B	TS
2211 FAIRVIEW ST ALLENTOWN PA 18104		BRILMYER MD, GEORGE J	US	234 S RIVER ST STE 3 PLAINS PA 18705	
WEIS MD, PAUL R	IM	711 N BROOM ST WILMINGTON DE 19805		FELLERMAN MD, HENBERT	IM
1453 LINDEN ST ALLENTOWN PA 18102		BROBYN MD, CHAS W	AN	116 S MAIN ST WILKES-BARRE PA 18701	
WEISBROD MD, LAWRENCE M	ORS	WILKES-BARRE GEN HOSP WILKES-BARRE PA 18702		FERRY MD, PHILIP J	CRS
2200 HAMILTON ST ALLENTOWN PA 18104		BRUNACCI MD, ALFRED W	ORS	290 CHESTNUT AVE KINGSTON PA 18704	
WERES MD, JAMES	FP	3 FURDHAM RD R D 2 WILKES-BARRE PA 18702		FESCINA MD, JOS V	OBG
156 S 2D ST COPLAY PA 18037		BRUNO JR MD, JOSEPH N	R	417-419 NORTHEASTERN BL HAZLETON PA 18201	
WESTON MD, KENNETH R	ORS	1318 SUSQUEHANNA AVE W PITSTON PA 18643		FISCHER JR MD, HERMAN A	FP
1304 HAMILTON ST ALLENTOWN PA 18102		BRUNO SR MD, JOS N	R	25 W ROSS ST WILKES-BARRE PA 18702	
WHITE JR MD, HEADLEY S	FP	1304 SUSQUEHANNA AVE WEST PITSTON PA 18643		FLECK JR MD, ROLAND F	OBG
2806 HAMILTON BLVD ALLENTOWN PA 18103		BUCAN MD, MICHAEL	FP	22 TWIN CIRCLE CONYNGHAM PA 18219	
WHITE MD, RICHARD K	ORS	8 W CENTER ST SHAVERTOWN PA 18708		FOLDES MD, JULIUS	PTH
1702 WALNUT ST ALLENTOWN PA 18104		BUCKEY MD, JOS T	FP	105 W BROAD ST HAZLETON PA 18201	
WHITSON MD, DAVID W	OBG	10 BIRCH ST MOUNTAINTOP PA 18707		FRIEDMAN MD, HENRY B	IM
2863 EDMONT DR ALLENTOWN PA 18103		BUCKMAN MD, LEWIS T	OPH	610 WYOMING AVE KINGSTON PA 18704	
WIDGE MD, TOERUNA S	AN	26 W RIVER ST WILKES-BARRE PA 18702		GABRIEL MD, ALBERT H	FP
37 FAIRWAY LANE WESCOSVILLE PA 18106		BUCKMAN MD, SAM T	OPH	418 W MAIN ST PLYMOUTH PA 18651	
WILKINS MD, BYRON D	CRS	70 S FRANKLIN ST WILKES-BARRE PA 18701		GAIA MD, JUAN D	R
235 N 7TH ST ALLENTOWN PA 18102		BURAK MD, ROBERT F	FP	196 HANOVER ST WILKES-BARRE PA 18703	
WILLIAMS MD, DAVID O	R	618 WYOMING AVE KINGSTON PA 18704		GALANTE MD, JAMES G	IM
2200 HAMILTON ST ALLENTOWN PA 18104		BUCKMAN MD, WM E	U	444 RIVER ST FORTY FORT PA 18704	
WILSON MD, RICHARD C	IM	10 W DORRANCE ST KINGSTON PA 18704		GALLAGHER MD, HENRY G	FP
2200 HAMILTON ST ALLENTOWN PA 18104		BURNS MD, CHAS N	U	33 LAKE ST DALLAS PA 18612	
YAMASHITA MD, TAKEO	GS	279 JOSEPH DR KINGSTON PA 18704		GAUDIO MD, JOHN C	PD
1629 HAMILTON ST ALLENTOWN PA 18102		BUTCOFSKI MD, JAMES S	FP	425 TIOGA AVE KINGSTON PA 18704	
YEN MD, CONCEPTION T	PTH	245 E SOUTH ST WILKES-BARRE PA 18702		GAZOWSKI MD, THOS E	FP
1051 N 18TH ST ALLENTOWN PA 18104		CAMPBELL MD, JOHN H	OBG	82 DIVISION ST KINGSTON PA 18704	
YIP MD, LUKE C	TS	167 S LAUREL HAZLETON PA 18201		GEGWICH MD, FRANK	IM
R D #7 ALLENTOWN PA 18103		CANDAL MD, ALFREDO R	GS	429 FRONT ST BERWICK PA 18603	
YOUNG MD, JACK A	AN	26 REYNOLDS ST KINGSTON PA 18704		GIBBONS MD, ROBT J	GS
38 FORDCROFT GROSSE PT SHRS MI 48236		CAREY MD, EDWARD J	FP	12 W BROAD ST HAZLETON PA 18201	
ZALADONIS MD, JOS J	FP	505 WARREN AVE KINGSTON PA 18704		GIERING MD, JOHN F	IM
1809 COLUMBINE AVE BETHLEHEM PA 18018		CAVAN MD, ALBINA B	FP	84 JAMES ST KINGSTON PA 18704	
ZALADONIS MD, SYLVIA P	FP	352 S RIVER ST WILKES-BARRE PA 18702		GILL MD, JOHN J	R
1809 COLUMBINE AVE BETHLEHEM PA 18018		CAVAN MD, JOHN F	FP	69 W UNION ST WILKES-BARRE PA 18702	
ZEEMAN MD, STANLEY E	IM	30 WYOMING ST WILKES-BARRE PA 18702		GILLESPIE MD, PATRICK J	FP
2947 CHEW ST ALLENTOWN PA 18104		CHIAMPI MD, XAVIER J	FP	1225 E BROAD ST HAZLETON PA 18201	
ZIEGLER MD, ANNA M	OBG	932 WYOMING AVE WEST PITSTON PA 18643		GOLDMAN MD, LEE M	FP
31 S 9TH ST ALLENTOWN PA 18102		CHILDS MD, ROBERT W	PD	40 N GOODWIN AVE KINGSTON PA 18704	
		608 N E BANK BUILDING HAZLETON PA 18201		GRABOWSKI MD, MARIE A	PD
		CHOLLAK MD, JOS P	FP	259 E UNION ST NANTICOKE PA 18634	
		329 W MAIN ST PLYMOUTH PA 18651		GRECO MD, VICTOR F	GS
		CHU MD, JEFFREY D	OBG	GRECO MEM ARTS BLDG DRUMS PA 18222	
		534 WYOMING AVE KINGSTON PA 18704		GRIESMER MD, PAUL D	OBG
		CHUNG MD, CHAN K	PS	425 TIOGA AVE KINGSTON PA 18704	
		8 CHURCH ST WILKES-BARRE PA 18702		GRINAWAY MD, GEO A	PTH
		CHUNG MD, HI-YOUNG	OBG	WILKES-BARRE GEN HOSP WILKES-BARRE PA 18702	
		171 STANTON ST WILKES-BARRE PA 18702		GROSSMAN MD, WM K	US
		CIOTOLA MD, AUGUSTINE A	FP	58 HIGHLAND BLVD DALLAS PA 18612	
		565 N LAUREL ST HAZLETON PA 18201		GROW MD, DAVID V	IM
		COHEN MD, SHELDON G	IM	15 FORDHAM DR OAKWOOD P WILKES-BARRE PA 18702	
		NIAD RM 7A52 BLDG 31 BETHESDA MD 20014		GUNDERSON MD, ROBT L	ORS
		CONAHAN MD, THOS J	R	NORTHEASTERN BLDG HAZLETON PA 18201	
		336 W GREEN ST HAZLETON PA 18201		GUNSTER MD, GERALD D	OBG
		COOPER MD, HELEN C	FP	RD 1 UPPER DEMUNDS RD DALLAS PA 18612	
		42 E MAIN ST PLYMOUTH PA 18651		GUTTERMAN MD, PAUL	NS
		COOPER MD, JOS E	FP	STS 802-804 N E BLDG HAZLETON PA 18201	
		380 OLD RIVER RD WILKES-BARRE PA 18702		HABER MD, ARTHUR S	R
		CORAZZA MD, LEO J	IM	214-19 NORTHEASTERN BLD HAZLETON PA 18201	
		2 EAST BROAD ST HAZLETON PA 18201		HAGAN MD, PATRICK J	OTO
		COREY MD, PETER J	GS	NARROWS MALL BLDG KINGSTON PA 18704	
		234 S RIVER ST STE 2 PLAINS PA 18705		HANGEN MD, RUSSELL J	FP
		CORRIGAN MD, LAWRENCE F	OBG	STERLING HOTEL WILKES-BARRE PA 18701	
		29 W HOLLY ST HAZELTON PA 18201		HANLON MD, PAUL A	OBG
		COYLE MD, JOHN J	OPH	8 CHURCH ST 2ND FL WILKES-BARRE PA 18702	
		510 TRADERS BLDG HAZLETON PA 18201		HARRIS MD, H BYRON	GS
		CRAMTON MD, DAVID C	IM	133 WARDEN AVE TRUCKSVILLE PA 18708	
		610 WYOMING AVE KINGSTON PA 18704		HARRIS MD, HAROLD J	OS
		CROMPTON MD, RICHARD E	FP	228 S FRANKLIN ST WILKES-BARRE PA 18702	
		206 CARVERTON RD TRUCKSVILLE PA 18708		HARRIS MD, HOWARD Y	PD
		DAINIUS MD, ALFONSA S	FP	40 JAMES ST KINGSTON PA 18704	
		28 HILLCREST DR DALLAS PA 18612		HAZZETT MD, JANE	OBG
		DANCA MD, ALFRED F	ORS	260 PIERCE ST KINGSTON PA 18704	
		1100 UNITED PENN BNK BL WILKES-BARRE PA 18701		HAZZETT MD, WM H	OBG
		DANISHANKO MD, ALBERT G	FP	562 WYOMING AVE KINGSTON PA 18704	
		174 SCOTT ST WILKES-BARRE PA 18702		HECHLER MD, ROBT F	FP
		DATTNER MD, HERMAN B	OTO	R D 3 SHICKSHINNY PA 18655	
		1000 MINERS BANK BLDG WILKES-BARRE PA 18701		HERNANDEZ MD, WILBERT E	AN
		DAVIS MD, GEO B	FP	1172 SCOTT ST WILKES-BARRE PA 18705	
		256 N MAPLE AVE KINGSTON PA 18704		HOLLERAN MD, BERNARD L	IM
		DAW MD, WM J	U	308 W 8TH ST WYOMING PA 18644	
		BOX 4578 RD #4 DALLAS PA 18612		HORA MD, JAMES F	OTO
		DEBONIS MD, CHAS S	IM	NARROWS MALL OFF BLDG KINGSTON PA 18704	
		972 WYOMING AVE FORTY FORT PA 18704		HORAN MD, H WALTER	OBG
		DECURTIS MD, GEO M	FP	8 CHURCH ST 2ND FL WILKES-BARRE PA 18702	
		465 WYOMING AVE KINGSTON PA 18704		HORVAT MD, ARTHUR J	GS
		DEGENNARD MD, PATRICK J	R	449 STEPHENSON ST DURYEA PA 18642	
		WILKES-BARRE GEN HOSP WILKES-BARRE PA 18702		HOWANITZ MD, EMIL P	GS
		DEPASQUALE MD, SAM C	GS	619 MINERS BANK BLDG WILKES-BARRE PA 18701	
		501 MONROE AVE SCRANTON PA 18510		HUDOCK JR MD, GEO E	PTH
		DESSON MD, EDGAR L	R	51 E VALLEY VIEW DR COURTDAL PA 18704	
		NORTHEASTERN BANK BLDG HAZLETON PA 18201		HYMAN MD, JACOB G	FP
				295 S RIVER ST WILKES-BARRE PA 18702	

## Luzerne County

ABBOTT MD, ALBERT J	OPH	203 E GREEN ST NANTICOKE PA 18634	
ABRANTES MD, F JORGE	GS	610 WYOMING AVE KINGSTON PA 18704	
AICHER MD, D CRAIG	OPH	337 WYOMING AVE KINGSTON PA 18704	
ALEXANDERIAN MD, HARRY A	OBG	1010 SUSQUEHANNA AVE WEST PITSTON PA 18643	
ALLEN MD, ARTHUR W	FP	557 N LOCUST HAZLETON PA 18201	
ALLEY MD, RICHARD A	IM	272 PIERCE ST KINGSTON PA 18704	
AMBRUSO MD, VICTOR T	NS	729 RIVER RD WILKES-BARRE PA 18702	
AMENTLER MD, JOHN P	FP	452 RIDGE ST FREELAND PA 18224	
ANDREWS MD, PAUL J	ORS	135 HANOVER ST WILKES-BARRE PA 18702	
ANDREWS MD, PETER J	FP	195 E MAIN ST WILKES-BARRE PA 18705	
ANDRIOLE MD, GERALD L	U	10 W BROAD ST HAZLETON PA 18201	
ARAYA MD, FERNANDO	FP	1931 ENGLEWOOD AVE FORTY FORT PA 18704	
AUERBACH MD, HERMAN L	IM	2 E BROAD ST HAZLETON PA 18201	
BAHNHILLER MD, EDWIN C	FP	317 S RIVER ST WILKES-BARRE PA 18702	
BAKER MD, THOMAS E	IM	RD 3 BX 449 SHKINE ACRE DALLAS PA 18612	
BARNES JR MD, MILFORD E	P	335 S FRANKLIN ST WILKES-BARRE PA 18702	
BATTISTA MD, JOHN M	FP	534 WYOMING AVE KINGSTON PA 18704	
BENOWITZ MD, BURTON S	OBG	425 TIOGA AVE KINGSTON PA 18704	
BERRETTINI MD, ACHILLES A	OTO	65 W UNION ST WILKES-BARRE PA 18702	
BEVAN MD, DAVID A	IM	1000 UNITED PENN BK BLD WILKES-BARRE PA 18701	
BEZIER MD, HONORIO S	NS	ST 802-804 N EASTERN BL HAZLETON PA 18201	
BLAUM MD, LOUIS C	GS	69 W UNION ST WILKES-BARRE PA 18702	
BLUM MD, MARVIN	IM	440 ORCHARD WEST DALLAS PA 18612	



IMBRIGLIA MD, JOSEPH E	PTH	MARTYAK MD, GABRIEL S	FP	SAMII MD, ABDOL H	N
155 W RIVER ST WILKES BARRE PA 18702		838 WASHINGTON ST FREELAND PA 18224		777 WYOMING AVE KINGSTON PA 18704	
IMPERIALE MD, SALVATORE M	R	MARTYAK MD, NICHOLAS A	PD	SARAS MD, PETER L	IM
425 ONCHARD W DALLAS PA 18612		1035 E CHESTNUT ST HAZLETON PA 18201		101 S LAUREL ST HAZLETON PA 18201	
JACKIER MD, LEONARD J	IM	MASCALI MD, ANGELO A	FP	SAVAGE MD, PETER J	FP
275 SOUTH RIVER ST WILKES-BARRE PA 18702		55 MACHELL AVE DALLAS PA 18612		28 CENTER AVE PLYMOUTH PA 18651	
JACOBS MD, IRVIN	FP	MATSKO MD, MICHAEL E	FP	SCARANO MD, DOMENICO	GS
1 STERLING AVE DALLAS PA 18612		93 N KENNEDY DR MC ADDO PA 18237		122 SPRUCE ST MOUNTAINTOP PA 18707	
JAMES MD, RUSSELL E	IM	MATSKO MD, STEPHEN E	GS	SCHADE MD, JOHN F	GS
52 W HOYT ST KINGSTON PA 18704		15 TRESCKOW RD MCADDOP PA 18237		609 HAZLETON NATL BANK HAZLETON PA 18201	
JANJIGIAN MD, EDWARD R	N	MCALDOSE MD, LOUIS T	U	SCHERS MD, GEO F	OBG
22 PIERCE ST KINGSTON PA 18704		2803 ST ANBRIDGE ST B51 NORRISTOWN PA 19401		311 HAZLETON NATL BNK BD HAZLETON PA 18201	
JOHNSON MD, DOROTHY E	FP	MCCRATH MD, EDMUND W	FP	SCHTOWITZ MD, ALBERT	GS
25 W ROSS ST WILKES-BARRE PA 18702		80X 83 LEHMAN PA 18627		SHRINE VIEW RD 3 DALLAS PA 18612	
JONES MD, ROBERT T	US	MEHOLCHICK MD, JEAN M	FP	SCHLESINGER MD, SAM	FP
8661 S W 19TH ST FT LAUDERDALE FLA 33315		2 N PIONEER AVE SHAVERTOWN PA 18708		218 W 10TH ST HAZLETON PA 18201	
JUDGE JR MD, JAMES W	OPH	MENAPACE MD, FRANCIS J	FP	SCHMIDT MD, ARNOLD P	FP
607 CAREY AVE WILKES BARRE PA 18702		87 ACADEMY ST WILKES-BARRE PA 18702		55 SPRUCE ST MOUNTAINTOP PA 18707	
KAFRISSEN MD, STEVEN R	P	MEYER MD, ARTHUR N	IM	SCHOOLEY MD, FRANK B	FP
HAZLETON-NANTICOKE MHC NANTICOKE PA 18634		310 FRANKLIN FED BLDG WILKES BARRE PA 18701		150 LAKE ST DALLAS PA 18612	
KAHN MD, DAVID A	P	MORYCHIC MD, WALTER E	FP	SCHREINER MD, GLENWOOD R	FP
335 S FRANKLIN ST WILKES BARRE PA 18702		42 N PIONEER AVE SHAVERTOWN PA 18708		30 W BROAD ST WEST HAZLETON PA 18201	
KAMEEN MD, ANTHONY J	OPH	MONTGOMERY MD, CHAS C	FP	SCHULMAN MD, NORMAN	R
16 S FRANKLIN ST WILKES-BARRE PA 18701		924 S FRANKLIN ST WILKES-BARRE PA 18702		WILKES-BARRE GEN HOSP WILKES-BARRE PA 18702	
KANTOR MD, MILTON	IM	MORGAN MD, DAVID R	PTH	SCHULTZ MD, JOHN G	FP
245 E SOUTH ST WILKES-BARRE PA 18702		1/2 VAN HORN RT 4 BX 40 EDWARDSVILLE IL 62025		245 E SOUTH ST WILKES-BARRE PA 18702	
KAO MD, YU S	N	MORRISON MD, JOS F	OPH	SCOTT MD, ALVIN J	FP
9 FARMHOUSE RD MUUNTAIN TOP PA 18707		WYOMING NATL BANK BLDG WILKES BARRE PA 18701		PO BOX 55 SMICKSHINNY PA 18655	
KAUFMAN MD, SAML R	D	MULLEN MD, STANLEY M	FP	SCOTT MD, DURELLE T	IM
84 W ROSS WILKES-BARRE PA 18702		80X 392 R D 4 DALLAS PA 18612		610 WYOMING AVE KINGSTON PA 18704	
KENNEDY MD, JOHN N	FP	MULLIN JR MD, HUGH J	R	SCROBOLA MD, CHAS E	FP
RD 1 BOX 5 HARVEYS LAKE PA 18618		1320 E BROAD ST HAZLETON PA 18201		638 WYOMING AVE WYOMING PA 18644	
KERR MD, ROBT M	IM	MURPHY MD, MICHAEL J	IM	SGARLAT MD, JOS R	ORS
204 S FRANKLIN ST WILKES-BARRE PA 18701		3 YORK AVE WEST PITISTON PA 18643		109 JAMES ST KINGSTON PA 18704	
KETRICK MD, JAMES P	GS	MYERS MD, CHAS E	US	SHAHER MD, EDWARD A	FP
2 EAST BROAD ST HAZLETON PA 18201		610 WYOMING AVE KINGSTON PA 18704		219 N SPRAGUE AVE KINGSTON PA 18704	
KIELAR MD, EDWARD J	IM	MYERS MD, FREDERICK B	IM	SHERWOOD MD, JOHN W	FP
30 W MAIN ST GLEN LYON PA 18617		540 GIBSON AVE KINGSTON PA 18704		55 NEW ALEXANDER ST WILKES-BARRE PA 18702	
KISTLER MD, CHAS J	OPH	NAUSS MD, THOS J	PS	SIBENSKI MD, JOHN R	US
LAKE SILKEVORTH RD 2 HUNLOCK CREEK PA 18621		8 CHURCH ST WILKES-BARRE PA 18702		GEISINGER MED CTR DANVILLE PA 17821	
KISTLER MD, DAVID M	FP	NORK MD, EDWARD P	AN	SHEDLEY MD, WM P	GS
534 WYOMING AVE KINGSTON PA 18704		777 WYOMING AVE KINGSTON PA 18704		260 PIERCE ST KINGSTON PA 18704	
KISTLER MD, WALTER M	FP	ODONNELL MD, GEU J	PD	SMITH JR MD, HARRY A	ORS
142 MANOVER ST WILKES-BARRE PA 18702		272 S RIVER ST WILKES-BARRE PA 18702		259 S FRANKLIN ST WILKES BARRE PA 18702	
KLEIN MD, JOS M	PD	OLSON MD, RONALD A	OPH	SMITH MD, DONALD C	GS
425 TIOGA AVE KINGSTON PA 18704		500 SUSQUEHANNA AVE W PITISTON PA 18643		130 REEF RD S DAYTONA FL 32019	
KLEM MD, ALBERT J	FP	ONG MD, ARSENIU M	GS	SMITH MD, HAROLD C	GS
194 DORRANCE ST KINGSTON PA 18704		228 N LAUREL ST HAZELTON PA 18201		584 WYOMING AVE KINGSTON PA 18704	
KLEM MD, GABRIEL W	GS	ORLANDO MD, JOSEPH D	R	SMITH MD, HARRY A	ORS
18 PIERCE ST KINGSTON PA 18704		MOUNTAIN VIEW DR RD 5 DALLAS PA 18612		259 S FRANKLIN ST WILKES-BARRE PA 18702	
KO MD, YIM SHYONG	AN	OWENS MD, DAVID E	FP	SMITH MD, HENRY F	FP
2000 E DIAMOND AVE HAZLETON PA 18201		245 E SOUTH ST WILKES BARRE PA 18072		126 S MOUNTAIN BLVD MOUNTAINTOP PA 18707	
KOEHL JR MD, C WARREN	U	PELCZAR MD, EUGENE W	OS	SMITH MD, ISAAC R	FP
ELMCREST DR DALLAS PA 18612		71 TILBURY TERR W NANTICOKE PA 18634		352 E GREEN ST NANTICOKE PA 18634	
KOENIG MD, JOHANN A	PTH	PENUGONDA MD, DWARAKI B	PD	SOBELMAN MD, PAUL B	FP
646 N CHURCH ST HAZLETON PA 18201		26 MARJORIE AVE WILKES-BARRE PA 18702		534 WYOMING AVE KINGSTON PA 18704	
KONECKE MD, MAXIMILIAN L	P	PENUGONDA MD, HARAGUPAL S	U	SONSTEIN MD, ALLEN	FP
33 FORREST RD MOUNTAINTOP PA 18707		28 MARJORIE AVE WILKES BARRE PA 18702		534 WYOMING AVE KINGSTON PA 18704	
KOO MD, WOOK H	AN	PERKINS MD, CHAS G	FP	STEGURA MD, BARNEY A	OPH
196 MANOVER ST WILKES BARRE PA 18703		16 HARRIS HILL RD THUCKSVILLE PA 18708		630 S MANOVER ST NANTICOKE PA 18634	
KORN MD, JOHN J	FP	PETERS JR MD, ROBT H	FP	STERNLIEB MD, SANFORD B	ORS
825 S MAIN ST WILKES-BARRE PA 18702		1221 WYOMING AVE FORTY FORT PA 18704		MINERS NATL BANK BLDG WILKES BARRE PA 18701	
KOTCH MD, MICHAEL J	FP	PETERS MD, FRANK S	FP	STISH MD, WESLEY G	FP
40 N MARKET ST NANTICOKE PA 18634		173 E BROAD ST NANTICOKE PA 18634		2 E BROAD ST HAZLETON PA 18201	
KOVEN MD, ARTHUR L	OPH	PICCIONE MD, FRANK V	IM	STRICKER MD, ROBERT S	P
175 N VINE ST APT 28 HAZLETON PA 18201		1208 E BROAD ST HAZLETON PA 18201		375 CARRY AVE WILKES BARRE PA 18702	
KOWALSKI MD, JOSEPH J	P	PIEKARSKI MD, JOS W	P	STUCCIO MD, DOMINICK A	U
W-8 CTR 39 PUBLIC SQ WILKES BARRE PA 18701		27 E SOUTH ST WILKES-BARRE PA 18701		208 HAVERFORD DR WILKES-BARRE PA 18702	
KOZLEK MD, THOMAS F	OTO	POPIELARSKI MD, EDMUND P	FP	STUCCIO MD, JOS J	U
214 HUGHES ST SMUYERSVILLE PA 18704		67 DILLON ST WILKES BARRE PA 18703		70 W UNION ST WILKES-BARRE PA 18702	
KRAJESKI MD, DELPHIN S	CRS	POSATKO MD, PETER C	FP	SUTULA MD, JOHN V	FP
72 W RIVER ST WILKES-BARRE PA 18702		52 HUDSON RD WILKES-BARRE PA 18705		4 N BROAD ST WEST HAZELTON PA 18201	
KRISTOFF MD, JOS S	FP	POTERA MD, LEU P	IM	TAGGART MD, GEU W	OPH
19 W SPRING ST HAZLETON PA 18201		269 CHURCH ST KINGSTON PA 18704		2 EAST BROAD ST HAZLETON PA 18201	
KRIVENKO MD, CHAS A	FP	PRASAD MD, SHISHIR C	GS	TEITELBAUM MD, CARL	US
STERLING E MACHELL AVE DALLAS PA 18612		1111 E END BLVD WILKES BARRE PA 18703		13 SUMMIT VIEW DR MOUNTAINTOP PA 18707	
LABUZ MD, EUGENE F	GS	PUGLIESE MD, JOS F	OPH	TESTA MD, JOHN W	FP
105 W BROAD ST HAZLETON PA 18201		NARROWS MALL BLDG KINGSTON PA 18704		108 SUSQUEHANNA AVE PITISTON PA 18643	
LAKATOS MD, NICHOLAS R	FP	PUMA MD, SAML J	GS	THOMAS MD, ALBERT M	US
143 E BROAD ST NANTICOKE PA 18634		44 W BENNETT ST KINGSTON PA 18704		21 MAIN ST NANTICOKE PA 18634	
LAMBERT MD, WALTER H	FP	PYUN MD, KWANG W	OBG	THOMAS MD, IRVING O	FP
484 CHARLES ST LUZERNE PA 18709		409 CITIZENS BANK BLDG HAZLETON PA 18201		425 N WASHINGTON ST WILKES-BARRE PA 18705	
LEE MD, CHUNG H	AN	RACHO MD, GEO J	OTO	THOMAS MD, LEWIS B	FP
BOX 362 RD 5 LEHIGHTON PA 18235		22 N CHURCH ST HAZLETON PA 18201		R D 2 HUNLOCK CREEK PA 18621	
LEE MD, KI B	OBG	REICH MD, HARRY	OBG	THORREY MD, FRANCIS G	FP
1751 E BROAD ST HAZLETON PA 18201		260 PIERCE ST KINGSTON PA 18704		3401 SPANISH TR AP G250 DELRAY BEACH FL 33444	
LENTINI MD, JOS A	FP	REICH MD, SYLVIA R	FP	TURCHETTI MD, ANTHONY J	P
158 S SHERMAN ST WILKES-BARRE PA 18702		171 WYOMING AVE WYOMING PA 18644		165 E 8TH ST WYOMING PA 18644	
LENYO MD, GEO E	FP	RIMPLE MD, DAVID F	IM	USHINSKI MD, STANLEY C	IM
RD 2 TAMAGUA PA 18252		610 WYOMING AVE KINGSTON PA 18704		275 PIERCE ST KINGSTON PA 18704	
LIVENGOOD MD, MARGARET A	PRM	RIOFSKI MD, ANTHONY F	FP	VALENTI MD, JOHN T	FP
8 CHURCH ST MED ARTS BL WILKES BARRE PA 18702		1340 N WASHINGTON ST WILKES-BARRE PA 18705		54 CAREY AVE WILKES-BARRE PA 18702	
LOFTUS MD, JOS A	FP	ROBINS MD, ISADURE M	FP	VOLPETTI MD, GEORGE W	GS
10 UNION ST WILKES-BARRE PA 18705		109 S FRANKLIN ST WILKES-BARRE PA 18701		364 HIGH ST WILKES BARRE PA 18702	
LONG MD, JULIAN S	IM	ROBINSON MD, JOS	PD	WALSH MD, JAMES C	D
67 PUBLIC SQ WILKES-BARRE PA 18701		47 PIERCE ST KINGSTON PA 18704		30 FORDHAM RD OKWD PK WILKES-BARRE PA 18702	
LOTTICK MD, EDWARD A	FP	ROSENBERG MD, IRVIN E	IM	WALSH MD, MARTIN J	FP
649 WYOMING AVE KINGSTON PA 18704		570 WESTMORELAND AVE KINGSTON PA 18704		70 WILLIAM ST PITISTON PA 18640	
LOVRINIC MD, DANL F	ORS	ROSENSWEIG MD, WM	D	WARTELLA JR MD, STEPHEN	R
412 NORTHEASTERN BANK HAZLETON PA 18201		79 W NORTHAMPTON ST WILKES-BARRE PA 18701		WILKES BARRE GEN HOSP WILKES-BARRE PA 18702	
LUCCINO MD, DAVID B	TS	ROTHSCHILD MD, JOHN A	IM	WARTONICK MD, WALTER	IM
12 HOLIDAY CT KINGSTON PA 18704		56-58 W LINDEN ST WILKES BARRE PA 18702		7 PARK LANE MOUNTAINTOP PA 18707	
LUCHI MD, ANGELO L	IM	RUDOSKY MD, BASIL M	IM	WASNICK MD, WM	FP
395 S RIVER ST WILKES-BARRE PA 18702		FRANKLIN FED BGD STE 20 WILKES-BARRE PA 18701		22 LEE PARK AVE WILKES-BARRE PA 18702	
LYONS MD, EDWIN L	PD	RUGGIERO MD, NICHOLAS J	FP	WENNER MD, ROBT B	FP
854 NANDY DR KINGSTON PA 18704		15 FORDHAM RD OAKWOOD P WILKES-BARRE PA 18702		CALBETH PL HAZLETON PA 18201	
MACKALL MD, SAML J	NS	RUMBAUGH MD, MARSHALL U	U	WICKS MD, WM A	AN
272 PIERCE ST KINGSTON PA 18704		RD 4 BOX 507 DALLAS PA 18612		87 S PIONEER AVE WILKES-BARRE PA 18708	
MAJOR MD, EDWARD H	OTO	RUSIN MD, WM A	OTO	WISE MD, RICHARD J	FP
1112 E BROAD ST HAZLETON PA 18201		NARROWS MALL OFF BLDG KINGSTON PA 18704		CONYNGHAM PA 18219	
MANTIONE MD, ROSARIO L	FP	SAHILLIOGLU MD, REFIK	IM	YAMULLA MD, STANLEY J	GS
804 SUSQUEHANNA AVE WEST PITISTON PA 18643		MERCY HOSPITAL WILKES-BARRE PA 18703		10 W BROAD ST HAZLETON PA 18201	
MARSDEN MD, WILSON C	OPH	SAIDMAN MD, LESTER M	FP	YANKEVITCH JR MD, JOHN J	FP
MANOR RD APT 80C EDWARDSVILLE PA 18704		57 GIBSON AVE KINGSTON PA 18704		816 CHESTNUT ST FREELAND PA 18224	
MARTYAK MD, EMIL T	FP	SALAZAR MD, PEDRO A	U	ZEVENY JR MD, DENNIS J	GS
2 E BROAD ST HAZLETON PA 18201		54 N LOCUST ST HAZLETON PA 18201		75 SPRUCE ST MOUNTAINTOP PA 18707	



ZOGBY MD, ALBERT J FP  
141 S CEDAR ST HAZLETON PA 18201

## Lycoming County

AHMED MD, GALAL M PTH  
DIVINE PROVIDENCE HOSP WILLIAMSPORT PA 17701  
AMSLER JR MD, FRED R ORS  
1201 GRAMPAN BLVD WILLIAMSPORT PA 17701  
ANGLE MD, WM D OPH  
520 W 4TH ST WILLIAMSPORT PA 17701  
BALLETINE MD, GEO N OBG  
RR 3 MUNCY PA 17756  
BASTIAN MD, JAMES R FP  
1001 GRAMPAN BLVD WILLIAMSPORT PA 17701  
BEDNARZ MD, WALLACE M R  
1527 HARDING AVE WILLIAMSPORT PA 17701  
BERGER MD, GARY M FP  
MAIN ST HUGHESVILLE PA 17737  
BIDDLE MD, JOHN E FP  
212 MAIN ST WATSONTOWN PA 17777  
BLUMBERG MD, ALEXANDER W PD  
416 PINE ST WILLIAMSPORT PA 17701  
BONNER MD, ROBT A OTO  
2200 GRAMPAN BLVD WILLIAMSPORT PA 17701  
BONTOMASE MD, JASPER E FP  
27 S WASHINGTON ST MUNCY PA 17756  
BOZIC MD, ALBERT F OPH  
520 W 4TH ST WILLIAMSPORT PA 17701  
BRICKHOUSE MD, HERMAN M P  
414 W 4TH ST WILLIAMSPORT PA 17701  
BRINK MD, WM R IM  
410 LOCUST ST WILLIAMSPORT PA 17701  
BULATAO MD, AGAPITO V GS  
116 KERR AVE JERSEY SHORE PA 17740  
BUZZER MD, HARRY W OTO  
760 GLENWOOD AVE WILLIAMSPORT PA 17701  
CALDER JR MD, JOSEPH R IM  
777 RURAL AVE WILLIAMSPORT PA 17701  
CALLENBERGER MD, GEO J FP  
52 S MAIN ST HUGHESVILLE PA 17737  
CAMPANA MD, JOS F OTO  
151 E 3RD ST WILLIAMSPORT PA 17701  
CAMPANA MD, LOUIS F OBG  
107 6TH ST WILLIAMSPORT PA 17701  
CAMPBELL MD, JAMES M P  
1201 GRAMPAN BLVD WILLIAMSPORT PA 17701  
CHAYAPRUKS MD, PRAYAD IM  
189 E HIGH ST WAYNESBURG PA 15370  
CIPOLLA MD, CHAS F GS  
201 E 3RD ST WILLIAMSPORT PA 17701  
CLEMENT MD, JOHN F US  
699 RURAL AVE WILLIAMSPORT PA 17701  
COFFMAN MD, KAOHLIN M FP  
R D 2 BOX 634 MONTGOMERY PA 17754  
COHEN MD, EDWIN E GS  
520 W 4TH ST WILLIAMSPORT PA 17701  
COLE MD, CHAS E P  
699 RURAL AVE WILLIAMSPORT PA 17701  
CONWAY MD, CYRIL F OBG  
1300 WOODMONT AVE WILLIAMSPORT PA 17701  
COOPER MD, KENNETH L OBG  
230 DUNBAR RD WILLIAMSPORT PA 17701  
DAYTON MD, DAVID A IM  
1201 GRAMPAN BLVD WILLIAMSPORT PA 17701  
DISALVO MD, ISIDORE FP  
118 E 4TH ST WILLIAMSPORT PA 17701  
DUNKLE MD, NEIL F FP  
201 N BROAD JERSEY SHORE PA 17740  
DURRWACHTER MD, ROBT J OBG  
RD 2 MONTGOMERY PA 17754  
ECKER MD, HERBERT A PS  
420 W 4TH ST WILLIAMSPORT PA 17701  
ENGLISH MD, JOS G FP  
324 TINSMAN AVE WILLIAMSPORT PA 17701  
FAMORCA MD, FLORENTINO P GS  
2830 ORCHARD AVE MONTGOMERY PA 17754  
FERNANDEZ MD, EDUARDO I AN  
2701 BLAIR ST RD 3 MONTGOMERY PA 17754  
FERNANDEZ MD, OSCAR V PTH  
1100 GRAMPAN BLVD WILLIAMSPORT PA 17701  
FINKELSTEIN MD, HERMAN IM  
6010 FALL CR 30 APT 215 LAUDERHILL FL 33313  
FINN MD, DAVID R IM  
777 RURAL AVE WILLIAMSPORT PA 17701  
FISSEL MD, GEO E R  
50 FAIRVIEW AVE WILLIAMSPORT PA 17701  
FORCEY MD, LLOYD R FP  
201 MT PLEASANT AVE JERSEY SHORE PA 17740  
FORD MD, WM T D  
699 RURAL AVE WILLIAMSPORT PA 17701  
FRIES MD, GENE T PTH  
777 RURAL AVE WILLIAMSPORT PA 17701  
FUNK JR MD, FREDERICK C FP  
RD 5 MUNCY PA 17756  
GANDY DO, DANIEL R IM  
1201 GRAMPAN BLVD WILLIAMSPORT PA 17701  
GEHRON JR MD, WM H U  
699 RURAL AVE WILLIAMSPORT PA 17701  
GEORGY MD, FAROUK M OBG  
528 W 4TH ST WILLIAMSPORT PA 17701  
GINTER JR MD, GEO C AN  
RD 1 BOX 256 WILLIAMSPORT PA 17701  
GRIECO MD, VICTOR F FP  
2 W 4TH ST WILLIAMSPORT PA 17701  
GROSS MD, MICHAEL A FP  
VLY COMM HEALTH CARE CT PICTURE ROCKS PA 17762  
HAMM MD, WM G FP  
610 W 4TH ST WILLIAMSPORT PA 17701  
HANNEN MD, ALLEN J IM  
441 MARKET ST WILLIAMSPORT PA 17701

HARRISON MD, JAMES L TS  
699 BELMONT AVE WILLIAMSPORT PA 17701  
HARTZ MD, LEO M FP  
699 RURAL AVE WILLIAMSPORT PA 17701  
HAYES MD, WARREN M FP  
2116 W 4TH ST WILLIAMSPORT PA 17701  
HENDERSON MD, K WAYNE IM  
1201 GRAMPAN BLVD WILLIAMSPORT PA 17701  
HIGH MD, JOHN D FP  
931 ARCH ST WILLIAMSPORT PA 17701  
HILL MD, DANL E PTH  
WILLIAMSPORT HOSP WILLIAMSPORT PA 17701  
HIPPLE MD, RANDALL F OBG  
528 W 4TH ST WILLIAMSPORT PA 17701  
HOCH MD, AARON A FP  
73 N MAIN ST HUGHESVILLE PA 17737  
HONG MD, 900 W OTO  
699 RURAL AVENUE WILLIAMSPORT PA 17701  
JACOBSON MD, PHILIP OPH  
460 WILLIAM ST WILLIAMSPORT PA 17701  
JENNINGS MD, DAVID T OPH  
21 W THIRD ST WILLIAMSPORT PA 17701  
JUDSON MD, SUSAN C IM  
RD 3 BOX 159 WILLIAMSPORT PA 17701  
JUDSON MD, WILLIAM M IM  
699 RURAL AVE WILLIAMSPORT PA 17701  
KAAR MD, RICHARD C FP  
603 CENTER ST HILTON PA 17847  
KAISER MD, RALPH H PD  
2326 BLAIR ST WILLIAMSPORT PA 17701  
KIM MD, IL G GS  
MED ARTS BLDG RD 1 HUGHESVILLE PA 17737  
KNIGHT MD, JOHN E FP  
2105 W 4TH ST WILLIAMSPORT PA 17701  
KO MD, HARRY H R  
RD 3 MUNCY PA 17756  
KOLB MD, CHAS E OPH  
25 W THIRD ST WILLIAMSPORT PA 17701  
LAPORTE MD, THOMAS A FP  
BX 4 RD 3 FAIRWAY DR AMHERST N H 03031  
LARSON JR MD, THEODORE S R  
1200 CAMPBELL ST WILLIAMSPORT PA 17701  
LECHNER MD, FREDERICK C IM  
331 CENTER ST WILLIAMSPORT PA 17701  
LEHMAN JR MD, CHAS A FP  
335 MAYNARD ST WILLIAMSPORT PA 17701  
LEHMAN MD, RICHARD M NS  
699 RURAL AVE STE N WILLIAMSPORT PA 17701  
LIDDELL MD, ALBERT G ORS  
1201 GRAMPAN BLVD WILLIAMSPORT PA 17701  
LUKAS MD, RAYMOND A AN  
1570 WATSON ST WILLIAMSPORT PA 17701  
LYON JR MD, EDWARD OBG  
528 W 4TH ST WILLIAMSPORT PA 17701  
MACHANIC MD, HARMON J R  
RD 2 LINDEN PA 17744  
MANNING MD, HARRY L N  
699 RURAL AVE WILLIAMSPORT PA 17701  
MANSUY MD, MATTHEW M IM  
410 LOCUST ST WILLIAMSPORT PA 17701  
MARIANO JR MD, THOMAS A OBG  
318 ALLEGHENY ST JERSEY SHORE PA 17740  
MARTELL MD, STEPHEN P FP  
699 RURAL AVE WILLIAMSPORT PA 17701  
MAYS MD, RICHARD R P  
BOX 57 RD 2 MUNCY PA 17756  
MCCAULEY MD, WILLIAM C IM  
777 RURAL AVE WILLIAMSPORT PA 17701  
MCLEICE MD, FREDERICK J NS  
795 BELMONT AVE WILLIAMSPORT PA 17701  
MCMORRIS MD, DAVID L IM  
329 MAYNARD ST WILLIAMSPORT PA 17701  
MILLER MD, EARL R FP  
206 W SOUTHERN AVE S WMSPORT PA 17701  
MONDEJAR MD, MAGDALENA D PTH  
MUNCY VALLEY HOSP MUNCY PA 17756  
MOSER MD, EDWARD N GS  
699 RURAL AVE WILLIAMSPORT PA 17701  
MURPHY MD, EDITH L US  
RD 2 MONTGOMERY PA 17754  
NELSON MD, PHILIP K OBG  
528 W 4TH ST WILLIAMSPORT PA 17701  
NIELSEN MD, R CRAIG FP  
736 HIGH ST WILLIAMSPORT PA 17701  
NIERLE MD, RICHARD H FP  
95 E HOUSTON AVE MONTGOMERY PA 17752  
PATRIZIO MD, RUDOLPH J FP  
RD 3 MUNCY PA 17756  
PEPPERMAN MD, LARUE E FP  
807 GRAMPAN BLVD WILLIAMSPORT PA 17701  
PFEIL MD, RUSSELL W FP  
264 BROAD ST MONTGOMERY PA 17754  
POPAL MD, MAHLON J PTH  
1495 PRINCETON AVE WILLIAMSPORT PA 17701  
QUERIMIT MD, JORGE A GS  
699 RURAL AVE WILLIAMSPORT PA 17701  
RANNELS MD, HERMAN M OBG  
777 RURAL AVE WILLIAMSPORT PA 17701  
RATKE MD, HENRY V GS  
831 HEPBURN ST WILLIAMSPORT PA 17701  
REIS MD, PAUL B GS  
416 PINE ST WILLIAMSPORT PA 17701  
RODGERS MD, CHAS J FP  
511 W 4TH ST WILLIAMSPORT PA 17701  
RODRIGUEZ MD, TEODORICO C IM  
27 S WASHINGTON ST MUNCY PA 17756  
RODDE MD, PETER G GS  
27 S WASHINGTON ST MUNCY PA 17756  
SANDERS MD, WM M P  
699 RURAL AVE STE 301 WILLIAMSPORT PA 17701  
SANFORD MD, FREDERICK E GS  
699 RURAL AVE WILLIAMSPORT PA 17701  
SAUL MD, THEODORE J OBG  
HEADLEY AVE DUSHORE PA 18614  
SCHOPFER MD, RALPH E AN  
712 VALLMONT DR WILLIAMSPORT PA 17701

SCHWEIKLE MD, MARY R IM  
1201 GRAMPAN BLVD WILLIAMSPORT PA 17701  
SERVOSS MD, SPENCER J U  
433 MARKET ST WILLIAMSPORT PA 17701  
SHARE MD, FREDERICK S R  
1100 GRAMPAN BLVD WILLIAMSPORT PA 17701  
SHEARER MD, DONALD E FP  
217 BROAD ST MONTGOMERY PA 17754  
SHIEH MD, RICHARD C R  
RD 3 WILLIAMSPORT PA 17701  
SINCLAIR MD, SYDNEY E PD  
608 HIGHLAND TERR WILLIAMSPORT PA 17701  
SOUNDARARAJAN MD, RANGANATHA U  
WILLIAMSPORT HOSPITAL WILLIAMSPORT PA 17701  
SPINNEY MD, CARMEN E IM  
BOX 4 AVIS PA 17721  
STEVENS MD, ROBT G PM  
777 RURAL AVE WILLIAMSPORT PA 17701  
STONE MD, WALKER H GS  
989 COUNTRY CLUB DR WILLIAMSPORT PA 17701  
STRALEY MD, RICHARD K ORS  
1201 GRAMPAN BLVD WILLIAMSPORT PA 17701  
SUTER MD, HARRY J GS  
699 RURAL AVE WILLIAMSPORT PA 17701  
SUTLIFF MD, CHAS S PM  
WILLIAMSPORT HOSPITAL WILLIAMSPORT PA 17701  
TAYLOR MD, ARTHUR R FP  
699 RURAL AVE WILLIAMSPORT PA 17701  
TIGNOR MD, RICHARD F OPH  
699 RURAL AVE WILLIAMSPORT PA 17701  
TOBIAS MD, RICHARD B FP  
1615 RIVERSIDE DR WILLIAMSPORT PA 17701  
TODD HUNTER MD, WM D GS  
699 RURAL AVE WILLIAMSPORT PA 17701  
TONKIN MD, HAROLD L IM  
1513 CAMPBELL ST WILLIAMSPORT PA 17701  
UPDEGROVE MD, ROBT A OTO  
699 RURAL AVE WILLIAMSPORT PA 17701  
VANDERLIN MD, ROBT L PD  
414 LOCUST ST WILLIAMSPORT PA 17701  
VASUDEVAN MD, RAGHUAU IM  
1001 GRAMPAN BLVD WILLIAMSPORT PA 17701  
WADE MD, FRANKLIN G GS  
520 W 4TH ST WILLIAMSPORT PA 17701  
WAGNER MD, W JOHN FP  
217 BROAD ST MONTGOMERY PA 17754  
WASILEWSKI JR MD, CHAS L D  
1201 GRAMPAN BLVD WILLIAMSPORT PA 17701  
WEAVER JR MD, HOWARD H FP  
11 N MAIN ST MONTGOMERY PA 17752  
WEAVER MD, DON K PTH  
777 RURAL AVE WILLIAMSPORT PA 17701  
WENTZLER MD, JAMES D AN  
BOX 219 MONTGOMERY PA 17754  
WHAREN MD, ROBT E FP  
WILLIAMSPORT HOSP WILLIAMSPORT PA 17701  
WILCOX MD, WILFRED W FP  
435 BROAD ST MONTGOMERY PA 17754  
WILLIAMS JR MD, A CLAUDE P  
RD 3 BOX 491 WILLIAMSPORT PA 17701  
WILLIAMS MD, ROBT H PD  
699 RURAL AVE WILLIAMSPORT PA 17701  
WILLIAMSON MD, NEHL J FP  
601 RODMAN AVE PORTSMOUTH VA 23787  
WINTER 2ND MD, JOHN C IM  
416 PINE ST WILLIAMSPORT PA 17701  
WOROBEC MD, RUSSELL N ORS  
1201 GRAMPAN BLVD WILLIAMSPORT PA 17701  
YASUI MD, ROBT S GS  
1001 GRAMPAN BLVD WILLIAMSPORT PA 17701  
YEALY MD, WENDELL H R  
1560 SHERIDAN ST WILLIAMSPORT PA 17701  
YOON MD, CHAN R  
1100 GRAMPAN BLVD WILLIAMSPORT PA 17701  
YOUNGBERG MD, GORDEN A FP  
259 BROAD ST MONTGOMERY PA 17754

## McKean County

ABEDEEN MD, MOHAMED Z FP  
199 PLEASANT ST BRADFORD PA 16701  
BAZZOUJI MD, WIDAD P  
64 WALKER AVE BRADFORD PA 16701  
BENTZ MD, CHAS R FP  
2 THOMPSON PK KANE PA 16735  
BURKART MD, THOS J PTH  
BRADFORD HOSP BRADFORD PA 16701  
CLELAND MD, CHAS E FP  
106 S FRALEY ST KANE PA 16735  
CLELAND MD, M ELIZABETH PD  
106 S FRALEY ST KANE PA 16735  
DEE MD, CECILIO C PTH  
BRADFORD HOSP BRADFORD PA 16701  
DYDEYES MD, TERESITA R PTH  
S SETTLEMENT RD KANE PA 16735  
GABRIEL MD, FREDERICK R R  
BRADFORD HOSP BRADFORD PA 16701  
GUENTER MD, FRITZ E FP  
TEMPLE CLUB BLDG SMETHPORT PA 16749  
HAMIDI MD, JAFAR A OBG  
ODD FELLOWS BLDG BRADFORD PA 16701  
HELLMAN MD, LEO A FP  
34 MAIN ST PORT ALLEGANY PA 16743  
HENRY MD, WALTER J OBG  
9 CHAUTAUQUA PL BRADFORD PA 16701  
HERBERT MD, ANITA J IM  
406 HOOKER FULTON BLDG BRADFORD PA 16701  
HOCKENBERRY MD, RALPH E FP  
1 N TONESTA AVE KANE PA 16735  
HUFF MD, S GORDON FP  
125 MAIN ST BRADFORD PA 16701



IBANEZ MD, MELCHISEDEC GS  
35 HEMLOCK AVE KANE PA 16735  
KONNINSKI MD, EDWARD S GS  
305 HOOKER-FULTON BLDG BRADFORD PA 16701  
KRALL MD, ROBERT P FP  
47 ELM ST ELORED PA 16731  
LOGIO MD, THOS GS  
2 THOMPSON PK KANE PA 16735  
MEDDEN MD, EDWIN J GS  
125 MAIN ST BRADFORD PA 16701  
METZ DO, EDWARD A FP  
103 BROAD ST PORT ALLEGANY PA 16743  
NAYAK MD, NARAYAN PD  
BRADF MED ARTS BLDG BRADFORD PA 16701  
NEILL MD, JOHN L IM  
47 CONGRESS ST BRADFORD PA 16701  
NILES MD, ROBT A FP  
WILLOW ST PORT ALLEGANY PA 16743  
OBETZ MD, MERRY L R  
BRADFORD HOSP INT PKY BRADFORD PA 16701  
PITKIN MD, JOHN T P  
119 MECHANIC ST SMETHPORT PA 16749  
ROCHE JR MD, EDWARD J FP  
RM 406 HOOKER FULTON BL BRADFORD PA 16701  
SARAJEDINI MD, HOSSAIN U  
15 WALKER AVE BRADFORD PA 16701  
SICHER MD, BRUNO P FP  
133 BIDDLE ST KANE PA 16735  
SILVERSTONE MD, LESLIE B PD  
BOX 399 BRADFORD PA 16701  
STILL MD, GEO J IM  
18 E CORYDON ST BRADFORD PA 16701  
TAYLOR MD, HARRY E AN  
22 TAYLOR DR BRADFORD PA 16701  
WATKINS MD, DONALD R GS  
125 MAIN ST BRADFORD PA 16701  
WHITE MD, ROBT E IM  
201 HOOKER FULTON BLDG BRADFORD PA 16701  
WOODHOUSE MD, JAMES E FP  
58 SCHOOL ST BRADFORD PA 16701

FILE MD, JAMES C FP  
LINDEN AND LAKE STS STONEBORO PA 16153  
FLAMBERG MD, IRA W AN  
950 FOREST LANE SHARPSVILLE PA 16150  
GALLAGHER MD, DANL B FP  
RD 1 CRANBERRY RD GROVE CITY PA 16127  
GARRIOTT, JOHN C R  
108 MED ARTS BLDG SHARON PA 16146  
GO JR MD, WILLIAM C ORS  
165 E CHURCH ST SOMERSET PA 15501  
GREENBOW MD, MORREN J FP  
3348 E STATE ST SHARON PA 16146  
HAM MD, TONG H FP  
701 N HERMITAGE RD SHARON PA 16146  
HARRER JR MD, WM J US  
1109 HIGHLAND RD SHARON PA 16146  
HOLT MD, ALLEN H R  
32 JEFFERSON AVE SHARON PA 16146  
JONES MD, TOM B R  
104 MEHARD AVE GREENVILLE PA 16125  
KEMP MD, GORDON B OPH  
P O BOX 963 SHARON PA 16146  
KERRY MD, ROY E OTO  
319 BUHL BLVD SHARON PA 16146  
KIM MD, HEI P IM  
110 KOCHLER DR SHARPSVILLE PA 16150  
KLIMOCK MD, GREGORY PTH  
GROVE CITY HOSP GROVE CITY PA 16127  
KLINE MD, DAVID W U  
MED CTR CLINIC GREENVILLE PA 16125  
KO MD, YIH-SONG FP  
421 SHADY DRIVE GROVE CITY PA 16127  
KOLENICH MD, JAMES J GS  
111 N MAIN ST GREENVILLE PA 16125  
LALLY MD, FRANCIS L IM  
MED ARTS BLDG SHARON PA 16146  
LARTZ MD, ROBT E OBG  
3370 HERMATIC SQ BLDG SHARON PA 16146  
LEE MD, CHUL N U  
109 MEDICAL ARTS BLDG SHARON PA 16146  
LTMKAKENG MD, ALEXANDER D U  
HILLCREST MED CTR GROVE CITY PA 16127  
LUCHETTE MD, ALBERT A GS  
32 JEFFERSON AVE SHARON PA 16146  
MADURA MD, JOS R FP  
520 IDAMO ST FARRELL PA 16121  
MANDELL MD, ANDREW M FP  
3338 E STATE ST SHARON PA 16146  
MCCLREE JR MD, FRANK E GS  
111 N MAIN ST GREENVILLE PA 16125  
MCCLREE MD, JAMES C OTO  
98 CLINTON ST GREENVILLE PA 16125  
MCGREW MD, GEO D OPH  
190 S KEELRIDGE RD SHARON PA 16146  
MCLACHLAN MD, RICHARD FP  
218 E COOPER ST SLIPPERY ROCK PA 16057  
MCMAHON MD, EDWARD P IM  
90 SHENANGO ST GREENVILLE PA 16125  
MCPARLAND MD, JOHN J FP  
BOX 247 JAMESTOWN PA 16134  
MCWHIRTER MD, WM R ORS  
125 N MAIN ST GREENVILLE PA 16125  
MEHTA MD, SUNIL K IM  
104 OVERHILL ST GROVE CITY PA 16127  
MENZIES JR MD, WM C FP  
GROVE CITY MEDICAL BLD GROVE CITY PA 16127  
MERKEL MD, LOIS H FP  
844 NOTTINGHAM BLVD W PALM BEACH FL 33405  
MILHEIM MD, IRVINE G GS  
1660 HANNAH CT SHARON PA 16146  
MILLER MD, JOHN L R  
204 LYNNWOOD DR GREENVILLE PA 16125  
MONROE MD, ROBT W PD  
90 SHENANGO ST GREENVILLE PA 16125  
MOONDA MD, GULAMHUSAIN U  
HERMITAGE 90 PRF BLD SHARON PA 16146  
MORAN JR MD, THEODORE R ORS  
125 NORTH MAIN ST GREENVILLE PA 16125  
MURRAY MD, THOS V GS  
740 E STATE ST SHARON PA 16146  
NAMEY MD, JOHN T FP  
621 FRENCH ST FARRELL PA 16121  
PARK MD, CHANG-SEANG AN  
30 HOLIDAY LA GREENVILLE PA 16125  
PERFETT MD, ALFRED A OBG  
89 ELM AVE SHARON PA 16146  
PERRY MD, RALPH L PD  
19 JEFFERSON AVE SHARON PA 16146  
PETERS MD, RICHARD J IM  
90 SHENANGO ST GREENVILLE PA 16125  
POSNEY MD, JOS J R  
GREENVILLE HOSPITAL GREENVILLE PA 16125  
QUAGLIO MD, NANNETTE D N  
719 EAST STATE ST SHARON PA 16146  
RAISCH MD, FREDERICK J PTH  
5219 N KEEL RIDGE RD SHARON PA 16146  
RAMSEY MD, JAME H PTH  
7734 E HUBBELL ST SCOTTSDALE AZ 85257  
RANKIN MD, PAUL H GS  
13461 DUCK CREEK RD SALEM OHIO 44460  
RAU MD, RAMNATH B IM  
MEDICAL ARTS BLDG SHARON PA 16146  
RAYNAK MD, FRANK R R  
110 N MAIN GREENVILLE PA 16125  
REED MD, JACK C FP  
2826 WOODHILL SHARON PA 16146  
REYER MD, WM A D  
19 JEFFERSON AVE SHARON PA 16146  
RICCIUTTI MD, VINCENT OBG  
165 EUCLID AVE SHARON PA 16146  
RIDDLE MD, RANSFORD J OPH  
LAUREL OAKS NEAVITT MD 21652  
ROBINSON MD, EDWARD H FP  
17 TRUNDY RD CAPE ELIZ ME 04107  
ROWLAND MD, EDMUND B OBG  
127 N MAIN ST GREENVILLE PA 16125

SACHDEVA MD, RAVINDRA K GS  
SHARON MED CLINIC SHARON PA 16146  
SANDERSON MD, VINCENT A OPH  
995 FOREST LANE SHARPSVILLE PA 16150  
SASS MD, ROBT E GS  
32 JEFFERSON AVE MA BLD SHARON PA 16146  
SCULLIN III MD, JOHN P ORS  
428 S MAIN ST GREENVILLE PA 16125  
SEPIC MD, RUDOLF OBG  
GROVE CITY HOSP GROVE CITY PA 16127  
SIMPSON MD, DAVID M IM  
428 MAIN ST GREENVILLE PA 16125  
SNYDER MD, M WILSON OPH  
1181 E STATE ST SHARON PA 16146  
STITT MD, DONALD G PD  
90 SHENANGO ST GREENVILLE PA 16125  
STOUDT MD, K DONALD FP  
89 ELM AVE SHARON PA 16146  
STYPULA MD, RICHARD W PD  
89 ELM AVE SHARON PA 16146  
TAN MD, ISABEL G R  
RD 4 ENTERPRISE RD GROVE CITY PA 16127  
TIAN MD, WILL T U  
90 SHENANGO ST GREENVILLE PA 16125  
TSAI MD, YUNG-HSIEN AN  
740 E STATE ST SHARON PA 16146  
VALENA MD, ELENA V IM  
87 N MAIN ST GREENVILLE PA 16125  
VALENA MD, LOE V FP  
87 N MAIN ST GREENVILLE PA 16125  
VALLESTEROS MD, FEDERICO P AN  
17 COULTER RD GREENVILLE PA 16125  
VERMEIRE MD, DAVID A ORS  
701 N HERMITAGE RD SHARON PA 16146  
VOGAN MD, WM R FP  
RD 7 VOGAN DRIVE MERCER PA 16137  
WANG MD, SHEN-CHI PTH  
SHARON GEN HOSP SHARON PA 16146  
WASSIL JR MD, JOHN G OTO  
625 CARLEY AVE SHARON PA 16146  
WASSIL MD, JOHN G FP  
190 BENTLEY AVE SHARON PA 16146  
WATSON MD, TOMPKINS G GS  
410 HILL CREST GROVE CITY PA 16127  
WEE MD, ENG C OPH  
1440 CARRIE WAY 3 GROVE CITY PA 16127  
WEILAND JR MD, THEODORE F R  
619 RIDGEWAY AVE GROVE CITY PA 16127  
WOLFF MD, BRUCE R GS  
90 SHENANGO ST GREENVILLE PA 16125  
WONSETTLER MD, DONALD E FP  
115 S CENTER ST GROVE CITY PA 16127  
WOODINGS MD, SAML G FP  
89 ELM AVE SHARON PA 16146  
YAO MD, FRANCISCO C OPH  
701 N HERITAGE RD SHARON PA 16146  
YARBORO MD, THEODORE L FP  
755 DIVISION ST SHARON PA 16146  
YOURD MD, RAYMOND A OTO  
408 HILLCREST GROVE CITY PA 16127

## Mifflin-Juniata County

AURAND MD, ELEANOR M PD  
24 N BROWN ST LEWISTOWN PA 17044  
BAADE MD, ERNEST OTO  
307 FOURTH ST LEWISTOWN PA 17044  
BASOM MD, DONALD E FP  
W MAIN ST MCALISTERV PA 17049  
BATIPPS MD, FRANCIS W U  
602 SUMMER ST MEDIA PA 19063  
BEAVER MD, HARRY C OBG  
7500 MAPLE BRANCH RD CLIFTON VA 22024  
BRENNEMAN MD, J JAMES FP  
BOX 957 BELLEVILLE PA 17004  
BROWN JR MD, JOS S IM  
14 S WAYNE ST LEWISTOWN PA 17044  
COHEN MD, MILTON H FP  
67 CHESTNUT ST LEWISTOWN PA 17044  
CREIGHTON JR MD, DANL K FP  
101 N MAIN ST LEWISTOWN PA 17044  
DEVITA MD, MICHAEL L FP  
16 N BROWN ST LEWISTOWN PA 17044  
DIXON MD, ROBT E OBG  
26 N BROWN ST LEWISTOWN PA 17044  
DODD MD, STEPHEN I FP  
MAIN ST MIFFLIN PA 17058  
EATER JR MD, CHAS L FP  
128-8TH ST BELLEVILLE PA 17044  
FLORY MD, RAY H AN  
LEWISTOWN HOSP LEWISTOWN PA 17044  
FRANKLIN MD, HUGH R AN  
246 OLD FARM RD MARIETTA GA 30067  
GARDNER MD, HARRY W FP  
101 N MAIN ST LEWISTOWN PA 17044  
GENC MD, SALIM ORS  
311 4TH ST LEWISTOWN PA 17044  
GUISER MD, LYNN G FP  
P O BOX 192 MIFFLINTOWN PA 17059  
HELFRICK MD, MARLIN M FP  
112 WALNUT ST BELLEVILLE PA 17004  
HUNTER JR MD, JOHN R FP  
22 N MAIN ST LEWISTOWN PA 17044  
JOHNSON MD, JESSE R FP  
119 SUNSET ROAD LEWISTOWN PA 17044  
KINSEY MD, FRANK R R  
LEWISTOWN HOSP LEWISTOWN PA 17044  
LEOPOLD JR MD, ALBERT R FP  
101 N MAIN ST LEWISTOWN PA 17044  
MARTHOUSE MD, STEPHEN J FP  
134 HIGHLAND AVE LEWISTOWN PA 17044

## Mercer County

ALLEN MD, ROBT W R  
MED ARTS BLDG SHARON PA 16146  
ANDREWS MD, RAYMOND W OBG  
2112 BEE RIDGE RD COLUMBIA S C 29204  
ARIYAPRAKAI MD, VINAI IM  
GROVE CTY HOSP MED BLDG GROVE CITY PA 16127  
AYE MD, J THOMAS ORS  
32 JEFFERSON AVE SHARON PA 16146  
BAILEY MD, CARL H OTO  
1106 WOODLAND PL SHARON PA 16146  
BAILEY MD, NELSON J FP  
61 E MAIN ST SHARPSVILLE PA 16150  
BAKER MD, ROBT H ORS  
428 S MAIN ST GREENVILLE PA 16125  
BASHLINE MD, DON L FP  
PINE AND CENTER STS GROVE CITY PA 16127  
BASHLINE MD, HARRY W FP  
PINE ST GROVE CITY PA 16127  
BATAILLE MD, JACQUES A IM  
755 DIVISION ST SHARON PA 16146  
BECK MD, DONALD E OBG  
103 VINE AVE GREENVILLE PA 16125  
BENNINGER MD, ROBT A ORS  
32 JEFFERSON AVE SHARON PA 16146  
BIGGINS MD, JAMES A FP  
599 7TH ST SHARPSVILLE PA 16150  
BLANK MD, JOHN E P  
3352 E STATE ST SHARON PA 16146  
BLY MD, CHAUNCEY G PTH  
30100 AQUARIUS AVE SILVER SPRING MD 20906  
BOLOTIN MD, JOS H IM  
1126 E STATE ST SHARON PA 16146  
BREVETTA MD, RICHARD J OPH  
719 E STATE ST SHARON PA 16146  
BROWN MD, MATTHEW G FP  
MED ARTS BLDG SHARON PA 16146  
BROWN MD, WM E OTO  
1260 E STATE ST SHARON PA 16146  
BUISER MD, RODOLFO A FP  
110 N MAIN ST GREENVILLE PA 16125  
BUTCHKO MD, ANDREW M IM  
67 JEFFERSON AVE SHARON PA 16146  
CAMPAN MD, CLARENCE C IM  
R D 2 PULASKI PA 16143  
CHOUNG MD, KILWA AN  
224 NORTHVIEW DR BROOKFIELD OH 44403  
COHEN MD, DONALD L PTH  
SHARON GEN HOSP SHARON PA 16146  
CONLIN MD, EDWARD F IM  
32 JEFFERSON AVE SHARON PA 16146  
CONNELLY MD, MICHAEL E GS  
32 JEFFERSON AVE SHARON PA 16146  
CRAGO MD, H ROBERT GS  
701 N HERMITAGE RD SHARON PA 16146  
CURTIS JR MD, ARTHUR W OBG  
165 EUCLID AVE SHARON PA 16146  
DESANTIS MD, PETER L IM  
1965 SHENANGO VAL FREMY SHARON PA 16146  
DIEHL MD, GILBERT H IM  
428 S MAIN ST GREENVILLE PA 16125  
DONAN MD, ANDERSON W FP  
202 W PINE ST GROVE CITY PA 16127  
DOWDELL MD, PAUL J IM  
90 SHENANGO ST GREENVILLE PA 16125  
ENGLISH MD, LENA M US  
1216 5TH AVE YOUNGSTOWN OH 44504  
FALK MD, EDWARD C GS  
32 JEFFERSON AVE SHARON PA 16146



MCCLAIN MD, CHAS B GS  
18 N MAIN ST LEWISTOWN PA 17044  
MEHTA MD, YOGIN P U  
122 W 3RD ST LEWISTOWN PA 17044  
PARKER MD, ANDREW J IM  
36 CHESTNUT ST LEWISTOWN PA 17044  
PLUMMER JR MD, ROBERT E R  
35 GRAND PARKWAY LEWISTOWN PA 17044  
RAWDON MD, ROBT E OTO  
307 FOURTH ST LEWISTOWN PA 17044  
RIDEN MD, JAY M ORS  
305 FOURTH ST LEWISTOWN PA 17044  
RODRIGUEZ MD, ERVIN E ORS  
305 FOURTH ST LEWISTOWN PA 17044  
SAUSSER MD, EUGENE W FP  
27 N MAIN ST BX 266 MIFFLINTOWN PA 17059  
SCHAEFER MD, LEROY M PTH  
LEWISTOWN HOSP LEWISTOWN PA 17044  
SHERMAN MD, HUGH I IM  
124 HIGHLAND AVE BOX 82 LEWISTOWN PA 17044  
WALTER MD, EARL R FP  
S MAIN ST MILROY PA 17063

## Monroe County

BAIRD MD, ROBT M NS  
243 E BROWN ST E STROUDSBURG PA 18301  
BERMAN MD, ELI IM  
239 E BROWN ST EAST STROUDSBURG PA 18301  
BREHM MD, HANS H PD  
126 ANALOMINK ST E STROUDSBURG PA 18301  
BURRY MD, WILLIAM C FP  
BX 93 MOUNTAINHOME PA 18342  
BUTLER MD, MORACE G R  
175 E BROWN ST E STROUDSBURG PA 18301  
CONAHAN JR MD, JOSEPH B OPH  
R D 4 ALBERT ST STROUDSBURG PA 18360  
DECESARE DO, RAYMOND C FP  
555 DELAWARE AVE PORTLAND PA 18351  
DEICHERT MD, ROBT G FP  
POCONO SUMT MED BLDG POCONO SUMMIT PA 18346  
DEQUEVEDO MD, ROBT F OBG  
175 E BROWN STREET E STROUDSBURG PA 18301  
DRACOS MD, FRANK J ORS  
200 E BROWN ST E STROUDSBURG PA 18301  
DUNNING MD, E RUTH IM  
901 KING ST STROUDSBURG PA 18360  
EISENHARDT DO, BRUCE T FP  
1465 DARTMOUTH DR BETHLEHEM PA 18017  
FAHL MD, JAMES C GS  
24 SECOND AVE NE HICKORY NC 28601  
FERRENCE MD, JOHN A FP  
RD 2 BOX 28 CRESCO PA 18326  
FINCH MD, ALBERTA M FP  
52 GARDEN ST STROUDSBURG PA 18360  
GERHART MD, ROBT P FP  
STAR RT #1 BOX 25 BLAKESLEE PA 18610  
GOLDEN MD, JEAN D GS  
175 E BROWN ST E STROUDSBURG PA 18301  
GRUSZKA MD, FRANCIS A PTH  
MONROE CO HOSP E STROUDSBURG PA 18361  
HAGER III MD, GEORGE W GS  
RD 1 BOX 248 STROUDSBURG PA 18360  
HALPERIN MD, MEYER A AN  
R D 2 E STROUDSBURG PA 18301  
HARPS MD, JAMES A OPH  
175 E BROWN ST E STROUDSBURG PA 18301  
HAYNICZ MD, PETER R  
POCONO HOSPITAL E STROUDSBURG PA 18301  
HIEMENZ MD, DONALD W FP  
BX 504G RD 5 STROUDSBURG PA 18360  
HORN JR MD, EDWARD T OBG  
TANNERSVILLE PA 18372  
HUNSICKER MD, LLEWELLYN W GS  
POCONO MED BLDG E STROUDSBURG PA 18301  
HUNSICKER MD, MARY T D  
156 BERNICK HTS RD E STROUDSBURG PA 18301  
JEFFREY MD, WM L PTH  
TRI COUNTY HOSPITAL SPRINGFIELD PA 19064  
JONES MD, REEVES F FP  
116 WASHINGTON ST E STROUDSBURG PA 18301  
JORDAN MD, CHARLOTTE B D  
POCONO MED BLDG E STROUDSBURG PA 18301  
JORDAN MD, CLAUS G GS  
POCONO MED BLDG E STROUDSBURG PA 18301  
KAUDERER JR MD, JOHN G IM  
239 E BROWN ST STROUDSBURG PA 18301  
KENNEDY MD, RICHARD P R  
206 E BROWN ST E STROUDSBURG PA 18301  
KITCHEN 2ND MD, JAMES G FP  
THE MOHICAN POCONO LAKE PA 18347  
KOHN MD, DAVID F FP  
2681 E VINA DEL MAR BLV ST PTERSBURG BGM FL 33706  
KOWALYSHYN MD, THEODORE J IM  
239 E BROWN ST E STROUDSBURG PA 18301  
LILLI MD, ELMO J FP  
239 E BROWN ST EAST STROUDSBURG PA 18301  
LIM MD, JOHN P OBG  
805 MAIN ST STROUDSBURG PA 18360  
LOVECCIO MD, FRANCIS A ORS  
200 E BROWN ST E STROUDSBURG PA 18301  
MARKOSI JR MD, CHAS ORS  
PO BOX 208 TANNERSVILLE PA 18372  
MARTIN JR MD, PHILIP R OBG  
175 E BROWN ST E STROUDSBURG PA 18301  
MARTUCCI MD, JOHN J FP  
BRODHEADSVILLE PA 18322  
MARTUCCI MD, WM J FP  
MAIN STREET BRODHEADSVILLE PA 18322  
METZGAR MD, MARSHALL R FP  
41 N 7TH ST STROUDSBURG PA 18360

METZGAR MD, THOS I OTO  
45 N 7TH ST STROUDSBURG PA 18360  
MICHIE MD, ALEXANDER J U  
175 E BROWN ST E STROUDSBURG PA 18301  
MICHIE MD, CATHARINE R FP  
504 THOMAS ST STROUDSBURG PA 18360  
MILANDER MD, JOHN H FP  
BOX 142A RR 2 CRESCO PA 18326  
MILICH MD, ZARKO D AN  
RD 5 BOX 36 E STROUDSBURG PA 18301  
MIRAGLIA MD, RICHARD J FP  
VILLAGE PRK MED CTR POCONO LAKE PA 18347  
MOMYUDDIN MD, MOIZ PD  
322 PARK AVE STROUDSBURG PA 18360  
MOLINA MD, RAMON B FP  
322 PARK AVE STROUDSBURG PA 18360  
NOURIAN MD, ALI R  
RD 5 BX 447 STROUDSBURG PA 18360  
PLISKIN MD, MARK P  
206 E BROWN STREET E STROUDSBURG PA 18301  
POND MD, HAROLD S IM  
175 E BROWN ST E STROUDSBURG PA 18301  
PRIMIANO MD, GEORGE A ORS  
200 E BROWN ST E STROUDSBURG PA 18301  
PULLEN MD, HARVEY T IM  
175 E BROWN ST E STROUDSBURG PA 18301  
RAPARVAR MD, NASSER R AN  
GEN HOSP OF MONROE CO E STROUDSBURG PA 18301  
ROGERS MD, WM H GS  
175 E BROWN ST E STROUDSBURG PA 18301  
RUMSEY MD, JOHN L IM  
239 E BROWN ST STROUDSBURG PA 18301  
SACHS MD, STEPHEN M N  
VILLAGE OF PINE RUN 162 BLACKWOOD N J 08012  
SAMET MD, SHERWOOD L OBG  
175 E BROWN ST E STROUDSBURG PA 18301  
SAMUELSON MD, JOEL S IM  
175 E BROWN ST E STROUDSBURG PA 18301  
SCHWINGE MD, ELAINE A P  
STAR RT BOX 39 WHITE HAVEN PA 18661  
SIMONS MD, WM M OPH  
108 N 6TH ST STROUDSBURG PA 18360  
SIPOWICZ MD, CARL P ORS  
200 E BROWN ST E STROUDSBURG PA 18301  
SNYDER MD, ANN E FP  
2348 STONE DR ANN ARBOR MI 48104  
SPINNER MD, MORTON H GS  
175 E BROWN ST E STROUDSBURG PA 18301  
TATTERSALL MD, HAROLD A FP  
BOX 215 MOUNTAIN HOME PA 18342  
TAYLOR MD, JAMES A P  
RD 3 BEACON HILL E STROUDSBURG PA 18301  
THOMAS MD, KANDATHINDARA U  
175 E BROWN ST E STROUDSBURG PA 18301  
TIEFF DO, MICHAEL W FP  
POCONO SUMMIT PA 18346  
VIGLIONE MD, JOS P FP  
25 N 8TH ST STROUDSBURG PA 18360  
WEBER MD, OTTO R OBG  
POCONO MED BLDG E STROUDSBURG PA 18301  
WEISS MD, CARL B OPH  
RD 1 CRESCO PA 18326

## Montgomery County

AARONSON MD, HERBERT G P  
7756 GREEN VALLEY RD WYNCOTE PA 19095  
ADAMS MD, DAVID J ORS  
26 S BRYN MAWR AVE BRYN MAWR PA 19010  
ADAMS MD, WILLIAM L FP  
527 BEAVER RD SOUTHAMPTON PA 18966  
ADAMSON MD, WM C P  
1542 SUSQUEHANNA RD RYDAL PA 19046  
ADLER MD, HERBERT M P  
251 LINDEN LANE MERION STATION PA 19066  
AGSTER MD, BRUCE E GS  
7216 GLENLOCH ST PHILADELPHIA PA 19135  
ALBERT MD, LAWRENCE IM  
275 BRYN MAWR AVE B 19 BRYN MAWR PA 19010  
ALBERTSON MD, RICHARD P AN  
LANKENAU HOSP ANES DPT PHILADELPHIA PA 19151  
ALDEN MD, JAMES C IM  
EVANS ROAD GRYNEDD VALLEY PA 19437  
ALEXANDRE MD, JOUKNEL GS  
731 W ERIE AVE PHILADELPHIA PA 19140  
ALPERT MD, RICHARD E PD  
LANSDALE CLINIC LANSDALE PA 19446  
ALTMAN MD, SIDNEY I P  
8224 FOREST AVE ELKINS PARK PA 19117  
ALTMONTOME MD, JOS F FP  
233 S TROOPER ST NORRISTOWN PA 19401  
AMADIO MD, JULIO J IM  
9 MEADOWS LANE HAVERFORD PA 19041  
AMIDON MD, CHAS S GS  
1630 E HIGH ST PUTTSTOWN PA 19464  
ANDAL MD, ANDRES H AN  
832 HUNT RD NEWTOWN SQ PA 19073  
ANDERS MD, WILBUR D FP  
401 S MAIN ST NORTH WALES PA 19454  
ANDERSEN MD, EDWIN FP  
620 HIGH ST PUTTSTOWN PA 19464  
ANDERSON 3RD MD, JOHN D AN  
140 LODGES LANE BALA CYNHYD PA 19004  
ANDERSON MD, ARLO C ORS  
1660 WILLIAMS WAY NORRISTOWN PA 19401  
ANDRIES MD, RAYMOND M FP  
1817 HALLOWELL RD NORRISTOWN PA 19401  
ANGSTADT JR MD, PAUL N R  
WATER ST RD WORCESTER PA 19490  
ANTHONY MD, JOHN A FP  
1133 HIGH ST PUTTSTOWN PA 19464

ANTHONY MD, RUSSELL A P  
HAVERFORD SUBURBAN BLDG HAVERFORD PA 19041  
ARANO MD, LEONARDO V IM  
232 LENAPE DR NORTH WALES PA 19454  
ASH MD, S RUSSELL FP  
73 N FRANKLIN ST PUTTSTOWN PA 19464  
ATKINSON MD, NOLAN M FP  
20 S WARNER AVE BRYN MAWR PA 19010  
ATLEE MD, EDWARD PD  
ARDMORE AND BELMONT ARDMORE PA 19003  
AUSLANDER MD, MILTON M OTO  
306 W LOGAN ST NORRISTOWN PA 19401  
AVANCEA MD, EDGARDO P FP  
2936 HANNAH AVE NORRISTOWN PA 19401  
BADOLATO MD, DAVID J FP  
445 ABINGTON AVE GLENSIDE PA 19038  
BAKER MD, COURTNEY F P  
SWEDESFORD ROAD NORTH WALES PA 19454  
BALISTOCKY MD, MARVIN H OPH  
1320 DEKALB ST NORRISTOWN PA 19401  
BALLARA MD, IAN M FP  
308 DEVON STATE RD DEVON PA 19333  
BALLS MD, KENT F IM  
BRYN MAWR HOSP BRYN MAWR PA 19010  
BANCHUFT MD, EUTH D P  
NORRISTOWN STATE HOSP NORRISTOWN PA 19401  
BANMILLER MD, JAMES D OBG  
310 W JOHNSON HWY NORRISTOWN PA 19401  
BARCLAY MD, CLAYTON C FP  
503 HAVERFORD AVE NARBERTH PA 19072  
BARD MD, JOS L FP  
600 WAYLAND RD PLYMOUTH MTNG PA 19462  
BARON MD, ARTHUR M IM  
2000 VIRGINIA LANE NORRISTOWN PA 19401  
BARTELT MD, CURTIS F FP  
3535 RANDOLPH MD CHARLOTTE N C 28211  
BARTHOLD MD, JOS FP  
829 W MAIN ST NORRISTOWN PA 19401  
BARTLE JR MD, HARVEY P  
846 COUNTY LINE RD BRYN MAWR PA 19010  
BARTLETT JR MD, FREDERICK M OBG  
1245 HIGHLAND AVE ABINGTON PA 19001  
BAVER MD, FAITH H FP  
FRONT & DOTTS STS PENNSBURG PA 18073  
BAVER MD, GEO A FP  
FRONT & DOTTS STS PENNSBURG PA 18073  
BAZEMORE MD, MARY K PD  
226 N ITHAN AVE VILLANOVA PA 19085  
BECK DO, JONATHAN E FP  
1006 HAWTHORNE LANE FT WASHINGTON PA 19034  
BECK JR MD, WM C FP  
1420 VALLEY RD MEADOWSBROOK PA 19046  
BECKMAN DO, IRWIN R  
MONTGOMERY HOSP NORRISTOWN PA 19401  
BELL MD, BENJ T ORS  
CREEK RD CHALFONT PA 18914  
BELL MD, H CRAIG P  
1335 HIGHLAND AVE ABINGTON PA 19001  
BELL MD, JOHN C N  
318 BENT RD WYNCOTE PA 19095  
BELLUS MD, JOHN J PTH  
FIRESTONE BLVD HIGH ST PUTTSTOWN PA 19464  
BENDER MD, JOS IM  
1544 DE KALB ST NORRISTOWN PA 19401  
BENNETT 4TH MD, JOS S IM  
MEM MED BLDG PU BX A PAOLI PA 19301  
BENNETT MD, JOHN T OBG  
1 RED ROWAN LANE PLYMOUTH MTNG PA 19462  
BENSON MD, BERNARD E OBG  
1564 BUCK HILL DR HUNTINGDON VLY PA 19006  
BERGELSON MD, VICTOR D R  
7222 CASTOR AVE PHILADELPHIA PA 19149  
BERGNES MD, MANUEL A PTH  
1735 W MAIN ST NORRISTOWN PA 19401  
BERK MD, HENRY M FP  
PAPER MILL & BERGAN RDS ORELAND PA 19075  
BERKOW MD, ROBERT IM  
6020 SHEAFF LA FT WASHINGTON PA 19034  
BERNSTEIN MD, ABRAHAM OPH  
353 KING ST PUTTSTOWN PA 19464  
BIGONEY MD, CARL F FP  
413 COWPATH RD MR-1 LANSDALE PA 19446  
BLAKE JR MD, ALTON D IM  
CONESTOGA MED BLDG BRYN MAWR PA 19010  
BLANK MD, IRA B AN  
SACRED HEART HOSP NORRISTOWN PA 19401  
BLUMSTEIN MD, CHAS G IM  
BENSON EAST JENKINTOWN PA 19046  
BOEHMLER MD, WM J FP  
LANSDALE MED GRUP LANSDALE PA 19446  
BOGASH MD, MORTON U  
125 E LEHIGH AVE PHILADELPHIA PA 19125  
BONEKEMPER MD, THUS W IM  
6 JO AN DR DR 2 QUAKERTOWN PA 18951  
BOOK MD, MURRAY H PTH  
2615 DEKALB PK APT 401 NORRISTOWN PA 19401  
BORSKA MD, HENRY B FP  
PENNSYLVANIA AND APEL A ORELAND PA 19075  
BOURAS MD, GEO OPH  
BRYN MAWR MED BLDG BRYN MAWR PA 19010  
BOVE MD, RICHARD L GS  
859 OLD LANCASTER BRYN MAWR PA 19010  
BOWEN JR MD, THALES AN  
LANKENAU HOSPITAL PHILADELPHIA PA 19151  
BOWIE MD, MORRIS A IM  
225 VASSAR AVE SWARTHMORE PA 19081  
BOXER MD, ARTHUR D P  
931 HOLLOW RD RADNUR PA 19087  
BRACKIN JR MD, JOHN T R  
773 ROSLYN AVE GLENSIDE PA 19038  
BRACKIN MD, GEO G R  
1208 HIGHLAND AVE ABINGTON PA 19001  
BRACKIN MD, PHILLIP S R  
1164 WHEATSEAF LA ABINGTON PA 19001  
BRADFORD MD, PAUL L FP  
30 MORNINGSIDE DR LANSDALE PA 19446



BRADY MD, JOS A	NS	CLEAVER MD, E EUGENE	FP	DOEFF MD, JAN W	P
1445 DE KALB ST NORRISTOWN PA 19401		300 MAIN ST E GREENVILLE PA 18041		425 HOMESTEAD RD WAYNE PA 19087	
BRAY MD, JOSHUA C	FP	CLEMENT MD, GURDON S	GS	DOERING MD, ANDREW A	FP
102 PAOLI MEM MED BLDG PAOLI PA 19301		1500 BOXER, BLVD NORRISTOWN PA 19401		2555 HUNTINGDON PIKE HUNTINGDON VLY PA 19006	
BRENNER MD, ANGUS L	OBG	CLEMENTS MD, WILLIAM W	FP	DOHERTY JR MD, HENRY J	AN
1245 HIGHLAND STE 504 ABINGTON PA 19001		139 BERKLEY RD DEVON PA 19333		LANKENAU HOSP PHILADELPHIA PA 19151	
BRESSI JR MD, THUS E	GS	CLOSE MD, SALLY E	AN	DONALD MD, DELMAR J	IM
ELLIOTT AVE-OLD LANC RD BRYN MAWR PA 19010		23 FOREST RD WAYNE PA 19087		MAPLE GLEN PROF CTR MAPLE GLEN PA 19002	
BROWN SRD MD, DEWITT C	ORS	CLOUGH MD, HOWARD K	OPH	DONNER MD, WM T	P
1941 WOODLAND AVE ABINGTON PA 19001		LANKENAU MED BLDG PHILADELPHIA PA 19151		ABINGTON MEM HOSP ABINGTON PA 19001	
BROWN JR MD, M EVANS	PH	CLYMAN MD, BYRON	D	DORIAN MD, ALAN L	GS
1378 SLAYTON DR MAPLE GLENN PA 19002		1329 DE KALB ST NORRISTOWN PA 19401		1308 DE KALB ST NORRISTOWN PA 19401	
BROWN MD, GEO L	D	COCHRAN MD, WM C	GS	DORRANCE MD, WILLIAM L	PD
1128 OLD YORK RD ABINGTON PA 19001		1245 HIGHLAND AV STE 20 ABINGTON PA 19001		1 RED ROMEN LA PLYMOUTH MTG PA 19462	
BROWN MD, WM E	FP	COGEN MD, FREDERICK C	OTO	DRISCOLL DO, ROBERT W	GS
107 GLENVIEW AVE WYNCOTE PA 19095		616 ARGYLE RD WYNNWOOD PA 19096		551 PLYMOUTH RD PLYMOUTH MTG PA 19462	
BRUCE MD, THOS A	IM	COHEN MD, JACOB H	FP	DRISCOLL MD, GENEVRA Z	P
1000 WELSH ROAD AMBLER PA 19002		3526 PINE RD HUNTINGDON VLY PA 19006		133 HAGYS FORD RD NARBERTH PA 19072	
BUCK MD, ADDISON S	FP	COHEN MD, SAML F	FP	DUDICH MD, MICHAEL S	FP
BX 65 B RD 1 VLY HILL R MALVERN PA 19355		59 PINE ST NORRISTOWN PA 19401		7860 SPRING AVE ELKINS PARK PA 19117	
BUCK MD, RUTH E		COHLER MD, ALAN	R	DUNSKY MD, ELLIOTT H	PD
338 DRESHERTOWN RD FT WASHINGTON PA 19034		LAUREL ROAD SOLEBURY PA 18963		313 BANGOR RD BALA CYNWYD PA 19004	
BUCKO JR MD, MATTHEW I	OTO	COLAVITA MD, ANTHONY	FP	DURKIN MD, EDWARD C	FP
3213 POLK RD NORRISTOWN PA 19403		327 WINDSOR AVE NARBERTH PA 19072		12 AIRDAL RD ROSEMONT PA 19010	
BUCKWALTER MD, PHYLLIS S	FP	COLCHER MD, IRVING S	PD	DURKIN MD, MARTIN J	P
WELSH RD-INVERNESS DR HORSHAM PA 19044		2795 EGYPT RD AUDUBON PA 19401		656 MULFORD DR WYNCOTE PA 19095	
BUCKWALTER MD, RICHARD A	FP	COLCHER MD, ROBT E	GS	DYNAN MD, JAMES E	GS
WELSH RD AT INVERNESS D HORSHAM PA 19044		1033 GERMANTOWN PIKE NORRISTOWN PA 19401		S BROAD & ALLENTOWN RD LANSDALE PA 19446	
BUERK MD, MINEVVA S	D	COLOMEDA MD, REGIO S	FP	ECHIKSON MD, EDWARD H	IM
331 PENN RD WYNNWOOD PA 19096		738 WRIGHT DRIVE MAPLE GLEN PA 19002		1245 HIGHLAND AVE ABINGTON PA 19001	
BURDEN MD, GEO E	FP	COLOSI MD, NICHOLAS A	FP	EDELMAN MD, MEYER	AN
513 SCOTT RD GLADWYNE PA 19035		300 W MOUNT CARMEL AVE GLENSIDE PA 19038		1200 YORK RD ABINGTON PA 19001	
BURDEN MD, SAML S	IM	COLTON 5TH MD, SABIN W	IM	ELICKER MD, CHAS R	FP
THE BENSON MANOR ST 115 JENKINTOWN PA 19046		600 HARRITON RD BRYN MAWR PA 19010		720 HIGH ST POTTSTOWN PA 19464	
BURKHART MD, CHAS B	OBG	CONNOR MD, ROBT W	OPH	ELLIS MD, DAVID M	P
1630 E HIGH ST POTTSTOWN PA 19464		1000 N BROAD ST LANSDALE PA 19446		240 MERION RD MERION STATION PA 19066	
BURNS MD, JESSE E	FP	COOPER MD, BARRY R	FP	ELLIS MD, MICHAEL D	OBG
500 WALNUT ST ROYERSFORD PA 19468		1017 BRIGHTON ST PHILADELPHIA PA 19111		2318 VALLEY RD HUNTINGDON VLY PA 19006	
BURNS MD, JOHN C	FP	COOPER MD, DAVID H	ORS	ELLISON JR MD, RICHARD T	PD
220 WOODLAWN AVE GLENSIDE PA 19038		S BROAD & ALTNW RD LANSDALE PA 19446		1245 HIGHLAND AVE ABINGTON PA 19001	
BUSHYAGER MD, ROSS M	FP	COOPER MD, MURRAY S	OBG	ENGLISH MD, CARROLL A	ORS
118 N READING AVE BUERTOWN PA 19512		1245 HIGHLAND AVE ABINGTON PA 19001		27 S BRYN MAWR AVE BRYN MAWR PA 19010	
BUTLER MD, CLAUDE H	P	CORKHILL JR MD, ERIC A	OBG	ENGSTROM MD, PAUL F	IM
P O BOX 897 GREEN VALLEY AZ 85614		BRYN MAWR MED BLDG BRYN MAWR PA 19010		CENTRAL & SHELMIKE PHILADELPHIA PA 19111	
BUYERS MD, ROBT A	GS	CORNELIUS III MD, CHALMERS E	D	ERNARD MD, DANL T	FP
1308 DE KALB ST NORRISTOWN PA 19401		BRYN MAWR MED BLDG BRYN MAWR PA 19010		502 MONTGOMERY AVE HAVERFORD PA 19041	
BUZAS MD, JEROME W	FP	CORNISH MD, JAMES W	PS	ESCOBAR MD, MAURICIO A	GS
330 EDGE HILL RD GLENSIDE PA 19038		BERKELEY TRACE APTS #50 CORNWELLS HGTS PA 19020		SACRED HEART HOSP NORRISTOWN PA 19401	
BYRNE MD, ROBT J	ORS	CORNMANN 3RD MD, HENRY D	IM	ESKIN MD, DAVID J	IM
1308 DEKALB ST NORRISTOWN PA 19401		801 OLD LANCASTER RD BRYN MAWR PA 19010		1443 WOODLAND RD RYDAL PA 19046	
BYRON MD, HAROLD J	P	CORSON MD, BARRY	FP	EVANGELISTA MD, SIMPLICIO E	R
WYNCOTE HOUSE WYNCOTE PA 19095		ENGLISH VLG OFFICE CTR NORTH WALES PA 19454		BRYN MAWR HOSP BRYN MAWR PA 19010	
CAIN MD, JAMES P	FP	COZZARELLI MD, JAMES D	GS	EVANS MD, HAYDEN D	FP
2368 WELSH DR POTTSTOWN PA 19464		S BROAD & ALLENTOWN RD LANSDALE PA 19446		637 HIGH ST POTTSTOWN PA 19464	
CAMPBELL MD, TWINING F	AN	CRAYETZ MD, HOWARD	AN	EWING MD, CHAS H	FP
1430 DE KALB ST NORRISTOWN PA 19401		5TH & FORD STS BRIDGEPORT PA 19405		1306 FAIRACRES RD RYDAL PA 19046	
CANALS MD, JOAQUIN	P	CRITS MD, HARRY J	IM	FALK MD, ARTHUR E	OBG
172 N WHITEHALL RD NORRISTOWN PA 19401		777 GERMANTOWN PIKE LAFAYETTE HILL PA 19444		902 N BROAD ST LANSDALE PA 19446	
CANCELMO MD, J JAMES	R	CRONLUND MD, PHILIP K	FP	FARB MD, STANLEY N	OTO
337 W LANCASTER AVE WAYNE PA 19087		500 N EASTON RD WILLOW GROVE PA 19090		306 W LOGAN ST NORRISTOWN PA 19401	
CANCELMO MD, RICHARD P	R	CRUZ MD, ALEXANDER C	FP	FARIS MD, SAML S	FP
BRYN MAWR HOSP BRYN MAWR PA 19010		141 RACE ST AMBLER PA 19001		239 N EASTON RD GLENSIDE PA 19038	
CARFAGNO MD, SALVATORE C	IM	CUOZZO MD, ALFONSO	IM	FARMER MD, HAROLD E	IM
1401 DE KALB ST NORRISTOWN PA 19401		8 BETH LANE MALVERN PA 19355		315 W WAYNE AVE WAYNE PA 19087	
CARLIN MD, ELWIN S	OBG	CURRAN MD, MARILYN R	P	FARMER MD, RODNEY A	N
27 W FORNANCE ST NORRISTOWN PA 19401		1124 INDIAN CREEK RD PHILADELPHIA PA 19151		200 TOWNSHIP LINE RD ELKINS PARK PA 19117	
CARLSON MD, BRUCE E	P	CUTHBERT MD, KATHARINE B	FP	FEBBRARD MD, ANTHONY A	FP
833 MARKET ST WILLIAMSPORT PA 17701		61 HAVERFORD STA -D HAVERFORD PA 19041		34 GREEN ST LANSDALE PA 19446	
CARLSON MD, ROBT E	GS	DANOFF MD, DAVID M	R	FEE MD, EUGENE A	P
21 W FORNANCE ST NORRISTOWN PA 19401		2501 RED OAK CIRCLE SPRINGFIELD PA 19064		513 OLD FORT RD KNG OF PRUSS PA 19406	
CARMICHAEL MD, PAUL L	OPH	DARBY MD, WALTER S	FP	FEIN DO, HOWARD K	FP
1000 N BROAD ST LANSDALE PA 19446		4120 DEVONSHIRE RD PLYMOUTH MTG PA 19462		922 FAYETTE ST CONSHOHOCKEN PA 19428	
CARPENTER JR MD, JOHN T	OBG	DASCHER JR MD, JOHN J	R	FEINSTEIN MD, MICHAEL A	OBG
864 COUNTY LINE RD BRYN MAWR PA 19010		724 MEADOWLARK RD AUDUBON PA 19401		649 HENDERSON RD B 403 KNG OF PRUSS PA 19406	
CARSON MD, JOHN S	AN	DAVIDSON MD, WALLACE L	PRM	FELDERMAN MD, EUGENE S	U
888 GLENBROOK AVE BRYN MAWR PA 19010		MERCK SHARP & DUHME WEST POINT PA 19486		1307 W TABOR RD PHILADELPHIA PA 19141	
CARTER JR MD, WM S	P	DAVIS MD, DAVID M	U	FELDMAN MD, ALAN J	OBG
1245 HIGHLAND AVE #208 ABINGTON PA 19001		818 PENNSTONE RD BRYN MAWR PA 19010		ABINGTON MEM HOSP ABINGTON PA 19001	
CARTY JR MD, JAMES B	OPH	DAVIS MD, EDWARD W	FP	FENN MD, PATRICIA A	IM
275 BRYN MAWR AVE #30 BRYN MAWR PA 19010		1803 W MAIN ST NORRISTOWN PA 19401		933 HAVERFORD RD BRYN MAWR PA 19010	
CASELLA MD, SALVATORE R	D	DEICHELMAHNN MD, STEPHEN J	P	FERGUSON MD, R LAURENCE	P
CEDARBROOK HILL APT CM- WYNCOTE PA 19095		15 PARK AVE AMBLER PA 19002		922 MONTGOMERY AVE BRYN MAWR PA 19010	
CASTEL MD, JOSE H	FP	DEITZ 3RD MD, GEO W	IM	FERNANDEZ MD, JUAN J	P
1400 OLD YORK RD ABINGTON PA 19001		2240 PINE RD HUNTINGDON VLY PA 19006		1455 WHITEWOOD DR NORRISTOWN PA 19401	
CASTELLANO MD, PATRICK V	FP	DELACRUZ MD, APOLINAR D	FP	FERRONI MD, JOSEPH S	OBG
917 FAYETTE ST CONSHOHOCKEN PA 19428		521 W VALLEY FORGE RD KNG OF PRUSS PA 19406		416 ABRAMS MILL RD KNG OF PRUSS PA 19406	
CHAIT MD, ARNOLD	R	DELACRUZ MD, KAFELA A	U	FETCHO MD, CAROLE L	FP
835 CHAUNCEY RD NARBERTH PA 19072		2635 HUNTINGDON PIKE HUNTINGDON VLY PA 19006		1200 OLD YORK RD ABINGTON PA 19001	
CHAPIS MD, NICHOLAS J	OBG	DELP JR MD, CHAS W	FP	FILIP MD, JOHN R	IM
1630 E HIGH ST POTTSTOWN PA 19464		800 E PHILADELPHIA AVE BOYERTOWN PA 19512		501 CONSHOHOCKEN ST RD BALA-CYNWYD PA 19004	
CHIRIFE MD, RAUL	IM	DEMARCO MD, JOS F	OBG	FILUSA MD, ROBERT J	OBG
1401 DEKALB & FORNANCE NORRISTOWN PA 19401		1288 BURNETT RD HUNTINGDON VLY PA 19006		926 HICKORY DR BLUE BELL PA 19422	
CHOI MD, TONSHIK	IM	DENGLER MD, ERNEST H	OPH	FINGERUT MD, JERALD C	IM
401 POPLAR RD FLOUKTOWN PA 19031		71 HIGH ST POTTSTOWN PA 19464		2106 PENNSYLVANIA AVE FT WASHINGTON PA 19034	
CHRISTIANSEN MD, KJELL H	TS	DERIVAS MD, CARMELA F	P	FINGO MD, ALBERT J	FP
BRYN MAWR MED BLDG BRYN MAWR PA 19010		700 JOSEPH DR WAYNE PA 19087		1814 SPERA LANE NORRISTOWN PA 19401	
CHUA MD, CHONG V	AN	DERSTINE MD, RALPH L	FP	FINK MD, JACK W	OBG
POTTSTOWN MEM MED CTR POTTSTOWN PA 19464		488 MAPLE AVE HANLEYSVILLE PA 19438		902 N BROAD ST LANSDALE PA 19446	
CIAVARELLI MD, ANTHONY G	FP	DEVINE MD, MICHAEL F	IM	FINKELSTEIN MD, GARY S	GS
54 N RIDGE AVE AMBLER PA 19002		100 CHURCH ROAD ARDMORE PA 19003		1937 BRIARCLIFF AVE MEADOWBROOK PA 19046	
CICCONO MD, PATRICK E	P	DEVINEY MD, JOHN P	IM	FISHER MD, ALVIN H	P
PLYMOUTH ROAD WYNNEDD VLY PA 19437		1630 HIGH ST POTTSTOWN PA 19464		1516 HAMPTON ROAD RYDAL PA 19046	
CITROTTI MD, JOS J	PD	DIAMOND MD, B FRANKLIN	N	FISHER MD, NORMAN J	FP
2988 BLAIR HILL RD HORSHAM PA 19044		1245 HIGHLAND AVE ABINGTON PA 19001		444 N YORK RD HATBORO PA 19040	
CLADER MD, STANLEY C	OBG	DIAZ MD, FILADELFO T	GS	FISHER MD, ROBT M	FP
825 GLENBROOK AVE BRYN MAWR PA 19010		CONTINENTAL DR COL HGTS POTTSTOWN PA 19464		118 AIRDAL RD ROSEMONT PA 19010	
CLAIR MD, THEODORE W	PD	DIENER MD, IAN L	FP	FITTI MD, REGINA M	P
864 COUNTY LINE RD BRYN MAWR PA 19010		1000 CONESTOGA RD ROSEMONT PA 19010		616 LORANE AVE ARDMORE PA 19003	
CLANEY MD, JONATHAN H	P	DILLON MD, RICHARD S	IM	FLICKINGER MD, HAVILAND	AN
STE 204 DEKALB FORNANCE NORRISTOWN PA 19401		BRYN MAWR MEDICAL BLDG BRYN MAWR PA 19010		1200 OLD YORK RD ABINGTON PA 19001	
CLARK MD, FRANK	FP	DIMINO DO, JOSEPH M	FP	FRANK MD, LEONARD A	U
1919 SUSQUEHANNA RD ABINGTON PA 19001		150 PLYMOUTH BLVD NORRISTOWN PA 19401		409 RICHARD KNOLL HAVERFORD PA 19041	
CLASSEN MD, CHAS H	PD	DIPASQUALE DO, URBAN D	FP	FRANK MD, MARTIN N	IM
864 COUNTY LINE RD BRYN MAWR PA 19010		11TH AVE & FAYETTE ST CONSHOHOCKEN PA 19428		1245 HIGHLAND AVE 308 ABINGTON PA 19001	
CLEAVER MD, DOROTHY M	P	DIWAN MD, KANTA	FP	FRANK MD, PAUL E	OPH
LEVEL RD R D 2 COLLEGEVILLE PA 19426		660 W GERMANTOWN PK NORRISTOWN PA 19401		331 N YORK RD HATBORO PA 19040	



## MONTGOMERY

FRANK MD, REUBEN	IM	HADRA MD, ELLINOR S	FP	JACOBS MD, JOHN B	FP
DEKALB & FORNANCE PROF NORRISTOWN PA 19401		22 N PRICE ST POTTSTOWN PA 19464		1455 ALLENTOWN RD LANSDALE PA 19446	
FRANK MD, ROBT L	OPH	HAGARTY MD, JOHN J	PTH	JACOBS MD, LEWIS H	FP
331 N YORK RD HATBORO PA 19040		HOLY REDEEMER HOSP MEADOWBROOK PA 19046		1374 YOUNGSGFORD RD GLADWYNE PA 19035	
FRANKLIN MD, IRVIN D	GS	HALE MD, ROBT G	OBG	JAFFE MD, LOUIS	D
2026 MORELAND RD ABINGTON PA 19001		4004 FAIRWAY RD LAFAYETTE HILL PA 19444		1122 HIGH ST POTTSTOWN PA 19464	
FRAZIER MD, THOMAS G	GS	HALL MD, I MACDONALD	IM	JEYARAJ MD, FRANCIS	PD
405 SAUNDERS DR STRAFFORD PA 19087		WANAMAKER 13TH & MKT PHILADELPHIA PA 19101		S BROAD AT ALLENTOWN RD LANSDALE PA 19446	
FREEDMAN MD, ALAN K	PD	HAMBURG MD, ALLEN E	ORS	JOCHNOWITZ MD, MICHAEL J	OBG
57 LEVERING CIRCLE BALA CYNHYD PA 19004		426 COTTMAN ST JENKINTOWN PA 19046		902 N BROAD ST LANSDALE PA 19446	
FREEDMAN MD, LAWRENCE T	OBG	HAMMOND III MD, N LEROY	OKS	JONES MD, DANL C	FP
1335 W TABOR RD STE 201 PHILADELPHIA PA 19141		4 LOVES LANE WYNNWOOD PA 19096		90 GREENFIELD AVE ARDMORE PA 19003	
FREMER MD, ABRAHAM	FP	HAMSHER MD, C DAVID	FP	JONES MD, WARREN M	OPH
BENSON MNR STE 1166 JENKINTOWN PA 19046		936 HOOTON RD BRYN MAWR PA 19010		520 PENNSYLVANIA AVE 11 FT WASHINGTON PA 19034	
FREYMAN MD, LEON	FP	HANBY JR MD, W FORWOOD E	R	JUAREZ MD, ROLANDO	GS
507 W MAIN ST NORRISTOWN PA 19401		2815 LUNDY LANE HUNTINGDON VLY PA 19006		33 RADBURN RD HUNTINGDON VLY PA 19006	
FRICK MD, WILLIS G	GS	HANCOX MD, CECIL W	OTO	JULES MD, ARNOLD J	ORS
21 W FORNANCE ST NORRISTOWN PA 19401		169 N HANOVER ST POTTSTOWN PA 19464		635 N BROAD ST LANSDALE PA 19446	
FRITZ MD, HERBERT H	FP	HAND MD, ROY H	GS	JUNKIN MD, DAVID M	ORS
110 PENNSWOOD RD BRYN MAWR PA 19010		ABINGTON MEM HOSP ABINGTON PA 19001		OLD YORK & KEITH RDS ABINGTON PA 19001	
FURMAN MD, HAROLD B	PD	HANDFORD MD, H ALLEN	P	KANE MD, JOHN S	OBG
1103 W VALLEY RD WAYNE PA 19087		1740 CEDAR LANE N VILLANOVA PA 19085		308 W JOHNSON HIGHWAY NORRISTOWN PA 19401	
GAFFNEY MD, EDMUND J	GS	HANHAUSEN JR MD, EDWARD H	OPH	KAPLAN MD, FRANK E	P
233 TIMBER LANE POTTSTOWN PA 19464		418 E LANCASTER AVE WAYNE PA 19087		122 PARK DR DOYLESTOWN PA 18901	
GALLAGHER MD, DORIS B	AN	HANKIN MD, SAML	FP	KARABELL MD, SHELDON I	IM
317 AUBREY RD WYNNWOOD PA 19096		YORK AND EASTON RDS WILLOW GROVE PA 19090		230 TOLL DR SOUTHAMPTON PA 18966	
GANIME MD, PETER U	P	HARMON MD, ELI B	P	KARBINER MD, HELMUT L	OBG
335 GARRISON WAY CONSHOHOCKEN PA 19428		306 SUBURBAN SQ BLDG ARDMORE PA 19003		888 GLENBROOK AVE BRYN MAWR PA 19010	
GARABEDIAN MD, JOSEPH A	GS	HARPER MD, JOHN B	R	KARPINSKI JR MD, FELIX E	PD
SACRED HEART HOSP NORRISTOWN PA 19401		1200 YORK RD ABINGTON PA 19001		780 MANCELL RD WAYNE PA 19087	
GARCIA MD, THEODORE A	OPH	HARRIS MD, RICHARD H	R	KATCHMAN MD, JEROME J	FP
491 ALLENDALE RD KING OF PRUSS PA 19406		308 E URMANDY PL AMBLER PA 19002		1401 DEKALB ST NORRISTOWN PA 19401	
GATTER MD, ROBT A	IM	HARRISON JR MD, FRANK S	IM	KATTELMAN DR, MARC	FP
1245 HIGHLAND AVE ABINGTON PA 19001		933 HAVERFORD RD BRYN MAWR PA 19010		922 FAYETTE ST CONSHOHOCKEN PA 19428	
GERMAN MD, TERRY M	OBG	HARRISON JR MD, JOS	FP	KATZ MD, ROBT E	FP
1335 W TABOR RD STE 201 PHILADELPHIA PA 19141		888 GLENBROOK AVE BRYN MAWR PA 19010		500 FAYETTE ST CONSHOHOCKEN PA 19428	
GERRITSEN MD, RUY W	GS	HARVEY MD, ROLFE H	R	KAUFFMAN MD, M LUTHER	OPH
1245 HIGHLAND AVE ABINGTON PA 19001		8750 MONTG PASS RD 500 SARASOTA FL 33581		MEAD ARTS BLDG JENKINTOWN PA 19046	
GERSON MD, IRVIN M	OS	HASKIN MD, MYRA R	PM	KAVLE MD, CARLETON J	AN
CEDARBROOK HILL APTS WYNCOTE PA 19095		514 BALLYTORE RD WYNNWOOD PA 19096		109 RINGWOOD RD ROSEMONT PA 19010	
GINSBURG MD, SILAS J	OBG	HAUGHTON MD, IRENA C	P	KAY MD, RAYMOND J	FP
1245 HIGHLAND AVE ABINGTON PA 19001		160 HUGHES RD KING OF PRUSS PA 19406		421 E LANCASTER AVE WAYNE PA 19087	
GLANZBERG MD, PAULINE	FP	HAUSER MD, NORMAN	R	KEISMAN MD, ROBT A	IM
814 DE KALB ST NORRISTOWN PA 19401		1130 OLD YORK RD ABINGTON PA 19001		3120 SCHOOL HOUSE LN PHILADELPHIA PA 19144	
GLASER MD, BARRY L	GS	HECHT MD, WARREN B	IM	KELSO MD, DON R	GS
1245 HIGHLAND AVE ABINGTON PA 19001		933 N CHARLOTTE ST POTTSTOWN PA 19464		ABINGTON MEM HSP STE 10 ABINGTON PA 19001	
GLOCKER MD, RUDOLPH K	GS	HEGGESTAD MD, GILMAN E	GS	KELTON MD, FRANKLIN C	FP
701 MAIN ST ROYERSFORD PA 19468		124 TYSON RD NEWTOWN SQ PA 19073		500 WILLOW AVE AMBLER PA 19002	
GLOECKNER MD, M LOUISE	FP	HENDERSON MD, THEODORE A	FP	KENNORTHY JR MD, HARRY J	IM
110 E 4TH AVE CONSHOHOCKEN PA 19428		500 WILLOW AVE AMBLER PA 19002		1245 HIGHLAND AVE 107 ABINGTON PA 19001	
GLOWACKI MD, PETER	P	HERSON MD, STEVE D	FP	KERN MD, FRANK	D
DEKALBFORNANCE STE207 NORRISTOWN PA 19401		1703 EDGEHILL RD ABINGTON PA 19001		31-B E WYNNWOOD RD WYNNWOOD PA 19096	
GOERINGER MD, C FRED	FP	HESS MD, GEO W	FP	KERSHNER MD, AMMON G	FP
623 N BROAD ST LANSDALE PA 19446		608 HUNTINGDON PIKE ROCKLEDGE PA 19111		510 SWEDEN ST NORRISTOWN PA 19401	
GOLDBERG MD, LOUIS	OPH	HESS MD, IVAN W	FP	KIANOURY MD, MOJY	GS
515 W MAIN ST NORRISTOWN PA 19401		69 N BORO LINE RD COLLEGEVILLE PA 19426		933 FOX CHASE RD JENKINTOWN PA 19046	
GOLDEN MD, MANO R	U	HEYDT JR MD, ERNEST H	OPH	KIEFNER JR MD, FREDERICK J	R
1313 DE KALB ST NORRISTOWN PA 19401		216 SUMMIT AVE JENKINTOWN PA 19046		507 CHELTENA AVE JENKINTOWN PA 19046	
GOLDSCHMIDT MD, HERBERT	D	HICKEY JR MD, DANL	FP	KIESEL MD, VINCENT E	ORS
1 DECKER SQUARE BALA CYNHYD PA 19004		620 E WILLOW GRV AVE PHILADELPHIA PA 19118		S BROAD & ALLENTOWN RD LANSDALE PA 19446	
GOMEZ MD, BLANCA M	P	HODGE MD, CLARE C	GS	KILLIAN MD, DOROTHEA H	IM
NORRISTOWN ST HOSP NORRISTOWN PA 19401		25 ELLIOTT AVE BRYN MAWR PA 19010		1720 BALSAM LANE VILLANOVA PA 19085	
GOMEZ MD, PEDRO F	P	HOFFA MD, JOHN A	FP	KING JR MD, WARREN E	AN
NORRISTOWN ST HOSP NORRISTOWN PA 19401		52 N SPRING GARDEN ST AMBLER PA 19002		760 WASHINGTON LA JENKINTOWN PA 19046	
GOMEZ-DUMARAN MD, DELFA	IM	HOFFMAN MD, CARL J	P	KINLAID MD, W BERNARD	IM
1420 WARNER RD MEADOWBROOK PA 19046		2901 COTTMAN AVE PHILADELPHIA PA 19149		1245 HIGHLAND AVE #107 ABINGTON PA 19001	
GOODMAN MD, CARL R	PM	HOFFMAN MD, JAMES P	ADM	KIRKPATRICK MD, DANL W	FP
MONTGOMERY HOSPITAL NORRISTOWN PA 19404		15 DETWEILER LN AMBLER PA 19002		700 GERMANTOWN PIKE NORRISTOWN PA 19401	
GOODMAN MD, SANFORD M	FP	HOFFMAN MD, WALTER I	PTH	KISTLER MD, C HAROLD	FP
1228 EASTON RD ROSLYN PA 19001		LANKENAU HOSPITAL PHILADELPHIA PA 19151		BOX 106 ARDMORE PA 19003	
GOODWIN MD, ROBERT S	IM	HOLM MD, WM W	PD	KISTLER MD, PAUL M	FP
3505 MORELAND RD A124 WILLOWGROVE PA 19090		491 ALLENDALE RD KING OF PRUSS PA 19406		330 E LANCASTER AVE WAYNE PA 19087	
GOPPELT MD, JOHN W	P	HOLMBERG MD, DONALD E	FP	KISTLER MD, WM S	FP
EXETER RD HAVERFORD PA 19041		193 EASTON RD HUNSHAM PA 19044		300 MAIN ST E GREENVLY PA 18041	
GORDON JR MD, KENNETH H	P	HOLMES MD, WILLIAM F	OTO	KITCHELL MD, JAMES R	IM
1250 UPPER GULPH RD RADNOR PA 19087		1230 WAVERLY RD GLADWYNE PA 19035		1254 HIGHLAND AV STE 20 ABINGTON PA 19001	
GORDON MD, ARTHUR E	OBG	HOPKINS MD, FRANK T	IM	KLINE MD, EDGAR W	FP
401 CRESCENT RD WYNCOTE PA 19095		864 COUNTY LINE RD BRYN MAWR PA 19010		600 COLUMBIA AVE LANSDALE PA 19446	
GOTTLIEB MD, JERRY	U	HOPKINS MD, JOHN E	GS	KLOTZ JR MD, ROY G	PTH
214 JEFFREY LN NEWTOWN SQ PA 19073		85 CRESTLINE RD STRAFFORD PA 19087		ABINGTON MEM HOSP ABINGTON PA 19001	
GOWEN MD, GEO F	GS	HOPKINSON 3RD MD, JOHN H	OBG	KNEELAND MD, MALCOLM E	GS
1200 EAST HIGH ST POTTSTOWN PA 19464		1436 AMITY RD RYDAL PA 19046		21 W FORNANCE ST NORRISTOWN PA 19401	
GRATZ MD, M MORTON	GS	HOPPER MD, BRUCE D	FP	KNOWLTON JR MD, STEPHEN B	GS
62 N HANOVER ST POTTSTOWN PA 19464		688 CONESTOGA RD BERYN PA 19312		ABINGTON MEM HOSP ABINGTON PA 19001	
GREEN MD, BARRY P	FP	HORMAN MD, MARC J	IM	KOELLNER MD, MANFRED O	FP
920 N BROAD ST LANSDALE PA 19446		1245 HIGHLAND AVE ABINGTON PA 19001		2970 GERMANTOWN PIKE NORRISTOWN PA 19401	
GREEN MD, GEORGE R	IM	HORNER JR MD, DANL W	IM	KOHL MD, JOHN M	R
1245 HIGHLAND AVE 107 ABINGTON PA 19001		1245 HIGHLAND AVE ABINGTON PA 19001		MONTGOMERY HOSP NORRISTOWN PA 19401	
GREEN MD, LELAND J	IM	HOSFELD MD, S MARJORIE	PM	KOHLHAS MD, JACOB J	IM
LANSDALE MED GROUP LANSDALE PA 19446		BRYNWOOD APTS WYNNWOOD PA 19096		410 LANCASTER AVE HAVERFORD PA 19041	
GREEN MD, STANLEY	IM	HOSNER MD, JAMES W	OPH	KONECKE MD, LEE L	IM
BEN FOX PAV FOXHOFT SQ JENKINTOWN PA 19046		SUBURBAN SQUARE BLDG ARDMORE PA 19003		1390 GLEN HARDIE RD WAYNE PA 19087	
GREENBERG MD, SIGMUND R	IM	HOSTELLEY MD, RICHARD	OPH	KRANTZ MD, WALTER J	FP
ABINGTON HSPMEDBDG ST30 ABINGTON PA 19001		1648 HUNTINGDON PIKE MEADOWBROOK PA 19006		1850 YORK RD ABINGTON PA 19001	
GREENSPAN MD, HENBERT S	P	HOWDEN MD, RICHARD F	FP	KRAVIS MD, GARY I	FP
506 HARRISON ST GLENSIDE PA 19038		1955 W MAIN ST NORRISTOWN PA 19401		2050 BUTLER PIKE PLYMOUTH MTNG PA 19462	
GREENSPAN MD, JACK	P	HUANG MD, MING Y	FP	KRAVIS MD, LILLIAN P	PD
113 GRASMERE RD BALA CYNHYD PA 19004		8203 TOWN&COUNTRY APTS NORRISTOWN PA 19401		142 MONTGOMERY AVE BALA CYNHYD PA 19004	
GREENSPAN MD, SAML E	FP	HUCK MD, GEO F	PTH	KRAVITZ MD, BERNARD J	IM
20 W CHELTENHAM AVE PHILADELPHIA PA 19120		ABINGTON MEM HOSP ABINGTON PA 19001		1245 HIGHLAND AVE ABINGTON PA 19001	
GROLL MD, MICHAEL	OBG	HUDDOCK JR MD, EMANUEL B	IM	KRAVITZ MD, SIMON	P
1245 HIGHLAND AVE ABINGTON PA 19001		1732 W MAIN ST NORRISTOWN PA 19401		681 FOXCROFT RD ELKINS PARK PA 19117	
GROSS MD, DANL J	ORS	HUNSBERGER MD, JUS L	IM	KRIEBEL MD, RICHARD H	AN
1800 E HIGH ST POTTSTOWN PA 19464		1501 E KALB ST NORRISTOWN PA 19401		GRANDVIEW HOSP LAWN AVE SELLERSVILLE PA 18960	
GUTHRIE MD, MARSHALL B	D	HUNTLEY MD, ARTHUR C	P	KROMASH MD, MARVIN M	PD
1500 SPRING GARDEN ST PHILADELPHIA PA 19101		PLYMOUTH RD GWYNEDD VALLEY PA 19437		1244 CRESTWOOD DR POTTSTOWN PA 19464	
GUTHRIE MD, WILLIAM J	IM	HURST JR MD, J PAUL	P	KUMAN MD, KUSUM L	IM
1630 E HIGH ST POTTSTOWN PA 19464		1245 HIGHLAND AVE ABINGTON PA 19001		134 SHASTA RD PLYMOUTH MTG PA 19462	
GUTIERREZ MD, LINA C	P	HUTCHISON MD, JAMES C	FP	KUMAR MD, NARESH	GS
163 AVONDALE RD NORRISTOWN PA 19401		1930 KEITH RD ABINGTON PA 19001		114 859 OLD LANCASTER K BRYN MAWR PA 19010	
GUYER MD, SAMUEL	GS	HYKES MD, JAMES I	FP	KUSHNER DR, PAUL G	PD
934 BLUE ROCK LANE BLUE BELL PA 19422		218 GRAYS LANE HAVERFORD PA 19041		1011 VALLEY FORGE RD FAIRVIEW VLG PA 19409	
GYLFE MD, JULINA	N	IKYER MD, MORRIS	R	LABOWSKIE MD, EUGENE M	FP
462 GERMANTOWN PIKE LAFAYETTE HILLS PA 19444		970 INDIAN CREEK RD JENKINTOWN PA 19046		827 FAYETTE ST CONSHOHOCKEN PA 19428	
HABERMAN MD, JACK	FP	JABLON MD, NORMAN C	P	LACHMAN MD, ROBT J	AN
933 N CHARLOTTE ST POTTSTOWN PA 19464		7805 COBDEN RD LAVEROCK PA 19118		888 GLENBROOK AVE BRYN MAWR PA 19010	



LACLAIR JR MD, CHAS H	OTO	MAYER MD, BERNARD W	AN	NOLAN MD, J PHILIP	OBG
306 W LOGAN ST NORRISTOWN PA 19401		134 OLD GULPH RD GLADWYNE PA 19035		268 PEPPER RD BETHAYRES PA 19006	
LAGUNILLA MD, JUANITO L	FP	MAYER MD, DONALD F	FP	NORTH MD, LEON L	P
982 KENNY RD POTTSTOWN PA 19464		255 N EASTON RD GLENSIDE PA 19038		BARCLAY BLDG BALA-CYNNWD PA 19004	
LAMP MD, J CURTIS	PS	MAYES MD, RICHARD L	OBG	NORTHROP MD, HERBERT L	IM
888 GLENBROOK AVE BRYN MAWR PA 19010		1401 DEKALB ST RM 203 NORRISTOWN PA 19401		STAUFFER CHEMICAL CO WESTPORT CT 06880	
LANCE MD, LOUISA J	P	MAZZOLA MD, ROBERT D	IM	NOWACKI MD, STANLEY M	PD
BETH PK & MONTG AVE AMBLER PA 19002		S BROAD ST & ALTNW RD LANSDALE PA 19446		884 HIGH ST POTTSTOWN PA 19464	
LANDER MD, WM H	FP	MCCOY MD, GEORGIA A	P	NULTY JR MD, WM E	R
888 GLENBROOK AVE BRYN MAWR PA 19010		533 WHITEHALL RD NORRISTOWN PA 19401		1415 STONEY CIRCLE GLADWYNE PA 19035	
LARUFFA MD, PASCHAL J	PD	MCCLFRESH MD, CHAS W	P	NUTT III MD, JAMES N	ORS
801 OLD YORK RD STE 222 JENKINTOWN PA 19046		BRYN MAWR MED BLDG BRYN MAWR PA 19010		313 MARLYN LANE WALLINGFORD DE 19086	
LAUTERBACH MD, EDWIN W	GS	MCGAVIC MD, JOHN S	OPH	OBRIEN MD, JAMES J	IM
1245 HIGHLAND AVE ABINGTON PA 19001		1104 MONTGOMERY AVE ROSEMONT PA 19010		649 COUNTRY CLUB DR BLUE BELL PA 19422	
LEBEAU MD, JACK	IM	MCCEE MD, ELIZABETH L	P	OCAMPO MD, RENATO G	GS
1401 DEKALB & FURNANCE NORRISTOWN PA 19401		640 N VALLEY FORGE RD DEVON PA 19333		1537 BANCROFT DR WEST CHESTER PA 19380	
LEBER MD, ALFRED P	FP	MCLUMPHY MD, THOS H	OBG	OLIM MD, DAVE B	D
427 MAIN ST COLLEGEVILLE PA 19426		1245 HIGHLAND AVE ABINGTON PA 19001		1244 FT WASHINGTON AVE FT WASHINGTON PA 19034	
LECKS MD, HAROLD I	IM	MCILHENNY MD, PAUL R	P	OLIVERO MD, PETER A	IM
142 MONTGOMERY AVE BALA CYNWD PA 19004		1 MAPLE AVE HATBORO PA 19040		394 PHEASANT RUN DR HARLEYSVILLE PA 19438	
LEEDOM MD, JOHN F	FP	MCLOUNE MD, JOHN C	FP	OLSON MD, EMIL W	FP
898 CRESTLINE DR BLUE BELL PA 19422		316 W JOHNSON HIGHWAY NORRISTOWN PA 19401		1413 MARLYNS LN NORTH MALES PA 19454	
LEGENDRE MD, GERALD M	FP	MCNEAL MD, LYNETTE H	P	OMALLEY MD, JOSEPH F	IM
133 4TH ST BRIDGEPORT PA 19405		128 WYNDON AVE ROSEMONT PA 19010		801 LOMBARDY DR LANSDALE PA 19446	
LEROY MD, N BLAIR	IM	MCNICHOLAS MD, EDWARD M	AN	ONEAL JR MD, ALEXANDER H	FP
933 HAVERFORD RD BRYN MAWR PA 19010		932 NETHERWOOD DR NORRISTOWN PA 19403		WESSEX HOUSE BOX 148 ST DAVIDS PA 19087	
LEVENTHAL MD, HOWARD E	R	MEADOWCROFT MD, JAMES A	ORS	ONIFER MD, THEODORE M	IM
148 EXECUTIVE DR AMBLER PA 19002		209 SHANNEE RD ARDMORE PA 19003		YORK AND KEITH RDS ABINGTON PA 19001	
LIMBERT MD, LAWRENCE	FP	MEIER MD, LOUIS A	GS	ORTEGA MD, RAFAEL D	FP
20 E 11TH ST CONSHOHOCKEN PA 19428		3205 NOTTINGHAM RD NORRISTOWN PA 19403		78 E JULIANA DR CHURCHVILLE PA 18966	
LINTGEN MD, ARTHUR B	IM	MELTZER MD, DAVID	FP	OSBORN MD, HAYLER H	R
ABINGTON MEMORIAL HOSP ABINGTON PA 19001		3058 MAGEE AVE PHILADELPHIA PA 19149		916 WOOTTON RD BRYN MAWR PA 19010	
LIPKIN MD, DAVID E	IM	MENA MD, LILTA D	P	OSKANIAN MD, OHANES	U
9 PINETREE PL FT WASHINGTON PA 19034		174 WHITEHALL RD NORRISTOWN PA 19401		136 HOLLY DREVE LANSDALE PA 19446	
LITVIN MD, HENRY	P	MENKOWITZ MD, BRUCE J	ORS	OMEN MD, BARBARA J	PTH
134 CARDINAL RD JENKINTOWN PA 19046		21 W FURNANCE ST NORRISTOWN PA 19401		BRYN MAWR HOSP BRYN MAWR PA 19010	
LONGAKER JR MD, GEO M	FP	MENKOWITZ MD, ELLIOT	ORS	PALMER MD, LOUIS H	GS
566 HIGH ST POTTSTOWN PA 19464		892 BROOKSIDE RD POTTSTOWN PA 19464		BRYN MAWR MED BLDG BRYN MAWR PA 19010	
LORENZ MD, CARL E	OPH	MERVINE 3RD MD, CHAS K	FP	PANARO MD, RUDOLPH J	PRM
3033 SPRING MILL RD PLYMOUTH MTG PA 19462		1500 SANDY HILL RD NORRISTOWN PA 19401		543 GEN MUHLBERG RD KNG OF PRUSS PA 19406	
LOUGHLIN MD, RICHARD R	FP	MILLER 3RD MD, GEO W	PRM	PANZER MD, HERMAN M	D
8 PATRICIA LANE CHALFONT PA 18914		28 SCHOOL LANE ARDMORE PA 19003		CEDARBROOK III AP N25 WYNCOTE PA 19095	
LUBOWITZ MD, RICHARD M	OPH	MILLER JR MD, STANLEY J	P	PAPPANO JR MD, JOSEPH E	IM
1245 HIGHLAND AVE #405 ABINGTON PA 19001		420 MEADOWBROOK AVE KAYNE PA 19087		BRYN MAWR MED BLDG BRYN MAWR PA 19010	
LUNDY MD, BARBARA S	PS	MILLER MD, FRANK L	FP	PARK MD, MOON W	GS
1533 DEKALB ST NORRISTOWN PA 19401		715 W MARSHALL ST NORRISTOWN PA 19401		1420 ARCH ST C-311 NORRISTOWN PA 19401	
LUPIN MD, GORDON W	FP	MILLER MD, FRED H	FP	PARKER MD, WM S	GS
MAIN & OVERBROOK RDS HATFIELD PA 19440		378 VALLEY PARK SOUTH BETHLEHEM PA 18018		318 THORNBROOK AVE ROSEMONT PA 19010	
LURIE MD, ABRAHAM A	AN	MILLER MD, LEON	OBG	PARSONS MD, ROBT B	FP
328 STRATHMORE DR ROSEMONT PA 19010		1245 HIGHLAND AVE ABINGTON PA 19001		608 HUNTINGDON PIKE PHILADELPHIA PA 19111	
LUTZ JR MD, ROLAND B	FP	MILLER MD, ROBT H	P	PATANKAR MD, KALPANA U	PD
1128 OLD YORK RD ABINGTON PA 19001		NORRISTOWN ST HOSP NORRISTOWN PA 19401		584 GEN MUHLBERG RD KNG OF PRUSS PA 19406	
LYNES MD, SAML S	NS	MINARD MD, WM D	OBG	PATEL MD, NATVARBHAI	FP
958 COUNTY LINE RD BRYN MAWR PA 19010		LANSDALE CLINIC LANSDALE PA 19446		1420 ARCH ST #C-201 NORRISTOWN PA 19401	
LYTEL MD, FREDERICK	FP	MINERVA MD, JUSTINO G	AN	PATHROFF MD, ROBT	FP
117 E 4TH AVE CONSHOHOCKEN PA 19428		420 W BONNIE LN LANSDALE PA 19446		193 EASTON RD HORSHAM PA 19044	
MACKAY JR MD, JAMES G	FP	MINN MD, FREDRICK L	FP	PAUL MD, ALVIN J	D
266 WENTWORTH RD WAYNE PA 19087		MCNEIL LABS FT WASHINGTON PA 19034		142 E MAIN ST LANSDALE PA 19446	
MACY MD, CHAS T	IM	MIRAGLIA MD, PAUL R	FP	PECHSTEIN MD, GEO R	R
LANSDALE CLINIC LANSDALE PA 19446		528 FAYETTE ST CONSHOHOCKEN PA 19428		POTTSTOWN HOSP POTTSTOWN PA 19464	
MADDEN MD, JAMES J	IM	MOLLOCK MD, JAMES A	OBG	PEGEL MD, LOUIS A	FP
S BROAD & ALLENTOWN RD LANSDALE PA 19446		289 ADAMS RD KNG OF PRUSS PA 19406		1504 BETHLEHEM PIKE FLOURTOWN PA 19031	
MAERZ MD, JOHN C	FP	MONTILLA MD, KAMALA	US	PEIKES MD, IRWIN L	OBG
301 SMITH RD SCHWENKSVILLE PA 19473		2050 PINE RD HUNTINGDON VLY PA 19006		111 W FURNANCE ST NORRISTOWN PA 19401	
MAGARGLE MD, RONALD K	ORS	MORESCHI MD, PATRICIA R	P	PELTZ MD, DIETER E	PD
21 W FURNANCE ST NORRISTOWN PA 19401		909 CROTON RD WAYNE PA 19087		BRYN MAWR MED BLDG BRYN MAWR PA 19010	
MAHOOD MD, WM H	IM	MORGENSTERN MD, STEPHEN A	P	PENDOLTON MD, JAMES L	P
1245 HIGHLAND AVE ST 30 ABINGTON PA 19001		D110 PRESIDENTIAL APT PHILADELPHIA PA 19131		815 FETTERS MILL BRYN ATHYN PA 19009	
MALLIN MD, RICHARD K	FP	MORRISON MD, ARCHIBALD	FP	PENTZ MD, CLARENCE N	OBG
1405 JOEL DR AMBLER PA 19002		339 LOUELLA AVE WAYNE PA 19087		100 PORTER RD POTTSTOWN PA 19464	
MALONEY MD, DONALD W	IM	MOTLEY MD, JOHN F	PD	PERCH MD, GERALD A	U
1245 HIGHLAND AVE #107 ABINGTON PA 19001		1606 BOONE WAY LANSDALE PA 19446		844 BROOKSIDE RD POTTSTOWN PA 19464	
MAMBU MD, JOSEPH F	FP	MOURY MD, NELSON F	IM	PERCH MD, ROBT B	U
11 BERYL RD CHELTENHAM PA 19012		BUTLER&SKIPPACK STE 202 AMBLER PA 19002		1981 VIRGINIA LANE NORRISTOWN PA 19401	
HANDLER MD, JOHN I	U	MULCHIN MD, WM L	U	PETERSOHN MD, J RANDOLPH	PD
1245 HIGHLAND AVE ABINGTON PA 19001		REYNOLDS ARMY HOSPITAL FORT SILL OK 73503		1213 W MAIN ST NORRISTOWN PA 19401	
MANGONON MD, PETER C	FP	MULL MD, THOS D	AN	PEZZI MD, PIO J	GS
1432 ARCH ST #8204 NORRISTOWN PA 19401		882 GOSHEN RD NEWTOWN SQ PA 19073		ABINGTON MEM HOSP #505 ABINGTON PA 19001	
MANKO MD, MICHAEL A	IM	MURPHY MD, J THOMAS	R	PFISTER MD, JOHN A	IM
LANKENAU HOSP PHILADELPHIA PA 19151		9 CRESTVIEW CIR WAYNE PA 19087		230 GLENMORE RD GLADWYNE PA 19035	
MANN MD, ARTHUR F	FP	MURRAY MD, JOHN P	FP	PIERCE JR MD, HAROLD E	D
902 TEMPLE RD POTTSTOWN PA 19464		316 W JOHNSON HWY NORRISTOWN PA 19401		LWR LVL 301 CITY LINE A BALA CYNWD PA 19004	
MANOLUKAS MD, PAUL A	P	MYERS MD, MARTIN A	R	PINSKY MD, WM	IM
672 CRESTWOOD RD WAYNE PA 19087		7901 HENRY AVE B-209 PHILADELPHIA PA 19128		118 HOLLY DR LANSDALE PA 19446	
MANZ MD, DONALD J	PTH	NABATI MD, ISMAIL	GS	PIOTROWSKA MD, LUCY B	AN
HOLY REDEEMER HOSP MEADOWBROOK PA 19046		1461 ROSELAWN DRIVE BETHLEHEM PA 18017		724 N CHARLOTTE ST POTTSTOWN PA 19464	
MAPON MD, LARRY S	PTH	NANSTELL JR MD, JOHN F	IM	PLUME MD, THEODORE W	FP
25 HERITAGE RD MARLTON NJ 08053		260 IVEN AVE 28 ST DAVIDS PA 19087		3404 HUNTINGDON PIKE HUNTINGDN VLY PA 19006	
MARCH MD, HERMAN C	R	NASSAU DO, HARVEY B	FP	POLANSKY MD, JOHN B	FP
214 CEDAR RD ELKINS PARK PA 19117		1920 EDGE HILL RD ABINGTON PA 19001		352 EASTON RD GLENSIDE PA 19038	
MARFATIA MD, SUDHIR K	IM	NATOLI MD, THOS J	FP	POLK MD, DAVID S	PD
220 NEWTON RD WARMINSTER PA 18974		1201 DE KALB ST NORRISTOWN PA 19401		1330 MONTGOMERY AVE ROSEMONT PA 19010	
MARGARIDA MD, LEOPOLDO E	R	NEALIS MD, HENRY J	OPH	107 E MONTGOMERY AVE ARDMORE PA 19003	
1200 YORK RD ABINGTON PA 19001		BRYN MAWR MED BLDG BRYN MAWR PA 19010		POPIELARSKI MD, JOE T	IM
MARON MD, JOHN J	FP	NEESE MD, PAUL H	FP	POPOLON MD, MICHAEL L	IM
336 SPRING ST ROYERSFORD PA 19468		17 DERWEN DR BALA-CYNNWD PA 19004		628 BROOKSIDE RD POTTSTOWN PA 19464	
MARSHALL MD, THOMAS E	IM	NELLBADRA MD, ROCIO E	P	PORTER MD, ROLAND D	OBG
1648 HUNTINGDON PIKE MEADOWBROOK PA 19046		NORRISTOWN STATE HOSP NORRISTOWN PA 19401		90 EDGEWATER DR APT 100 CORAL GABLES FL 33133	
MARTELLA JR MD, ARTHUR	FP	NELSON JR MD, HARRY M	GS	POWELL MD, MARY H	ORS
233 S TROOPER RD NORRISTOWN PA 19401		5100 MILITIA HILL RD PLYMOUTH MTG PA 19462		1721 MT PLEASANT DR VILLANOVA PA 19085	
MARTIN MD, MARTINA M	IM	NEMZOFF MD, SOL L	P	PRITT MD, PAULINE	FP
933 HAVERFORD RD BRYN MAWR PA 19010		NOBLE PLAZA JENKINTOWN PA 19046		1124 W AIRY ST NORRISTOWN PA 19401	
MARX MD, MARVIN H	U	NENHALL MD, DANIEL L	FP	PROCCACI MD, PASQUALE M	IM
325 SWEDE ST NORRISTOWN PA 19401		127 PENARTH RD BALA CYNWD PA 19004		S BROAD ST & ALTNW RD LANSDALE PA 19446	
MASHOOF MD, BIJAN	R	NENMAN DO, HARRIS	FP	PRUITT MD, JOHN D	P
930 INDIAN CREEK WAY HORSHAM PA 19044		1700 BUTLER PILE #2-C CONSHOHOCKEN PA 19428		1137 OLD YORK RD ABINGTON PA 19001	
MASIELLO MD, SERAFINO R	AN	NENMAN JR MD, CLYDE F	OBG	QUILL MD, JOS R	GS
1200 OLD YORK RD ABINGTON PA 19001		NENMAN MD, JULIUS	OTO	19 W FORANCE ST NORRISTOWN PA 19401	
MATHEWS JR MD, NELSON M	OBG	NENMAN MD, JOE T	IM	QUINN JR MD, NORMAN J	PD
MATTON MD, RONALD J	GS	1455 CITY LINE AVE PHILADELPHIA PA 19151		1 RED ROWEN RD PLYMOUTH MTNG PA 19462	
62 OAKFORD RD WAYNE PA 19087		NICHOLSON MD, JOE T	IM	RAMSEY 2ND MD, WM H	CRS
MAXWELL JR MD, ROBT A	IM	DEVON BLVD DEVON PA 19333		BRYN MAWR MED BLDG BRYN MAWR PA 19010	
1245 HIGHLAND AVE ABINGTON PA 19001		NICKLAS MD, DONALD A	PTH	RAMSEY MD, FRANK M	US
MAXWELL MD, EMILIE L	PM	80-20 DREXELBROOK DR DREXEL HILL PA 19026		LAKESIDE DR MATFIELD NY 12117	
MONTGOMERY PLZ APT 208 ARDMORE PA 19003		NJO MD, SOEN H	FP		
		511 KANE DR MAPLE GLEN PA 19002			



## MONTGOMERY

RANDALL IV MD, ALEXANDER	PD	SANTANGELO MD, SAML C	ORS	STAINBACK MD, WM C	GS
1174 HIGHLAND AVE ABINGTON PA 19001		1941 WOODLAND RD ABINGTON PA 19001		BRYN MAWR MED BLDG BRYN MAWR PA 19010	
RANDALL MD, JOSEPHINE P	PD	SARIS MD, DEMETRIUS S	GS	STAPP MD, HARRIET L	FP
1174 HIGHLAND AVE ABINGTON PA 19001		230 N BROAD ST PHILADELPHIA PA 19102		312 KING ST POTTSTOWN PA 19464	
RANDO MD, MARY J	PD	SARKER MD, CHITTA R	IM	STEG MD, JOS	P
1372 EASTON RD ROSLYN PA 19001		NORRISTOWN STATE HOSP NORRISTOWN PA 19401		491 ALLENDALE RD STE 10 KNG OF PRUSS PA 19406	
RAPHAEL MD, STEPHEN A	PD	SARNI MD, CAESAR F	GS	STEIGERWALT MD, JOHN L	PD
OAK HILL APTS W121 PENN VALLEY PA 19072		1133 HIGH ST POTTSTOWN PA 19464		1509 MONTGOMERY AVE ROSEMONT PA 19010	
RAPPOPORT MD, ABRAHAM M	FP	SCHERZINGER MD, FELIX A	PD	STEINMEYER JR MD, HARRY H	R
450 KENWOOD AVE DELMAR NY 12054		104 HOLLY DR LANSDALE PA 19446		BRYN MAWR HOSP BRYN MAWR PA 19010	
RAVEL MD, ROBT L	OS	SCHNIFELD MD, LOUIS H	OBG	STEPANSKY MD, WM	FP
BRYN MAWR AVE BRYN MAWR PA 19010		1335 W TABOR RD STE 201 PHILADELPHIA PA 19141		580 MAIN ST TRAPPE COLLEGEVILLE PA 19426	
RANSON MD, HELEN H	PD	SCHMIDT MD, H WILLIAM	PTH	STEVENSON MD, RICHARD D	PD
414 W MAIN ST LANSDALE PA 19446		378 ALLENDALE RD KNG OF PRUSS PA 19406		540 MILL CREEK RD CHALFONT PA 18914	
RAYMOND JR MD, FRED D	IM	SCHMIDT MD, JAMES R	PTH	STEWART JR MD, WM G	ORS
933 HAVERFORD RD BRYN MAWR PA 19010		417 HIGHLAND RD POTTSTOWN PA 19464		26 S BRYN MAWR AVE BRYN MAWR PA 19010	
REED MD, DAVID T	FP	SCHMUTZLER III MD, ROBT C	GS	STEWART MD, DAVID A	AN
500 WILLOW AVE AMBLER PA 19002		ABINGTON-MEM HOSP ABINGTON PA 19001		420 SAUNDERS DR WAYNE PA 19087	
REED MD, THEODORE P	OBG	SCHNEIDER JR MD, HENRY C	U	STEWART MD, PATRICIA E	FP
LANKENAU MED BLDG PHILADELPHIA PA 19151		BENJ FOX PAVILION ST 31 JENKINTOWN PA 19046		MCNEIL LAB CAMP HILL FT WASHINGTON PA 19034	
REIDER MD, HORACE C	IM	SCHNEIDER MD, CHESTER L	P	STEWART MD, PAUL F	GS
958 HAVERFORD RD BRYN MAWR PA 19010		4138 JACKSON DR LAFAYETTE PA 19444		1245 HIGHLAND AVE ABINGTON PA 19001	
REINBOLD MD, RAYMOND L	FP	SCHOFIELD MD, RICHARD A	PTH	STEWART MD, ROBT C	P
968 TERRACE LANE POTTSTOWN PA 19464		POTTSTOWN MED CTR POTTSTOWN PA 19464		2290 FITZ-WATERTOWN RD WILLOW GROVE PA 19090	
REISS JR MD, G RUSSELL	PD	SCHOLL MD, HARVEY W	FP	STONE MD, ROBT K	P
2220 MT CARMEL AVE GLENSIDE PA 19038		5TH & JEFFERSON ST E GREENVL PA 18041		716 HENLOCK RD MEDIA PA 19063	
REISS MD, ROSEMARIE C	PD	SCHREINER MD, HERMAN M	GS	STRUMIA MD, PAUL V	PTH
1705 HILLCREST RD PHILADELPHIA PA 19118		11 E MAIN ST LANSDALE PA 19446		1301 COLTON RD GLADWYNE PA 19035	
RELUZ MD, JAVIER S	FP	SCHULTHEIS JR MD, CARL F	PD	STUBA MD, STELLA	FP
MONTGOMERY HOSP NORRISTOWN PA 19401		491 ALLENDALE RD KNG OF PRUSS PA 19046		1806 HARMON RD CONSHOHOCKEN PA 19428	
RENZI MD, MARY A	FP	SCHWARTZ MD, JOEL L	P	STURGIS MD, SAML B	FP
116 FAIRVIEW RD NARBERTH PA 19072		830 THINING RD DRESHER PA 19025		349 WISTER RD WYNEWOOD PA 19096	
REX MD, EUGENE B	OTO	SCHWARTZ MD, LOUIS W	OPH	SULLIVAN JR MD, HOWARD E	IM
36 LANKENAU MED BLDG PHILADELPHIA PA 19151		1000 N BROAD ST LANSDALE PA 19446		BRYN MAWR MED BLDG BRYN MAWR PA 19010	
RHODE MD, MARVIN C	GS	SCHWARTZ MD, ROBT R	IM	SUTLIFF MD, FREDERICK P	OPH
414 N BROAD ST LANSDALE PA 19446		1410 RUSSELL RD PAOLI PA 19301		BRYN MAWR MED BLDG 202 BRYN MAWR PA 19010	
RICCIARELLI MD, GIACOMO	VS	SEIDLER MD, ELEANOR E	FP	SWAN MD, THEODORE H	FP
USAF HOSP LANGLEY TAC LANGLEY A F B VA 23665		MEDFORD LEAS MEDFORD NJ 08055		1902 LAMBERT RD JENKINTOWN PA 19046	
RICH MD, DEAN C	NS	SETO MD, HERBERT P	GS	SWETERLITSCH MD, PAUL R	ORS
958 COUNTY LINE RD BRYN MAWR PA 19010		1236 HIGH ST POTTSTOWN PA 19464		1245 HIGHLAND AVE STE30 ABINGTON PA 19001	
RICHMOND MD, SPENCER I	OPH	SEYDEL MD, EMILY M	PD	SYREK MD, SUSAN J	IM
1800 E HIGH ST POTTSTOWN PA 19464		1690 WELSH RD HUNTINGDON VLY PA 19006		516 WEADLEY RD STRAFFORD PA 19087	
RIEMER MD, JOS T	GS	SHACKLEFORD MD, ROBT W	FP	TAHIR MD, SYED M	GS
21 W FORNANCE ST NORRISTOWN PA 19401		652 GULPH RD WAYNE PA 19087		1430 DEKALB ST NORRISTOWN PA 19401	
RIITER MD, BAIRD S	P	SHADE MD, JACOB G	FP	TAIT MD, EDWIN C	OPH
860 LANCASTER AVE BRYN MAWR PA 19010		724 N CHARLOTTE ST POTTSTOWN PA 19464		1324 W MAIN ST NORRISTOWN PA 19401	
RIITER MD, JOS G	AN	SHAFFER MD, FRANK W	PD	TAMAKI MD, HITOSHI T	PTH
534 N BROAD ST LANSDALE PA 19446		PO BOX 992 MCSHEA HALL NORRISTOWN PA 19401		1522 SANDY HILL RD NORRISTOWN PA 19401	
RIVAS MD, AURELIANO	U	SHAFFER MD, LONEL B	FP	TAN MD, KEE T	PTH
933 CHARLOTTE ST POTTSTOWN PA 19464		1000 WELSH RD AMBLER PA 19002		1993 HAWTHORNE LA MATFIELD PA 19440	
ROBINSON MD, HAROLD J	IM	SHAM MD, JOHN L	U	TANYOLD MD, HASTB	IM
MED BLDG-864 COUNTY LIN BRYN MAWR PA 19010		1245 HIGHLAND AVE #505 ABINGTON PA 19001		441 GERMANTOWN PIKE LAFAYETTE HL PA 19444	
RODGERS 3RD MD, WM H	FP	SHELLY MD, W DAYTON	GS	TAUBEL MD, LOUIS E	FP
1451 DEKALB ST NORRISTOWN PA 19401		ABINGTON MEM HOSP ABINGTON PA 19001		1901 N ATLANTIC BLVD 16 FT LAUDERDALE FL 33305	
ROEDIGER MD, PAUL M	IM	SHERR MD, VIRGINIA T	P	TEEHAN MD, BRENDAN P	IM
1244 RYDAL AVE RYDAL PA 19046		47 CRESCENT DR HOLLAND PA 18966		130 LANKENAU MED BLDG PHILADELPHIA PA 19151	
ROGERS MD, ALAN N	FP	SHIELDS MD, JOHN J	PD	THOMPSON MD, JAMES W	U
MEDFORD LEAS MEDFORD NJ 08055		YORK-BROOK RDS ABINGTON PA 19001		960 COUNTYLINE RD BRYN MAWR PA 19010	
ROJER MD, CHAS L	GS	SHIELDS MD, THOMAS J	OBG	TINDALL MD, DOROTHY D	OPH
1245 HIGHLAND AV ST 306 ABINGTON PA 19001		3 BROAD ST ALLENTOWN RD LANSDALE PA 19446		1930 RITTENHOUSE SQ PHILADELPHIA PA 19103	
RONAN MD, ROBT B	IM	SHIN MD, HYUNG R	AN	TOBIAS MD, GORDON L	U
505 DE KALB ST BRIDGEPORT PA 19405		1 RYAN PATH BRKSIDE MNR LANSDALE PA 19446		BRYN MAWR MED BLDG BRYN MAWR PA 19010	
ROSAN DO, JAY R	FP	SHIPMAN MD, MARK W	FP	TOLSCIK MD, RICHARD Z	AN
11 K 310 MILL LA HORSHAM PA 19044		HOLY REDEEMER HOSP MEADOWBROOK PA 19046		1002 LANSDALE AVE LANSDALE PA 19446	
ROSE MD, STEVEN A	IM	SHISLER MD, FREDERICK H	FP	TOMPKINS MD, H ERNEST	R
859 OLD LANCASTER RD 8 BRYN MAWR PA 19010		LANSDALE CLINIC LANSDALE PA 19446		BOX 256 BUCK HL FLS PA 18323	
ROSENBERG MD, MARK M	OBG	SHORE MD, SIDNEY	FP	TORNETTA MD, FRANK J	AN
1335 TABOR RD PHILADELPHIA PA 19141		1234 FILLMORE ST PHILADELPHIA PA 19124		1401 OAKLAND BLVD NORRISTOWN PA 19401	
ROSENBERG MD, PHILIP	PD	STEGEL MD, ALVIN	OBG	TRONCELLITI MD, A WAYNE	IM
YORK & MAPLEWOOD AVE ABINGTON PA 19001		4623 N BROAD ST PHILADELPHIA PA 19140		473 MARPLE RD BROOMALL PA 19008	
ROSENFELD MD, HOWARD	IM	STEGFRED MD, JOHN D	PD	TRONCELLITI MD, ALFRED E	IM
890 BELFRY DRIVE CENTER SQ PA 19422		1 RED ROWEN LANE PLYMOUTH MTNG PA 19462		1522 WYNEWOOD RD ARDMORE PA 19003	
ROSENFELD MD, MYRON E	D	SILLARS MD, CHAS H	R	TRONCELLITI MD, EDWARD A	PD
7900 OLD YORK RD ST 111 JENKINTOWN PA 19046		GREEN VALLEY FARM GARDENVILLE PA 18926		936 COUNTY LINE RD BRYN MAWR PA 19010	
ROSENFELD MD, PHILIP A	OTO	SILVER MD, BARRY A	ORS	TRONCELLITI MD, MANRICO A	GS
1245 HIGHLAND AVE 502 ABINGTON PA 19001		635 N BROAD ST LANSDALE PA 19446		1437 DE KALB ST NORRISTOWN PA 19401	
ROSENTHAL MD, RONALD S	U	SILVER MD, BRUCE G	IM	TRUSCOTT MD, WM R	FP
STE 505 1245 HIGHLAND A ABINGTON PA 19001		1121 GREEN TREE LANE NARBERTH PA 19072		LANSDALE CLINIC LANSDALE PA 19446	
ROSNER MD, ALBERT	FP	SILVER MD, LAURENCE M	IM	TSAI MD, YU J	FP
4242 COTTMAN AVE PHILADELPHIA PA 19135		ENG VLG APTS BLDG 10 C1 NORTH WALES PA 19454		903 WICK LN WDNCK APTS NORRISTOWN PA 19403	
ROSS MD, MARTHA E	R	SILVERS MD, ABIGAIL A	IM	TUCHINDA MD, KANCHANA V	PD
NORTH PENN HOSPITAL LANSDALE PA 19446		933 HAVERFORD RD BRYN MAWR PA 19010		900 W SPENCER ST 203 PHILADELPHIA PA 19141	
ROWLAND MD, HAROLD A	IM	SIMDES MD, ANTONIO J	GS	UMAR MD, KENAN	P
337 W LANCASTER AVE WAYNE PA 19087		401 BONNIE LANE LANSDALE PA 19446		STATE HOSP NORRISTOWN PA 19401	
RUBIN MD, JEFFRY F	ORS	SINGER MD, BARRY L	IM	URBACH MD, FREDERICK	D
102 HARVEST CIR BALA CYNWYD PA 19004		1464 FT WASHINGTON AVE AMBLER PA 19002		3322 N BROAD ST PHILADELPHIA PA 19140	
RUBIN MD, NATHAN W	OBG	SINGH MD, SAWRAJ	FP	URBAN MD, CLIFFORD H	PTH
1306 POWELL ST NORRISTOWN PA 19401		HOLY REDEEMER HOSP HUNTINGDON PK PA 19046		SACRED HEART HOSP NORRISTOWN PA 19401	
RUBIN MD, PETER E	IM	SKOMROWSKI MD, THEODORE J	IM	URBANSKI MD, TIMOTHY E	IM
100 CHURCH RD ARDMORE PA 19003		ABINGTON MEM HOSP ABINGTON PA 19001		500 WILLOW AVE AMBLER PA 19002	
RUDELL MD, MILLARD A	FP	SMARR MD, ERWIN R	P	VANEI MD, HOUSHANG M	IM
5857 PENN ST PHILADELPHIA PA 19149		936 COUNTY LINE RD BRYN MAWR PA 19010		8210 PINE RD PHILADELPHIA PA 19111	
RUDOLPH JR MD, SAML F	OBG	SMITH JR MD, MORGAN T	OBG	VANDENNOORT MD, GORDON	NS
BRYN MAWR MED BLDG BRYN MAWR PA 19010		1245 HIGHLAND STE 504 ABINGTON PA 19001		1245 HIGHLAND AVE ABINGTON PA 19001	
RYAN MD, LAWRENCE W	OBG	SMITH MD, IVAN S	IM	VANDERVEER MD, JOS	IM
234 RIGHTERS MILL RD NARBERTH PA 19072		543 OAK SHADE AVE ELKINS PARK PA 19117		106 BRYN MAWR MED BLDG BRYN MAWR PA 19010	
SABLOSKY MD, LESTER	FP	SMITH MD, ROBT W	IM	VANSCOTT MD, EUGENE J	D
1948 HEMLOCK RD NORRISTOWN PA 19401		RYDAL AND CLEMENT RDS JENKINTOWN PA 19046		3322 N BROAD ST PHILADELPHIA PA 19140	
SABOKAR MD, NASSER	IM	SMITH MD, ROGER M	GS	VARE JR MD, VICTOR B	ORS
127 HOLLY DR LANSDALE PA 19446		1133 HIGH ST POTTSTOWN PA 19464		1308 DE KALB ST NORRISTOWN PA 19401	
SADOFF MD, ROBT L	P	SNEDDEN MD, HAL E	ORS	VASSALOTTI-CONRAD MD, MARGARET	P
BENJ FOX PAVLN SUITE 32 JENKINTOWN PA 19046		26 S BRYN MAWR AVE BRYN MAWR PA 19010		1000 VLY FORGE CIR 1315 KNG OF PRUSS PA 19406	
SAFIR MD, DONALD	FP	SNYDER DO, ALLEN R	IM	VELEZ-LONDONO MD, RODRIGO	OBG
ARDSLEY HOUSE GLENSIDE PA 19038		673 MEADOWBROOK DR HUNTINGDON VLY PA 19006		2401 PENNA AVE PHILADELPHIA PA 19130	
SAHL MD, HENRY G	FP	SNYDER MD, HARRY D	OPH	VICK MD, EDWARD H	PD
1408 MANOA RD PENN WYNE PA 19151		1244 FT WASHINGTON AVE FT WASHINGTN PA 19034		112 LANKENAU MED BLDG PHILADELPHIA PA 19151	
SAIN MD, FLETCHER D	GS	SOKOL MD, DONALD Z	OTO	VILLEGAS MD, ANTONIO C	PTH
1200 W HAVEN BLDY RUCK MONT NC 27801		1800 E HIGH ST POTTSTOWN PA 19464		POTTSTOWN MEM CTR POTTSTOWN PA 19464	
SALINDONG MD, JAIME P	AN	SONG MD, STEVEN S	AN	VOLLMER MD, EARL S	IM
COVENTRYVILLE RD RD 2 POTTSTOWN PA 19464		MONTGOMERY HOSP NORRISTOWN PA 19401		127 ROBERTS AVE GLENSIDE PA 19038	
SANDSTROM JR MD, FRANK T	OBG	SOUSER MD, ROSLYN C	PS	VOSSBERG MD, FRANS J	IM
1245 HIGHLAND AVE 106 ABINGTON PA 19001		BRYN MAWR MED BLDG BRYN MAWR PA 19010		491 ALLENDALE RD KNG OF PRUSS PA 19406	
SANDZEN JR MD, SIGURD C	ORS	SPECTOR MD, GUS	U	WAGNER MD, TIBOR D	OTO
1137 YORK RD ABINGTON PA 19001		709 MOURNING DOVE RD AUDUBON PA 19407		723 EASTON RD GLENSIDE PA 19038	
SANSONE MD, THOMAS C	U	SPIEGELMAN MD, JAY	IM	WALDMAN MD, ABRAHAM L	US
211 BRYN MAWR MED BLDG BRYN MAWR PA 19010		OLD YORK-TOWNSHIP LINE JENKINTOWN PA 19046		1539 W MAIN ST NORRISTOWN PA 19401	



WALTEMYER JR MD, WM C GS  
1520 HIGH ST POTTSTOWN PA 19464  
WALTZER MD, FREDERICK N OPH  
YORK AND KEITH RDS ABINGTON PA 19001  
WARNER MD, FRANCIS J P  
SOMERSET APT BLDG FT WASHINGTON PA 19034  
WARREN MD, KENNETH C U  
960 COUNTY LINE RD BRYN MAWR PA 19010  
WARREN MD, WM J PTH  
RR 2 BOX 149 FURLONG PA 18925  
WATSON JR MD, WM R FP  
700 OLD LANCASTER ROAD BRYN MAWR PA 19010  
WATSON MD, JAMES G FP  
1405 POWELL ST NORRISTOWN PA 19401  
WEBBER MD, CAROL P OBG  
1536 DEKALB ST NORRISTOWN PA 19401  
WEED MD, ALLEN S PD  
1 RED ROWEN ROAD PLYMOUTH MTNG PA 19462  
WEINER MD, HAROLD M R  
2 HAWTHORNE CIRCLE LAFAYETTE HL PA 19444  
WEINER MD, JEFFERY R FP  
1400 YORK RD ABINGTON PA 19001  
WEINSTOCK MD, JEROME L PD  
304 LEVERING MILL RD BALA CYNWYD PA 19004  
WEISB MD, GEO H FP  
3023 DEKALB BLVD NORRISTOWN PA 19403  
WENDELL JR MD, JAMES I PD  
758 HIGH ST POTTSTOWN PA 19464  
WENDELL MD, KATHLEEN K PD  
758 HIGH ST POTTSTOWN PA 19464  
WENNERSTEN MD, JACK R FP  
933 N CHARLOTTE ST POTTSTOWN PA 19464  
WERTHER MD, NORMAN M FP  
1400 YORK RD ABINGTON PA 19001  
WEST JR MD, CLIFTON F GS  
LANKEAU MED BLDG ST 312 PHILADELPHIA PA 19151  
WEST MD, MARION FP  
5450 WISSAHKON APT 506 PHILADELPHIA PA 19144  
MEXLIN MD, DONALD J IM  
600 LEWIS RD STE 113 KNG OF PRUSS PA 19406  
WHITMAN MD, MARK A PD  
1473 FT WASHINGTON AVE AMBLER PA 19002  
WHITTAKER MD, RICHARD P ORS  
1800-A EAST HIGH ST POTTSTOWN PA 19464  
WILCKE MD, HARRY M AN  
110 BENDER RD HATBORO PA 19040  
WILLIAMS MD, R MALLOCK P  
629 MANCHESTER RD NORRISTOWN PA 19403  
WILLIAMS MD, STEPHEN K FP  
360 MAIN ST-TRAPPE COLLEGEVILLE PA 19426  
WILLIMGANZ MD, WALTER D GS  
S BROAD ST & ALTMN RD LANSDALE PA 19446  
WILSON JR MD, ROBT N OBG  
629 OLD GULPH RD BRYN MAWR PA 19010  
WILSON MD, FREDERICK S IM  
1338 JERICHO RD ABINGTON PA 19001  
WILTON MD, EDWARD A FP  
PENNHURST STATE SCH HOS SPRING CITY PA 19475  
WINTER MD, FRED S P  
POTTSTOWN MEM MED CTR POTTSTOWN PA 19464  
WOLF MD, MELVYN A OPH  
602 BETHLEHEM PIKE AMBLER PA 19002  
WOOD MD, HOWARD P P  
842 BUCK LANE HAVERFORD PA 19041  
WOODRING MD, ALBERT J OTO  
BRYN MAWR MED BLDG BRYN MAWR PA 19010  
WOODRUFF JR MD, D STRATTON FP  
BRYN MAWR HOSP BRYN MAWR PA 19010  
WOODRUFF MD, FRIEDA W FP  
121 PENNSWOOD RD BRYN MAWR PA 19010  
WORTHAM JR MD, G FORREST FP  
MCNEIL LABS INC FT WASHINGTON PA 19034  
WORTHINGTON MD, JOHN J P  
WILLOW GROVE HOSP WILLOW GROVE PA 19090  
WRIGHT MD, THOS S P  
1245 HIGHLAND AVE ABINGTON PA 19001  
YANA MD, DAVID V PTH  
7 KINGSWOOD ST RIVERWOODS ILL 60015  
YANG MD, UN-TAEK AN  
980 NATON CT KNG OF PRUSS PA 19406  
YANITY MD, EUGENE J P  
247 MEETING HOUSE RD JENKINTOWN PA 19046  
YOST MD, ROBT M FP  
1244 FT WASHINGTON AVE FT WASHINGTON PA 19034  
YUDIS MD, MELVIN IM  
1231 YORK RD ABINGTON PA 19001  
ZELLEY MD, LEE S OBG  
1630 E HIGH ST POTTSTOWN PA 19464  
ZEMLIN MD, RICHARD D US  
717 WOODSIDE RD RYDALE PA 19046  
ZIMMERMAN MD, LAHAR T FP  
762 HIGH ST POTTSTOWN PA 19464  
ZIMMERMANN MD, ALBERT W OPH  
ONE PLYMOUTH MTG 505 PLYMOUTH MTG PA 19462  
ZOSA MD, ANGELO M P  
300 BRENT RD WYNGCOTE PA 19095  
ZUCKER MD, ELI M FP  
444 N YORK RD HATBORO PA 19040  
ZUKOSKI MD, JOS T FP  
216 BEECH ST POTTSTOWN PA 19464

BARAKAT MD, ADEL R ORS  
GEISINGER MED CENTER DANVILLE PA 17821  
BATES MD, JAMES S OBG  
GEISINGER MED CTR DANVILLE PA 17821  
BAXTER MD, JOHN A R  
13 OAK STREET DANVILLE PA 17821  
BEILER MD, DAVID D R  
GEISINGER MED CTR DANVILLE PA 17821  
BERNATH JR MD, ALBERT M IM  
GEISINGER MED CTR DANVILLE PA 17821  
BHATIA MD, SHYAMUNDER D  
GEISINGER MED CENTER DANVILLE PA 17821  
BHOTIMHOK MD, PREECHA AN  
GEISINGER MED CTR DANVILLE PA 17821  
BLODGETT JR MD, RANDOLPH C IM  
GEISINGER MED CENTER DANVILLE PA 17821  
BOMES MD, DONALD E TS  
RD 1 BOX 232-B DANVILLE PA 17821  
BRAZINA MD, BRUCE D IM  
GEISINGER MED CTR DANVILLE PA 17821  
BREEN MD, PHILIP C GS  
GEISINGER MED CTR DANVILLE PA 17821  
BRILL MD, DAVID R R  
GEISINGER MED CTR DANVILLE PA 17821  
BROWN MD, FREDERICK G IM  
215 GEARHART ST RIVERSIDE PA 17868  
BROWN MD, HAROLD E U  
GEISINGER MED CENTER DANVILLE PA 17821  
BRONNELLER MD, ELLSMORTH R US  
GEISINGER MED CTR DANVILLE PA 17821  
BUCHERT MD, WALTER I U  
GEISINGER MED CTR DANVILLE PA 17821  
BURNS MD, J ROBERT IM  
GEISINGER CLINIC DANVILLE PA 17821  
CADMAN MD, THOS E PD  
GEISINGER MEDICAL CENTE DANVILLE PA 17821  
CAMILL MD, THOS J IM  
GEISINGER MED CTR DANVILLE PA 17821  
CANILANG MD, ENRIQUE P PM  
GEISINGER MED CTR DANVILLE PA 17821  
CERA JR MD, PETER J PTH  
GEISINGER MED CENTER DANVILLE PA 17821  
CHAPMAN MD, JOHN H IM  
GEISINGER MED CTR DANVILLE PA 17821  
CLEMENS MD, THOMAS M IM  
113 N MARKET ST DANVILLE PA 17821  
COHN MD, GERALD H N  
GEISINGER MED CENTER DANVILLE PA 17821  
COLE MD, JAMES M OTO  
GEISINGER MED CTR DANVILLE PA 17821  
COLLINS JR MD, JAMES A IM  
GEISINGER MED CTR DANVILLE PA 17821  
CURRY JR MD, WM O FP  
101 W MARKET ST DANVILLE PA 17821  
CURTIS MD, JAMES L OPH  
GEISINGER MED CENTER DANVILLE PA 17821  
DAVISON MD, FRANCIS W OTO  
GEISINGER MED CENTER DANVILLE PA 17821  
DEBARTOLO JR MD, HANSEL M OTO  
GEISINGER MED CTR DANVILLE PA 17821  
DENNEHY MD, JOHN J IM  
GEISINGER MED CTR DANVILLE PA 17821  
DIAZ MD, RENATO T FP  
GMC DEPT OF FAMILY MED DANVILLE PA 17821  
DICKEY MD, ROBT F D  
GEISINGER MED CTR DANVILLE PA 17821  
EISLER MD, ROBERT L P  
GEISINGER MED CENTER DANVILLE PA 17821  
EKBERG MD, NORMAN L IM  
GEISINGER MED CTR DANVILLE PA 17821  
EYERLY MD, ROBT C GS  
GEISINGER MED CTR DANVILLE PA 17821  
FAVINO MD, C JAMES PTH  
GEISINGER MED CENTER DANVILLE PA 17821  
FAZEKAS MD, JOHN T R  
RD 4 BOX 409 DANVILLE PA 17821  
FOLK MD, ROBERT L IM  
RD 5 BOX 369 DANVILLE PA 17821  
FOWLE MD, LESTER P US  
124E VIA ESTRADA LAGUNA BCH CA 92653  
FUNKHOUSER MD, GEO R R  
GEISINGER MED CTR DANVILLE PA 17821  
GARDES MD, ARCHIMEDES D PTH  
GEISINGER MED CTR DANVILLE PA 17821  
GARRETT MD, JOHN C AN  
RED LANE RD 4 DANVILLE PA 17821  
GATSKI MD, ROBT L P  
DANVILLE STATE HOSP DANVILLE PA 17821  
GHOSH MD, TARI K OBG  
GEISINGER MED CENTER DANVILLE PA 17821  
GIBSON MD, WM S OTO  
GEISINGER MEDICAL CENTE DANVILLE PA 17821  
GORDNER JR MD, JESSE W FP  
410 FERRY ST DANVILLE PA 17821  
GRAMMES MD, CHAS F IM  
GEISINGER MED CTR DANVILLE PA 17821  
GREENFIELD MD, LAWRENCE S IM  
GEISINGER MED CTR DANVILLE PA 17821  
GREENWOOD MD, STEVEN M PTH  
GEISINGER MED CENTER DANVILLE PA 17821  
HARTMAN MD, CRAIG W IM  
GEISINGER MED CTR DANVILLE PA 17821  
HEATH MD, ROBT D ORS  
GEISINGER MED CTR DANVILLE PA 17821  
HESSBACHER MD, EDWIN N D  
11 W MARKET ST DANVILLE PA 17821  
HESS MD, JEFFREY B OPH  
GEISINGER MED CTR DANVILLE PA 17821  
HEYDT MD, STUART GS  
GEISINGER MED CTR DANVILLE PA 17821  
HINKLE DG, RICHARD S OBG  
GEISINGER MED CTR DANVILLE PA 17821  
HOOD MD, HENRY L NS  
GEISINGER MED CTR DANVILLE PA 17821  
HOUSTON MD, JOHN B AN  
GEISINGER MED CTR DANVILLE PA 17821

HUNT MD, WM OBG  
GEISINGER MED CTR DANVILLE PA 17821  
IOBST MD, JOSEPH I FP  
115 W MARKET ST DANVILLE PA 17821  
JEFFREYS MD, WM H N  
RD 6 DANVILLE PA 17821  
JOHNSTON MD, DOROTHY P  
407 MAUCH CHUNK ST POTTSVILLE PA 17901  
JONAS MD, JAROSLAV G ORS  
V A HOSPITAL OTEN NC 28805  
JONES JR MD, FREDERICK L IM  
GEISINGER MEDICAL CENTE DANVILLE PA 17821  
KANE MD, ROBERT C IM  
GEISINGER MED CTR DANVILLE PA 17821  
KAPLAN MD, SHELDON J OPH  
GEISINGER MED CTR DANVILLE PA 17821  
KIERSZENBAUM MD, HUGO S P  
801 AVE D RIVERSIDE PA 17868  
KIMBER MD, WM J IM  
GEISINGER MEDICAL CENTE DANVILLE PA 17821  
KLINGER MD, HARRY M GS  
GEISINGER MED CTR DANVILLE PA 17821  
KOUGH MD, ROBT H IM  
GEISINGER MED CTR DANVILLE PA 17821  
KNITEROVICH MD, PETER O P  
202 FERRY ST DANVILLE PA 17821  
LAUBACH JR MD, CHAS A IM  
GEISINGER MED CTR DANVILLE PA 17821  
LEE MD, CHONG K AN  
GEISINGER MED CTR DANVILLE PA 17821  
LEE MD, MARTIN L IM  
GEISINGER MED CTR DANVILLE PA 17821  
LEIPOLD MD, ROBT W FP  
R D 4 DANVILLE PA 17821  
LITTLE MD, HARRY P  
GEISINGER MED CENTER DANVILLE PA 17821  
LOPEZ MD, UBALDO P P  
DANVILLE STATE HSP BX 12 DANVILLE PA 17821  
MAKARY MD, ADEL Z IM  
GEISINGER MED CENTER DANVILLE PA 17821  
MALHOTRA MD, RAJESHMAR P OBG  
254 LIBERTY ST DANVILLE PA 17821  
MARTIN MD, THOS J PD  
102 E MARKET ST DANVILLE PA 17821  
MCCORMICK MD, JOHN V IM  
GEISINGER MEDICAL CTR DANVILLE PA 17821  
MENAPACE JR MD, FRANCIS J IM  
GEISINGER MED CTR DANVILLE PA 17821  
MEYER MD, PAUL G NS  
GEISINGER MED CTR DANVILLE PA 17821  
MILLER MD, OLIVER F D  
GEISINGER MED CTR DANVILLE PA 17821  
MOLL JR MD, FRANCIS K ORS  
130 W MARKET ST DANVILLE PA 17821  
MORAN MD, JOHN J PTH  
GEISINGER MED CENTER DANVILLE PA 17821  
MORRISON MD, SAM L PD  
GEISINGER MED CTR DANVILLE PA 17821  
NICHOLLS MD, EDITH E FP  
PO BOX 790 GAINESVILLE FL 32602  
ORAM MD, ALAN J OPH  
R D 5 DANVILLE PA 17821  
ORourke MD, TERENCE L R  
209 W MARKET ST DANVILLE PA 17821  
PACURARIU MD, RADU I OPH  
GEISINGER MED CTR DANVILLE PA 17821  
PHARR MD, WILLIAM F GS  
GEISINGER MED CENTER DANVILLE PA 17821  
PYTKO MD, VALENTINE F IM  
GEISINGER MED CTR DANVILLE PA 17821  
QUICKEL JR MD, KENNETH E IM  
GEISINGER MED CTR DANVILLE PA 17821  
REAMS MD, CARL L OTO  
GEISINGER MED CENTER DANVILLE PA 17821  
RODGERS MD, ROGER W IM  
P O BOX 37 PLAINVILLE IN 47568  
ROODE MD, PHILIP J PD  
23 OAK ST DANVILLE PA 17821  
ROSE MD, JOHN F U  
GEISINGER MED CTR DANVILLE PA 17821  
ROYER MD, THOMAS C GS  
112 W MARKET ST DANVILLE PA 17821  
SABOL MD, LOUISE J US  
FROSTY HILLS DR RD 4 DANVILLE PA 17821  
SANTINI MD, LEWIS C R  
GEISINGER MED CTR DANVILLE PA 17821  
SCHULLER MD, DIANE E PD  
GEISINGER MED CENTER DANVILLE PA 17821  
SHAH MD, NARAYAN IM  
GEISINGER MED CTR DANVILLE PA 17821  
SIMMONDS MD, MARY ANNE US  
GEISINGER MED CTR DANVILLE PA 17821  
SLOCUM MD, HAROLD E FP  
ONE DELWOOD DR DANVILLE PA 17821  
SNOVER MD, SETH M IM  
GEISINGER MED CTR DANVILLE PA 17821  
SPAHN MD, ROBERT C PD  
GEISINGER MED CENTER DANVILLE PA 17821  
SPANGLER MD, JOHN G PD  
GEISINGER MED CTR DANVILLE PA 17821  
SPILSBURY MD, PAUL R N  
GEISINGER MED CTR DANVILLE PA 17821  
STAMEY MD, HARRY C P  
RD 4 DANVILLE PA 17821  
TUREL MD, ANTHONY P N  
GEISINGER MED CENTER DANVILLE PA 17821  
VARANO MD, VINCENT J IM  
GEISINGER MED CTR DANVILLE PA 17821  
VIOZZI MD, FRANCIS J IM  
GEISINGER MED CENTER DANVILLE PA 17821  
VRABEC MD, DONALD P OTO  
GEISINGER MED CTR DANVILLE PA 17821  
WEADER MD, JOS A PD  
1415 HARDING AVENUE WILLIAMSPORT PA 17701  
WILKINSON MD, DAVID M R  
GEISINGER MED CTR DANVILLE PA 17821

Montour County

AGUILA JR MD, DEMETRIO J PM  
GEISINGER MED CTR DANVILLE PA 17821  
ALBERTINI MD, ROBT E IM  
GEISINGER MED CTR DANVILLE PA 17821  
ALLEN MD, JOHN L P  
DANVILLE ST HOSP DANVILLE PA 17821  
ANGUS MD, LESLIE R P  
BOX 219 DANVILLE PA 17821



WILLIAMS MD, JOHN L R  
GEISINGER MED CTR DANVILLE PA 17821  
WOLFGANG MD, GARY L ORS  
GEISINGER MED CENTER DANVILLE PA 17821  
ZIMMER MD, CYNTHIA S FP  
R D 4 RED LANE DANVILLE PA 17821  
ZIMMER MD, FREDERICK E IM  
GEISINGER MEDICAL CENTE DANVILLE PA 17821

DERASSE MD, ALAIN R IM  
4001 FREEMANSBURG AVE EASTON PA 18042  
DIETRICH MD, WARREN C OTO  
701 WEST UNION BLVD BETHLEHEM PA 18018  
DISALVO MD, EUGENE I ORS  
2005 FAIRVIEW AVE EASTON PA 18042  
DOBOSH MD, GEO A IM  
1622 W BROAD ST BETHLEHEM PA 18018  
DONAGHUE MD, GEO L IM  
35 E ELIZABETH AVE BETHLEHEM PA 18018  
DOONEKER MD, THOS G AN  
35 E ELIZABETH 24A BETHLEHEM PA 18018  
DREHER MD, ROBT H FP  
12 E W ST PO BOX 97 WIND GAP PA 18091  
DUANE MD, THOS D OPH  
BEDMINSTER PA 18910

HESS MD, FLOYD M FP  
26 S FIRST ST BANGOR PA 18013  
HOBART MD, JOHN H U  
2001 FAIRVIEW AVE EASTON PA 18042  
HOCH MD, JOHN J FP  
50 GREEN ST NAZARETH PA 18064  
HOFFMAN MD, GILBERT M IM  
401 SPRING ST BETHLEHEM PA 18018  
HOFFMAN MD, JOHN E IM  
766 BARRYMORE LANE BETHLEHEM PA 18017  
HOOVER MD, LADD E IM  
R D 2 DOYLESTOWN PA 18901  
HOWE MD, J DALE ORS  
3145 REDLAWN DR BETHLEHEM PA 18017  
HUNSICKER MD, ROBT C OTO  
1509 EASTON AVE BETHLEHEM PA 18017  
IOBST MD, CHAS W P  
510 DELAWARE AVE BETHLEHEM PA 18015  
JACOBUS MD, HENRY F OPH  
21ST ST-FAIRVIEW AVE EASTON PA 18042  
JOHNSON MD, ROLF E ORS  
315 S 21ST ST EASTON PA 18042  
JOHNSON MD, WM G R  
EASTON HOSP EASTON PA 18042  
JOSEPH MD, GEO M IM  
2 BRENTWOOD EASTON PA 18042  
KANDULA MD, RAVINDRA R FP  
612 E MASADA RD BETHLEHEM PA 18017  
KASPAR MD, ALBERT J IM  
2003 FAIRVIEW AVE EASTON PA 18042  
KAUFMANN MD, BRUCE M OBG  
800 OSTRUM ST BETHLEHEM PA 18015  
KESSLER MD, FRANK J FP  
32 S BROAD ST NAZARETH PA 18064  
KIEFFER MD, JESSE FP  
246 BUSHKILL ST EASTON PA 18042  
KIEHL MD, PAUL V GS  
1403 CITATION SAN ANTONIO TX 78248  
KIM MD, DOO T AN  
EASTON HOSP EASTON PA 18042  
KIM MD, IH C PD  
6 IVY COURT EASTON PA 18042  
KINCOV MD, JACOB IM  
243 SPRING GARDEN ST EASTON PA 18042  
KNOLL MD, GEO M D  
STAR ROUTE BOX 174 TAFTON PA 18464  
KORHAMMER MD, ALAN F OBG  
301 S 22ND ST EASTON PA 18042  
KOVAR MD, CHAS E OBG  
123 S 22ND ST EASTON PA 18042  
KRAUSZ MD, KATHRYN J IM  
940 W LAFAYETTE ST EASTON PA 18042  
KRIEGER MD, HARRY L FP  
1856 FERRY ST EASTON PA 18042  
KUBEK MD, JOHN A FP  
1938 MARKHAM DRIVE BETHLEHEM PA 18017  
KUNG MD, LUKE C IM  
2632 NAZARETH RD EASTON PA 18042  
KUTY MD, EUGENE J FP  
422 WYANDOTTE ST BETHLEHEM PA 18015  
LAUB MD, IRENE F IM  
64 N 4TH ST EASTON PA 18042  
LAUBACH MD, GEO B FP  
1846 FREEMANSBURG AVE EASTON PA 18042  
LEAVITT MD, HERBERT M D  
2061 FAIRVIEW AVE EASTON PA 18042  
LEE MD, CHONG S OBG  
ST LUKES HOSP BETHLEHEM PA 18015  
LEE MD, HUI C PD  
1841 WASHINGTON BLVD EASTON PA 18042  
LEE MD, RICHARD G AN  
921 N 32ND ST ALLENTOWN PA 18104  
LEE MD, SANG T OTO  
2100 LEHIGH ST EASTON PA 18042  
LENTZ MD, CONRAD L D  
35 E ELIZABETH AVE BETHLEHEM PA 18018  
LESSE MD, S MICHAEL P  
STEVENS & JEWEL STS EASTON PA 18042  
LIBERTA MD, THOS R IM  
25 N 16TH ST EASTON PA 18042  
LIGHT MD, HARRY G GS  
65 E ELIZABETH AVE BETHLEHEM PA 18018  
LIN MD, PEI S OTO  
EASTON HOSP EASTON PA 18042  
LOW MD, THOS H OPH  
BOX 101 PORTLAND ONT CANADA  
LUKASZCZYK MD, THOS A PTH  
19 E ELIZABETH AVE BETHLEHEM PA 18018  
LYCHAK MD, JOHN C P  
35 E ELIZABETH AVE BETHLEHEM PA 18018  
MAGNANT MD, HENRY A AN  
900 COTTONWOOD ST MORGANTOWN WV 26505  
MAHAJAN MD, SHYAMSUNDAR S FP  
290 VALLEY PARK SO BETHLEHEM PA 18018  
MAHON MD, JOHN K N  
800 OSTRUM ST BETHLEHEM PA 18015  
MAISEL MD, WILFRED AN  
ANES DEPT EASTON HOSP EASTON PA 18042  
MAISH JR MD, GEORGE O GS  
35 E ELIZABETH AVE BETHLEHEM PA 18018  
MAKHDOMI MD, ABDUL R IM  
2100 LEHIGH ST EASTON PA 18042  
MARGIE JR MD, WALTER E IM  
35 E ELIZABETH AVE BETHLEHEM PA 18018  
MARHEFKA JR MD, JOS C OTO  
21ST AND FAIRVIEW AVE EASTON PA 18042  
MATUS MD, NANCY R D  
425 DOGWOOD TERRACE EASTON PA 18042  
MCANDREW MD, FRANCIS J FP  
24 W 4TH ST BETHLEHEM PA 18015  
MCCOY JR MD, GEORGE W FP  
3103 FARMBOROUGH CT SILVER SPRING MD 20906  
MCCOY MD, ROBT L N  
800 OSTRUM ST BETHLEHEM PA 18015  
MCMAHON JR MD, JOSEPH F ORS  
2005 FAIRVIEW AVE EASTON PA 18042

# Northampton County

ABAD MD, RAUL M NS  
21ST & LEHIGH STE 212 EASTON PA 18042  
AKSU MD, AHMET AN  
1605 LOIS LN BETHLEHEM PA 18018  
ANDERSON MD, JOHN R U  
800 OSTRUM ST STE 101 BETHLEHEM PA 18015  
APPELBAUM MD, JAY H AN  
ST LUKES HOSPITAL BETHLEHEM PA 18015  
AUCH MD, ELLA M FP  
341 CRESNET DR EASTON PA 18042  
BALSHI MD, STEPHEN F OTO  
1509 EASTON AVE BETHLEHEM PA 18017  
BARCKLEY MD, THOMAS W OBG  
601 MENENDEZ ST VENICE FL 33595  
BARR MD, GAVIN C IM  
35 E ELIZABETH AVE BETHLEHEM PA 18018  
BARRETT MD, GEO S U  
2001 FAIRVIEW AVE EASTON PA 18042  
BARTOLET MD, TERRY L ORS  
315 SOUTH 21ST ST EASTON PA 18042  
BARTOS MD, JOS E FP  
933 LINDEN ST BETHLEHEM PA 18018  
BEALER MD, JOHN D PRM  
BETHLEHEM STEEL CORP BETHLEHEM PA 18016  
BECKER MD, MARTIN S OBG  
123 S 22ND ST EASTON PA 18042  
BEER MD, LOUIS FP  
324 W BROAD ST BETHLEHEM PA 18018  
BENZ MD, EDWARD J PTH  
19 E ELIZABETH AVE BETHLEHEM PA 18018  
BERGER MD, JAY B IM  
1371 ARMSTRONG RD BETHLEHEM PA 18017  
BERGER MD, MELVIN M OBG  
35 E ELIZABETH AVE BETHLEHEM PA 18018  
BIRD JR MD, FRANK OBG  
910 LINDEN ST BETHLEHEM PA 18018  
BISSET JR MD, JAMES F OBG  
301 S 22ND ST EASTON PA 18042  
BOONSWANG MD, PRICHA GS  
2101 WASHINGTON BLVD EASTON PA 18042  
BRACKBILL MD, JAMES E FP  
26 S 1ST ST BANGOR PA 18013  
BRAU MD, JOS M FP  
1725 NORTHAMPTON ST EASTON PA 18042  
BRENNEMAN MD, RICHARD E AN  
2522 NINTH ST BETHLEHEM PA 18017  
BROWN MD, SHELIA AN  
347 VALLEY PARK S BETHLEHEM PA 18018  
BRUMBAUGH MD, ELMER R FP  
306 W MAIN ST PEN ARGYL PA 18072  
BUDURA MD, PAUL FP  
801 W BROAD ST BETHLEHEM PA 18018  
BURGER MD, THEODORE P FP  
2431 EASTON AVE BETHLEHEM PA 18017  
BURKLEY 3RD MD, LOUIS F OBG  
301 S 22ND ST EASTON PA 18042  
BURKLEY MD, LOUIS F OBG  
452 BERWICK ST EASTON PA 18042  
BYRNE MD, JAMES E OS  
65 E ELIZABETH AVE #215 BETHLEHEM PA 18018  
CAPOBIANCO MD, FRANK M FP  
4705 HENRY ST EASTON PA 18042  
CASSELBERRY MD, E JOSEPHINE PD  
920 PROSPECT AVE BETHLEHEM PA 18018  
CAVALLARO MD, SALVATORE E GS  
2529 NORTHAMPTON ST EASTON PA 18042  
CHAFFIER DO, MICHAEL J FP  
3833 LINDEN ST BETHLEHEM PA 18017  
CHARNOCK MD, MAURICE P US  
225 GATEWOOD CIR ATHENS GA 30601  
CLARKE MD, FREDERICK T IM  
1346 NORTHAMPTON ST EASTON PA 18042  
COCHRAN MD, JAMES F OPH  
22ND AND FAIRVIEW EASTON PA 18042  
COHEN MD, MERTON E PD  
2025 FAIRVIEW AVE EASTON PA 18042  
COLASANTE MD, ANTHONY D OBG  
1404 FAIRMOUNT ST BETHLEHEM PA 18017  
COLE MD, JACK E FP  
65 E ELIZABETH AVE BETHLEHEM PA 18018  
COLEMAN MD, DONALD K N  
1225 S OCEAN BLVD DELRAY BEACH FL 33444  
COLLINS MD, HAYDN B P  
1921 WASHINGTON BLVD EASTON PA 18042  
CORPUS JR MD, EDUARDO T GS  
2149 GATEWAY TERRACE EASTON PA 18042  
COSTANZA MD, AGATHA H PD  
19 N 14TH ST EASTON PA 18042  
CURRY MD, JOS L R  
79 GORDON DR EASTON PA 18042  
DAGOSTINO, FRANK J IM  
100 S GREENWOOD AVE EASTON PA 18042  
DEIBERT MD, EDWARD B FP  
1406 MAIN ST HELLERTOWN PA 18055  
DEILY MD, RAYMOND E FP  
942 SEVENTH AVE BETHLEHEM PA 18018  
DEMARCO MD, SALVATORE G FP  
344 BUSHKILL ST EASTON PA 18042  
DEOL MD, JASBIR S GS  
2209 LEHIGH ST EASTON PA 18042

DY MD, VICTOR C  
EASTON HOSPITAL EASTON PA 18042  
EATON MD, DAVID A NS  
800 OSTRUM ST BETHLEHEM PA 18015  
ECHENBERG MD, ROBT J OBG  
800 OSTRUM ST BETHLEHEM PA 18015  
EICHLER MD, GEO R ORS  
35 E ELIZABETH AVE BETHLEHEM PA 18018  
ELDER MD, ELDON G FP  
1440 WASHINGTON ST EASTON PA 18042  
ELLIOTT MD, CONSTANTINE D P  
2200 HAMILTON ST STE 30 ALLENTOWN PA 18104  
ELZENEY MD, ISMAIL H OPH  
522 DELAWARE AVE BETHLEHEM PA 18018  
EMERY MD, ROBERT C IM  
2003 FAIRVIEW AVE EASTON PA 18042  
EPISCOPIO MD, JOSEPH V IM  
400 BRIDLE PATH RD #8 BETHLEHEM PA 18017  
ERWIN MD, HENRY K OPH  
555 SPRING ST #401 BETHLEHEM PA 18018  
ESPINOSA MD, MANUEL H GS  
2101 WASHINGTON BLVD EASTON PA 18042  
FARACE MD, JOS L FP  
4TH ST AND PA AVE BANGOR PA 18013  
FAVAZZA MD, FRANK W P  
410 HEDGEWOOD DR EASTON PA 18042  
FEINBERG MD, DAVID H IM  
2100 LEHIGH EASTON PA 18042  
FLIPEK MD, WALTER J FP  
737 EASTON RD HELLERTOWN PA 18055  
FISHER JR MD, JOS W PTH  
19 E ELIZABETH AVE BETHLEHEM PA 18018  
FISHER MD, LUTHER I IM  
251 CHEROKEE ST BETHLEHEM PA 18015  
FLOR MD, FRANK S OBG  
35 E ELIZABETH AVE BETHLEHEM PA 18018  
FOLLMER MD, DON C FP  
1245 BEVERLY AVE BETHLEHEM PA 18018  
FRAUNFELDER MD, JOHN A FP  
141 S BROAD ST NAZARETH PA 18064  
FRIEDMAN MD, JERALD N GS  
1725 NORTHAMPTON ST EASTON PA 18042  
FRIEDMAN MD, LEON GS  
1725 NORTHAMPTON ST EASTON PA 18042  
GABOR MD, A STEPHEN IM  
1306 W MARKET ST BETHLEHEM PA 18018  
GADBOIS MD, WILLIAM F U  
800 OSTRUM ST STE 101 BETHLEHEM PA 18015  
GAULIN MD, J CLAUDE PTH  
324 PIERCE ST EASTON PA 18042  
GAYDOS MD, THOS L OBG  
800 OSTRUM ST BETHLEHEM PA 18015  
GHATAK MD, PARIMAL K IM  
20 E CENTER ST WIND GAP PA 18091  
GTAMBER MD, SAMUEL R IM  
ST LUKES HOSP BETHLEHEM PA 18015  
GOEBEL JR MD, HENRY IM  
230 W BROAD ST BETHLEHEM PA 18018  
GOSZTONYI JR MD, RUDDOLPH E FP  
TENNECO CHEMICALS INC SADDLE BROOK N J 07662  
GOZUM MD, CARMEN Z PD  
953 CUMBERLAND ST BETHLEHEM PA 18017  
GREENWOOD MD, GEO R GS  
35 E ELIZABETH AVE BETHLEHEM PA 18018  
GRESS MD, FRANCIS A PD  
35 E ELIZABETH AVE BETHLEHEM PA 18018  
GROVE JR MD, DALE A FP  
1545 BROADWAY BETHLEHEM PA 18015  
GULICK MD, THOMAS H U  
2001 FAIRVIEW AVE EASTON PA 18042  
GUZMAN MD, JOSE G FP  
1203 DALEHURST DR BETHLEHEM PA 18018  
HAGGERTY MD, SALLY M PD  
1724 CLOVERLEAF ST E BETHLEHEM PA 18017  
HAHN MD, KARL W IM  
521 LINDEN ST BETHLEHEM PA 18018  
HAIN MD, HOWARD L PRM  
BETHLEHEM STEEL CORP BETHLEHEM PA 18018  
HAMPSEY MD, JOHN A GS  
800 OSTRUM ST BETHLEHEM PA 18018  
HANCE MD, BURTIIS M US  
201 VISTA DRIVE EASTON PA 18042  
HANISEK MD, WM F IM  
2061 FAIRVIEW AVE EASTON PA 18042  
HARADA MD, WM A PTH  
EASTON HOSP-PATH DIV EASTON PA 18042  
HARE MD, JEFFREY D PRM  
1139 LYNNHURST CR BETHLEHEM PA 18017  
HARLAN MD, WM K IM  
31 S 17TH EASTON PA 18042  
HARPER MD, JAMES G U  
2001 FAIRVIEW AVE EASTON PA 18042  
HEIMBACH MD, GEO Z R  
1401 N 40TH ST ALLENTOWN PA 18104  
HELLER MD, HENRY K FP  
1102 N MAIN ST BETHLEHEM PA 18018  
HEMMERLY MD, WM C FP  
1900 EASTON AVE BETHLEHEM PA 18017  
HERMAN MD, ROMAN K TS  
533 6TH AVE BETHLEHEM PA 18018



MCNEAL MD, ELIZABETH H	IM	SCHNITZLER MD, JOS	FP
835 PAXINOSA AVE EASTON PA 18042		701 W UNION BLVD BETHLEHEM PA 18018	
MEROLA MD, JOS C	OBG	SCHRAMM MD, FRANK E	OBG
1164 GASPAR AVE BETHLEHEM PA 18017		35 E ELIZABETH AVE BETHLEHEM PA 18018	
MILES DO, G BRUCE	FP	SCHUESSLER MD, PAUL M	IM
1901 FAIRVIEW AVE EASTON PA 18042		817 S 24TH ST EASTON PA 18042	
MILLER MD, WARREN A	FP	SEIDEL MD, HORACE Y	IM
1220 BROADWAY BETHLEHEM PA 18015		MEMORIAL HOSP HOLLYWOOD FL 33021	
MIRBACH MD, SIDNEY H	FP	SERFAS MD, LEE S	GS
65 E ELIZABETH AVE BETHLEHEM PA 18018		80 GORDON DR EASTON PA 18042	
MORGAN MD, RUSSELL E	GS	SHIELDS MD, RALPH K	IM
820 N BISHOPHTHORPE ST BETHLEHEM PA 18015		65 E ELIZABETH AVE BETHLEHEM PA 18018	
MORGAN MD, WM F	P	SHIELDS MD, RALPH L	IM
35 E ELIZABETH AVE BETHLEHEM PA 18018		880 LAUREL DR BETHLEHEM PA 18017	
MOYER MD, GLENN E	OPH	SILVERMAN MD, WM H	FP
1148 MEADOWBROOK C W ALLENTOWN PA 18103		704 E 4TH ST BETHLEHEM PA 18015	
MUNSON MD, FREDERICK J	R	SKUTES MD, JOS M	OBG
920 PROSPECT AVE BETHLEHEM PA 18018		35 E ELIZABETH AVE BETHLEHEM PA 18018	
MURRAY MD, STEPHEN R	OBG	SMITH MD, DONALD H	GS
301 S 22ND ST EASTON PA 18042		2209 LEHIGH ST EASTON PA 18042	
NADEAU MD, GERALD H	FP	SMITH SR MD, GEO S	OS
302 ASH LANE RIEGELSVILLE PA 18077		818 BERWICK ST EASTON PA 18042	
NADINDOLA MD, CHENNAIAH C	GS	SMYTH MD, LAWRENCE T	PRM
1755 S GRAND BLVD ST LOUIS MO 63104		BETHLEHEM STEEL CORP BETHLEHEM PA 18016	
NAJMI MD, MOOSA	IM	SNYDER JR MD, CHAS F	ORS
2003 FAIRVIEW EASTON PA 18042		701 W UNION BLVD BETHLEHEM PA 18018	
NORRIS MD, JOS A	IM	SNYDER MD, JOHN M	TS
601 WALNUT ST EASTON PA 18042		139 E MARKET ST BETHLEHEM PA 18018	
OJERS MD, GAYLORD W	OPH	SNYDER MD, ROBT L	FP
35 E ELIZABETH ST BETHLEHEM PA 18018		101 E CENTER ST NAZARETH PA 18064	
OLEWILER JR MD, H NEWTON	IM	SOMASUNDARAM MD, ANASUYA	OBG
1010 W MACADA RD BETHLEHEM PA 18017		3941 KENDRICK DR BETHLEHEM PA 18017	
OLIVER MD, JOHN G	FP	SPARTA MD, ANTHONY J	FP
527 PENNSYLVANIA AVE PEN ARGYL PA 18072		42 N 2D ST EASTON PA 18042	
ORR JR MD, ROSS M	GS	SPOLL DO, EDWARD A	FP
35 E ELIZABETH AVE BETHLEHEM PA 18018		229 S 22ND ST EASTON PA 18042	
PALAO MD, MANUEL C	TS	STABLE MD, JEROME G	TS
800 OSTRUM ST BETHLEHEM PA 18015		800 OSTRUM ST BETHLEHEM PA 18015	
PALMER MD, U GRANT	FP	STACKHOUSE MD, DUANE E	FP
6783 HOSP EASTON PA 18042		8 ROBIN CT RD 7 BETHLEHEM PA 18015	
PANAYOTOVA MD, MARIA L	OPH	STAUFFER MD, STANLEY S	AN
522 DELAWARE AVE BETHLEHEM PA 18018		800 OSTRUM ST BETHLEHEM PA 18015	
PARRY MD, RHINARD D	PD	STEIN MD, RICHARD N	PD
312 SPRING GARDEN ST EASTON PA 18042		701 N NEW ST BETHLEHEM PA 18018	
PASCUA MD, ALEXANDER V	GS	STEIN MD, ROBERT S	FP
149 SUNVIEW DR BEAVER FALLS PA 15010		LAFAYETTE COLL HEALTH C EASTON PA 18042	
PATRICK MD, MICHAEL A	IM	STEIN MD, STANLEY I	PD
1528 SHELBOURNE DR BETHLEHEM PA 18018		701 N NEW ST BETHLEHEM PA 18018	
PAUL MD, FRANKLIN A	GS	STRAVINO MD, VINCENT D	PM
1474 COLGATE DR BETHLEHEM PA 18017		ST LUKES HOSP BETHLEHEM PA 18015	
PEARSON MD, FREDERICK J	OBG	STREUBERT MD, GEO E	R
748 OSTRUM ST BETHLEHEM PA 18015		707 E MACADA RD BETHLEHEM PA 18017	
PEARSON MD, LINWOOD J	OBG	STRUNK MD, WM M	R
410 OAK TREE LA EASTON PA 18042		ST LUKES HOSP BETHLEHEM PA 18015	
PETERS MD, WALTER K	IM	SWETERLITSCH MD, LOUIS H	OPH
BETH STEEL CO MED CTR BETHLEHEM PA 18016		11 W LANGHORNE AVE BETHLEHEM PA 18017	
PETRUCCELLI MD, NICHOLAS D	FP	TACHOVSKY MD, THOMAS J	GS
313 S WALNUT ST BATH PA 18014		800 OSTRUM ST BETHLEHEM PA 18015	
POLINER MD, HIME S	GS	THOMPSON MD, C FRED	GS
124 N 4TH ST EASTON PA 18042		1120 MAIN ST HELLERTOWN PA 18055	
POMPONIO MD, JOS G	FP	THOMPSON MD, FRANK V	FP
798 BARRYMORE LANE BETHLEHEM PA 18017		49 E CENTER ST NAZARETH PA 18064	
POST MD, CHAS J	P	TRAUPMAN MD, ARNOLD F	OPH
2040 LEHIGH ST EASTON PA 18042		1254 E 4TH ST BETHLEHEM PA 18015	
PRASAD MD, C BABU	R	TRINKLE MD, WILMER S	AN
ST LUKES HOSP RAD TH BETHLEHEM PA 18015		35 E ELIZABETH AVE BETHLEHEM PA 18018	
PRELETZ MD, RUDDOLPH J	GS	TUREL MD, STANLEY E	FP
800 OSTRUM ST BETHLEHEM PA 18015		624 HIGH ST BETHLEHEM PA 18018	
PRESTIFILIPPO MD, ORAZIO	OBG	TURTZO MD, DOUGLAS F	FP
128 E CENTER ST NAZARETH PA 18064		20 E CENTER ST WIND GAP PA 18091	
PUNDIAK MD, TERRY J	IM	TURTZO MD, JOHN A	FP
BRIDLE PATH RD B-12 BETHLEHEM PA 18017		36 E PENNA AVE PEN ARGYL PA 18072	
QUINEY JR MD, JAMES J	FP	UPDEGROVE MD, JOHN H	GS
115 N 2ND ST EASTON PA 18042		2209 LEHIGH ST EASTON PA 18042	
QUINN MD, DONN R	IM	VERBRUGGEN MD, HUGO C	ORS
112 E WAYNE AVE EASTON PA 18042		2005 FAIRVIEW AVE EASTON PA 18042	
RAZURI MD, RAFAEL G	GS	VERSAGE MD, JOS L	FP
1020 DRAYTON ST SAVANNAH GA 31401		113 MAIN ST STOCKERTOWN PA 18083	
REESE JR MD, EVAN C	ORS	VISPERAS MD, EMILIANA P	OBG
2005 FAIRVIEW AVE EASTON PA 18042		2710 SCHOENERSVILLE RD BETHLEHEM PA 18017	
REFOWICH MD, RICHARD S	D	VIZER MD, MARK B	OBG
65 E ELIZABETH AVE BETHLEHEM PA 18018		IRELAND ARMY HOSP FORT KNOX KY 40121	
REGAN MD, JAMES R	IM	VOGLER JR MD, WILFRED E	FP
3222 GREEN MEADOW DR BETHLEHEM PA 18017		2431 EASTON AVE BETHLEHEM PA 18017	
REGANIS MD, JOHN C	GS	WALKER MD, STANLEY R	IM
2100 LEHIGH ST EASTON PA 18042		1920 LEHIGH ST EASTON PA 18042	
RELKIN MD, RICHARD	IM	MALTMAN MD, CHAS A	GS
403 PAXINOS RD E EASTON PA 18042		2007 WASHINGTON BLVD EASTON PA 18042	
REPPERT MD, WM D	IM	WANG MD, CHEE-KUNG	AN
ST LUKES HOSP BETHLEHEM PA 18015		20 GREENING DR EASTON PA 18042	
RICHARDS MD, DONALD C	US	WARD MD, FREDERICK W	IM
1120 SW CYPRESS WAY BOCA RATON FL 33432		2061 FAIRVIEW AVE EASTON PA 18042	
ROBINSON MD, JOS P	PRM	WARD MD, RICHARD A	ORS
533 8TH AVE BETHLEHEM PA 18018		35 E ELIZABETH AVE BETHLEHEM PA 18018	
ROOP MD, JOHN W	P	WARD MD, THOS A	ORS
709 BARRYMORE LA BETHLEHEM PA 18017		800 OSTRUM ST BETHLEHEM PA 18015	
ROWLEY MD, F LAWRENCE	P	WARREN MD, JONATHAN	IM
2200 NORTHAMPTON ST EASTON PA 18042		1810 WASHINGTON BLVD EASTON PA 18042	
ROWSHAN MD, GHODRATOLLAH	PD	WEBER MD, WILLIAM C	OTO
276 E MACADA RD BETHLEHEM PA 18017		LAFAYETTE THRS STE 127 EASTON PA 18042	
RYAN MD, JOHN J	IM	WEIDNER MD, CALVIN C	FP
RD 1 BOX 244 CENTER VLY PA 18034		3629 STAFORD DR BETHLEHEM PA 18017	
SALCEDO MD, WILFREDO G	PTH	WEINTRAUB MD, SYDNEY E	US
EASTON HOSP EASTON PA 18042		SR 8X 1 MT VIEW HI 96771	
SALGADO MD, EDWARD M	PS	WEMPLE MD, JAN B	NS
800 OSTRUM ST STE 307 BETHLEHEM PA 18015		800 OSTRUM ST BETHLEHEM PA 18015	
SALLASH JR MD, ROBT J	OBG	WENG MD, SAM S	IM
35 E ELIZABETH AVE BETHLEHEM PA 18018		35 E ELIZABETH AVE BETHLEHEM PA 18018	
SAMENT MD, SIDNEY	N	WERLEY MD, CHAS W	R
2040 LEHIGH ST EASTON PA 18042		35 E ELIZABETH AVE BETHLEHEM PA 18018	
SAUNDERS MD, CHAS D	U	WERLEY MD, JOHN D	R
800 OSTRUM ST BETHLEHEM PA 18015		EASTON HOSP EASTON PA 18042	
SCHADT MD, DANL C	IM	WHILDIN MD, JAMES G	R
35 E ELIZABETH AVE BETHLEHEM PA 18018		35 E ELIZABETH AVE BETHLEHEM PA 18018	
SCHADT MD, THOS E	OBG	WHITAKER MD, PAUL J	PRM
1846 SYCAMORE ST BETHLEHEM PA 18017		BETHLEHEM STEEL CORP BETHLEHEM PA 18015	

WILDRICK MD, KENNETH H	IM
60 BLENNHEIM DR EASTON PA 18042	
WILHELM MD, ROBERT O	IM
1810 WASHINGTON BLVD EASTON PA 18042	
WILLIAMS MD, THOS L	OS
1463 ROSELAWN DRIVE BETHLEHEM PA 18017	
WING MD, RAYMOND	IM
FAIRVIEW AVE-21ST ST EASTON PA 18042	
WINKLER JR MD, LOUIS H	IM
35 E ELIZABETH AVE BETHLEHEM PA 18018	
WOLFE MD, LEROY S	AN
234 MEADOWS RD HELLERTOWN PA 18055	
YEAM MD, SCOTT C	U
2001 FAIRVIEW AVE EASTON PA 18042	
YU MD, PAUL T	AN
EASTON HOSP EASTON PA 18042	
ZEITLIN MD, MARK H	AN
35 E ELIZABETH AVE BETHLEHEM PA 18017	
ZUG SR MD, CHAS K	GS
801 OSTRUM ST BETHLEHEM PA 18015	
ZULICK JR MD, THOS C	GS
433 PAXINOSA AVE EASTON PA 18042	

Northumberland County

ALLEN MD, ROBT E	FP
38 W 3RD ST MOUNT CARMEL PA 17851	
ALMOND MD, CHAS R	FP
1170 GREENOUGH ST SUNBURY PA 17801	
BOOMER MD, MERAL O	FP
100 N MARKET ST SELINGSGROVE PA 17870	
BROSCIUS MD, BENJ M	FP
24 N 6TH ST SHAMOKIN PA 17872	
CHRISTMAN MD, WILLARD W	PTH
COMMUNITY HOSP SUNBURY PA 17801	
DALLABRIDA MD, MARGUERITE R	OBG
21 EAST AVE MOUNT CARMEL PA 17851	
DAVIS MD, J MOSTYN	FP
301 E SUNBURY ST SHAMOKIN PA 17872	
DEITRICK JR MD, GEO A	GS
28 N 3RD ST SUNBURY PA 17801	
DELCASTILLO MD, JUAN J	TS
825 PACKER ST SUNBURY PA 17801	
DELGADO MD, JUAN F	OBG
142 MARKET ST SUNBURY PA 17801	
DIMILLER MD, ISMAIL	GS
1072 MARKET STREET SUNBURY PA 17801	
EISTER MD, DONALD H	PD
R D # 1 BOX 177 SUNBURY PA 17801	
ERDMAN MD, ROBT M	ORS
309 W MARKET ST POTTSVILLE PA 17901	
FLANAGAN MD, JOHN V	OPH
220 N SHAMOKIN ST SHAMOKIN PA 17872	
GABALA MD, JOHN M	FP
STATE SCH & HOSP SELINGSGROVE PA 17870	
GEHRIS MD, JAMES C	FP
633 W CHESTNUT ST SHAMOKIN PA 17872	
GENNARIA MD, C REED	FP
SUNBURY AND MARKET STS SHAMOKIN PA 17872	
GIBBS MD, WINFIELD S	R
SUNBURY COMM HOSP SUNBURY PA 17801	
GRECO MD, JOS F	FP
300 S HICKORY ST MOUNT CARMEL PA 17851	
GRUBB MD, ROBT A	FP
108 SUSQUEHANNA AVE SELINGSGROVE PA 17870	
HEINBACH MD, ROBT A	FP
125 S MARKET ST SELINGSGROVE PA 17870	
JACOBS MD, CLYDE H	OPH
370 MARKET ST SUNBURY PA 17801	
JOHNSTON MD, RUSSELL M	OPH
12 N FRONT ST SUNBURY PA 17801	
JUSTIN MD, PETER A	FP
250 S OAK ST MOUNT CARMEL PA 17851	
KIRK MD, DANL L	P
201 N CHURCH ST WAYNESBORO PA 17268	
KOPF MD, LAWRENCE J	FP
315 ORANGE ST NORTHUMBERLAND PA 17857	
LUSTUSKY MD, WM A	FP
300 S OAK ST MOUNT CARMEL PA 17851	
MAZANDARANI MD, AHMAD	R
3802 CARRIAGE HOUSE DR CAMP HILL PA 17011	
MUNIR MD, MOHAMMAD M	IM
80X 74A SHAMOKIN DAM PA 17876	
MYCHAK MD, DENNIS R	FP
130 N MARKET ST MT CARMEL PA 17851	
NELMS MD, WILLIAM F	OBG
2430 BRAZILIA DR CLEARWATER FL 33515	
NORWOOD MD, GILBERT F	ORS
BOX 158 HUMMELS WHARF PA 17831	
PAGANA MD, JOHN P	FP
316 N 12TH ST SUNBURY PA 17801	
PAYNE MD, VIRGINIA L	N
BOX 500 SELINGSGROVE PA 17870	
PERALTA MD, JUAN O	R
141 E SUNBURY ST SHAMOKIN PA 17872	
REED MD, GILBERT C	FP
P O BOX L HUMMELS WHARF PA 17831	
RETTINGER MD, BEATRICE F	FP
844 N 4TH ST SUNBURY PA 17801	
RODRIGUEZ MD, EDEL A	FP
W CENTER ST ELYSBURG PA 17824	
ROSS JR MD, PETER W	OBG
SHAMOKIN ST GEN HOSP SHAMOKIN PA 17872	
SAHAD MD, MOHAMMAD A	IM
BOX 74-A SHAMOKIN DAM PA 17876	
SAVIDGE MD, SANL L	FP
102 S 4TH ST SUNBURY PA 17801	
SAYERS MD, FRANCIS P	IM
BOX 500 SELINGSGROVE PA 17870	
SCHNEIDER MD, BENJ	FP
123 E MARKET ST DANVILLE PA 17821	



SCHRECK MD, FRED M FP  
 911 N 5TH ST SUNBURY PA 17801  
 SCICCHITANO MD, DAVID C FP  
 15 E AVE MOUNT CARMEL PA 17851  
 SIENKIEWICZ MD, JOS M FP  
 50 N MAPLE ST MT CARMEL PA 17851  
 SINGZON MD, JAIME M IM  
 330 N 12TH ST SUNBURY PA 17801  
 SMIGELSKY MD, ISADORE E FP  
 1 EAST AVE MT CARMEL PA 17851  
 SPUCK MD, NICHOLAS FP  
 300 SHAMOKIN ST SHAMOKIN PA 17872  
 STIEF MD, MICHAEL J FP  
 127 E 5TH ST MOUNT CARMEL PA 17851  
 TSAI MD, LONGWAY PD  
 SHAMOKIN HOSP RT 1 SHAMOKIN PA 17872  
 TWIGGAR II MD, EDWARD V GS  
 SHAMOKIN STATE GEN HOSP SHAMOKIN PA 17872  
 VASTINE MD, JOHN R IM  
 BOX 253 EAGLES MERE PA 17731  
 WANG MD, TEI-CHEN FP  
 817 TAMPICO WAY MONTERELLO CA 90640  
 WEAVER MD, WM M FP  
 107 SUSQUEHANNA AVE SELINGSGROVE PA 17870  
 WEE MD, CHONG Y OBG  
 119 S 4TH ST SUNBURY PA 17801  
 MELLER MD, CARL A FP  
 BOX E HUMMELS WHARF PA 17831  
 MENTZEL MD, GEO R OPH  
 700 MARKET ST STE 405 SUNBURY PA 17801  
 WILSON MD, DOROTHY G OBG  
 330 N 12TH ST SUNBURY PA 17801

ALAVI MD, ABASS IM  
 939 REMINGTON RD WYNNEWOOD PA 19096  
 ALBERICO MD, ANTHONY M IM  
 5245 OXFORD AVE RM 5C PHILADELPHIA PA 19124  
 ALBERT MD, SEYMOUR M ORS  
 1305 W TABOR RD PHILADELPHIA PA 19141  
 ALDAY MD, EDGARDO S GS  
 1025 WALNUT ST PHILADELPHIA PA 19107  
 ALEXANDER JR MD, JOHN D IM  
 301 S 8TH ST PHILADELPHIA PA 19107  
 ALEXANDER MD, FRED OS  
 1400 YOUNGSPOND RD GLADWYNE PA 19035  
 ALEXANDER MD, MAURICE H OTO  
 1002 ARBORETUM RD WYNCOTE PA 19095  
 ALFANO MD, CHAS C CRS  
 STATE & OLD MAPLE RDS MEDIA PA 19063  
 ALGAZY MD, KENNETH M IM  
 539 CYNWYD CR BALA CYNWYD PA 19104  
 ALISUAG MD, RESTITUTO M AN  
 3664 SIPLE LANE HUNTINGDON VLY PA 19006  
 ALLCOCK MD, JENNIFER A PD  
 251 E BRINGHURST PHILADELPHIA PA 19144  
 ALLEN MD, MARIUS W GS  
 1507 W GIRARD AVE PHILADELPHIA PA 19130  
 ALOSI MD, ANTHONY J FP  
 230 E KESWICK AVE GLENSIDE PA 19038  
 ALPERS MD, BERNARD J N  
 111 N 49TH ST PHILADELPHIA PA 19139  
 ALTER MD, MILTON IM  
 3401 N BROAD ST PHILADELPHIA PA 19140  
 ALTMAN MD, BRIAN D OPH  
 1400 OLD YORK RD ABINGTON PA 19001  
 ALVARADO MD, ALFREDO TS  
 9114 DALE RD PHILADELPHIA PA 19115  
 AMADIO JR MD, PETER FP  
 733 SPRING VALLEY RD DOYLESTOWN PA 18901  
 AMARO MD, MARIO AN  
 878 N 21ST ST PHILADELPHIA PA 19130  
 AMBRUS MD, CLARA M PD  
 143 WINDSOR AVE BUFFALO NY 14029  
 AMBRUS MD, JULIAN L IM  
 143 WINDSOR AVE BUFFALO N Y 14029  
 AMRITT MD, R SIDNEY AN  
 399 MORELAND RD HUNTINGDON VLY PA 19006  
 AMSTERDAM MD, GERALD H GS  
 447 MILITIA HILL RD FT WASHINGTON PA 19034  
 AMSTERDAM MD, JULES P  
 10821 EDISON RD POTOMAC MD 20854  
 ANASTASI MD, JOS D FP  
 1829 PINE ST PHILADELPHIA PA 19103  
 ANDERSON MD, ALICE M FP  
 3412 W COULTER ST PHILADELPHIA PA 19129  
 ANDROS MD, GEO J OBG  
 1025 WALNUT ST PHILADELPHIA PA 19107  
 ANGELIDES MD, ANGELO P IM  
 6TH & STEVENS STS CAMDEN NJ 08103  
 ANIGATI MD, JUAN C AN  
 3736 WHEATSHAEF RD HUNTINGDON VALLEY PA 19006  
 ANNON JR MD, WALTER T GS  
 4900 PENN ST PHILADELPHIA PA 19124  
 ANO MD, ANTONIO C AN  
 8831 MONTGOMERY AVE PHILADELPHIA PA 19118  
 ANOLIK MD, MITCHELL A D  
 602 WASHINGTON SQ S PHILADELPHIA PA 19106  
 ANSEL MD, DAVID G OTO  
 1020 RYHILL RUN CHERRY HILL NJ 08003  
 ANTENSON MD, CHAS M FP  
 1919 CHESTNUT ST #1124 PHILADELPHIA PA 19103  
 ANTONIADES MD, JOHN R  
 260 ST JOSEPH WAY PHILADELPHIA PA 19106  
 ANZALONE MD, ANGELO A FP  
 210 LOCUST ST PHILADELPHIA PA 19106  
 APOITE MD, GONZALO E PTH  
 JEFF MED COLL PHILADELPHIA PA 19107  
 APOSTOLIS MD, PANAYOTIS OBG  
 766 ROBINHOOD RD ROSEMONT PA 19101  
 APPEL MD, JOHN W P  
 111 N 49TH ST PHILADELPHIA PA 19139  
 APPEL MD, KENNETH E P  
 206 GLENN RD ARDMORE PA 19003  
 APPIAH MD, AUGUSTINE IM  
 7727 HUNT CLUB RD COLUMBIA SC 29206  
 ARDEN MD, SIDNEY H PTH  
 1196 DICKINSON DR YARDLEY PA 19067  
 ARENTSEN MD, JUAN J OPH  
 1601 SPRING GARDEN ST PHILADELPHIA PA 19130  
 ARGER MD, PETER H R  
 HOSP UNIV OF PA PHILADELPHIA PA 19104  
 ARKLESS MD, HENRY A IM  
 2 BALA CYN PLAZA IL 18 BALA CYNWYD PA 19004  
 ARMENTO MD, DONALD F U  
 #6 FOXCROFT SQ APTS JENKINTOWN PA 19046  
 ARMOUR MD, WM S ORS  
 33 E CHESTNUT HILL AVE PHILADELPHIA PA 19118  
 ARMSTRONG MD, SCHUYLER S IM  
 7100 MARSHALL RD UPPER DARBY PA 19082  
 ARNETT MD, JOHN H FP  
 170 KENDAL-LONGWOOD KENNETT SQ PA 19348  
 ARNO MD, IRVIN C OBG  
 1325 W TABOR RD PHILADELPHIA PA 19141  
 ARTHURS MD, ANN C OTO  
 WATERSWEET ST GLEN MILLS PA 19342  
 ASBELL MD, SUCHA O R  
 297 N HIGHLAND AVE MERION PA 19066  
 ASGHARZADEH MD, RAHM U  
 ALBERT EINSTEIN MED CTR PHILADELPHIA PA 19141  
 ASHOODIAN MD, MILA J OPH  
 1014 CENTENNIAL BLVD NARBERTH PA 19072  
 ASKER MD, F FP  
 1143 NORWALK ST PHILADELPHIA PA 19115  
 ASKOVITZ MD, SAMUEL I OPH  
 5869 OVERBROOK AVE PHILADELPHIA PA 19131  
 ASPER MD, RONALD F IM  
 230 N BROAD ST RM 822 PHILADELPHIA PA 19102

ATKINS JR MD, JOSEPH P OTO  
 8TH&SPRUCE STS PHILADELPHIA PA 19107  
 AU MD, FRANCIS C GS  
 1324 BARTON DR FT WASHINGTON PA 19034  
 AUDAY MD, JOSE H ORS  
 255 S 17TH ST STE 1006 PHILADELPHIA PA 19103  
 AUER MD, EDWARD T P  
 111 N 49TH ST PHILADELPHIA PA 19139  
 AUSSPRUNG MD, H LEON OBG  
 24 E DAYTON AVE BRANT BEACH NJ 08008  
 AUSTRIAN MD, ROBT C IM  
 HOSP UNIV OF PA PHILADELPHIA PA 19104  
 AVELLINO MD, JOS D FP  
 2219 S BROAD ST PHILADELPHIA PA 19148  
 AVERSA JR MD, ZEFFERINO A OTO  
 2301 S BROAD ST STE 207 PHILADELPHIA PA 19148  
 AVERSA MD, NICOLA FP  
 1322 RITNER ST PHILADELPHIA PA 19148  
 AXELROD MD, BERNARD M FP  
 3600 CONSHOHOCKEN AVE PHILADELPHIA PA 19131  
 AXELROD MD, BUDD B FP  
 618 E GIRARD AVE PHILADELPHIA PA 19125  
 AXELROD MD, RITA S IM  
 LANKENAU HOSP RES DEPT PHILADELPHIA PA 19151  
 AYELLA JR, ALFRED S GS  
 1213 S BROAD ST PHILADELPHIA PA 19147  
 AYERLE MD, ROBT S PRM  
 1 PARKWAY 14TH FLOOR PHILADELPHIA PA 19102  
 AZAR MD, REZA R AN  
 65 WATER CREST DR DOYLESTOWN PA 18901  
 BACHARACH MD, BENJ GS  
 130 S 9TH PHILADELPHIA PA 19107  
 BACHMAN MD, LEONARD AN  
 2404 BELLEVUE ROAD HARRISBURG PA 17104  
 BACKUP MD, CLIFFORD E P  
 FRIENDS HOSP PHILADELPHIA PA 19124  
 BACON MD, HARRY E CRS  
 344 LAUREL LANE HAVERFORD PA 19041  
 BAER MD, GEO FP  
 1 MONTGOMERY AVE APT 11 BALA CYNWYD PA 19004  
 BAER MD, SAML IM  
 5123 N BROAD ST PHILADELPHIA PA 19141  
 BAHN MD, ANITA K PRM  
 553 N JUDSON ST PHILADELPHIA PA 19130  
 BAIL MD, HARRY FP  
 6915 OAKLAND ST PHILADELPHIA PA 19149  
 BAKER MD, DAVID A OBG  
 3400 SPRUCE ST-OBG PHILADELPHIA PA 19104  
 BAKER MD, HOWARD W US  
 1333 CHESTNUT ST PHILADELPHIA PA 19107  
 BAKER MD, WALTER W U  
 315 GLENN RD ARDMORE PA 19003  
 BALBUS MD, THEODORE G R  
 ROLLING HILL HOSP ELKINS PARK PA 19117  
 BALIN MD, SOLOMON L FP  
 328 S PROVIDENCE RD WALLINGFORD PA 19086  
 BALL MD, SIMON OTO  
 1351 W TABOR RD PHILADELPHIA PA 19141  
 BALLAS MD, SAMIR K IM  
 1015 WALNUT ST RM 719 PHILADELPHIA PA 19107  
 BALLEK MD, RONALD E IM  
 1116 HOPKINSON HOUSE PHILADELPHIA PA 19106  
 BALSAMO MD, ANTHONY J ORS  
 8201 HENRY AVE #74 PHILADELPHIA PA 19128  
 BALTZELL MD, WM H OTO  
 130 S 9TH ST PHILADELPHIA PA 19107  
 BAND MD, PHILIP T P  
 2600 N LAWRENCE ST PHILADELPHIA PA 19133  
 BANK MD, ARNOLD A N  
 ALBERT EINSTEIN MED CTR PHILADELPHIA PA 19141  
 BANKA MD, VIDYA S IM  
 51 NORTH 39TH ST PHILADELPHIA PA 19104  
 BANNER MD, RONALD S IM  
 410 CHAPEL RD ELKINS PARK PA 19117  
 BANNETT MD, AARON D GS  
 1335 49 W TABOR RD PHILADELPHIA PA 19141  
 BANSAL MD, SUBHASH C GS  
 3300 HENRY AVE PHILADELPHIA PA 19129  
 BANSHACH MD, JEAN M US  
 21 N FEATHERING RD MEDIA PA 19063  
 BANSHACH MD, WM A U  
 2301 S BROAD ST PHILADELPHIA PA 19148  
 BANTLEY JR MD, DAVID S R  
 WELSH & NORRISTOWN RDS MAPLE GLEN PA 19002  
 BAR MD, ALLEN H GS  
 330 S 9TH ST PHILADELPHIA PA 19107  
 BARAHONA MD, VICTOR C GS  
 1718 CATALPA LANE MT PROSPECT IL 60056  
 BARATZ MD, BURTON H OBG  
 NE MED CTR PHILADELPHIA PA 19114  
 BARBIERI MD, EDWARD A GS  
 PRESIDENTIAL APT ST 010 PHILADELPHIA PA 19131  
 BARBO MD, DOROTHY M OBG  
 3300 HENRY AVE PHILADELPHIA PA 19129  
 BARDEN MD, ROBT P R  
 8835 GERMANTOWN AVE PHILADELPHIA PA 19118  
 BARENSBAUM MD, DANL H FP  
 2623 W ALLEGHENY AVE PHILADELPHIA PA 19132  
 BARKER MD, CLYDE F GS  
 HOSP-UNIV OF PA PHILADELPHIA PA 19104  
 BARKER MD, RICHARD G IM  
 446 HUNTINGDON DR WAYNE PA 19087  
 BARNES MD, ANNE U GS  
 1503 RICHLAND RD FEASTERVILLE PA 19047  
 BAROL MD, DANL M PD  
 416 SPRUCE ST PHILADELPHIA PA 19106  
 BARON MD, RAYMOND C IM  
 313 CURTIS DRIVE WYNCOTE PA 19095  
 BARON MD, SAML U  
 515 W CHELTEN AVE PHILADELPHIA PA 19144  
 BARR MD, LOUIS H GS  
 22991 SCHOOL HOUSE LANE PHILADELPHIA PA 19144  
 BARR MD, SAML S OBG  
 255 S 17TH ST PHILADELPHIA PA 19103  
 BARR MD, SIDNEY IM  
 2401 PENNA AVE APT 8826 PHILADELPHIA PA 19130

## Perry County

BANKS MD, ROBT P FP  
 P O BOX 145 MIFFLINTOWN PA 17059  
 BARTHO MD, BLAINE F FP  
 RD 1 BX 52 LANDISBURG PA 17040  
 KARLIK JR MD, PAUL FP  
 207 HIGH ST DUNCANNON PA 17020  
 MAGILL MD, WM H FP  
 2 S 4TH NEWPORT PA 17074  
 MATUNIS MD, JOS J FP  
 LOYSVILLE PA 17047  
 OTTO MD, WILLIAM S FP  
 BOX 115 LANDISBURG PA 17040  
 ROCHMAN MD, ALAN J R  
 R D #1 DUNCANNON PA 17020  
 RUMBAUGH JR MD, JAMES O FP  
 BOX 156 NEWPORT PA 17074  
 STEPHENSON MD, ORLANDO K FP  
 NEW BLOOMFIELD PA 17068

## Philadelphia County

ABDOLLAHIAN MD, JAVAD IM  
 1411 HARRISON ST PHILADELPHIA PA 19124  
 ABLAZA MD, SARIEL G TS  
 744 SIGNAL LIGHT RD MOORESTOWN NJ 08057  
 ABRAHAM DO, RONALD PM  
 338 GLEN MEADOW RD RICHBORO PA 18954  
 ABRAHAM MD, HANS A FP  
 7950 WHITEWOOD RD ELKINS PARK PA 19117  
 ABRAHAMSON MD, MANFORD N ORS  
 13001 WORTHINGTON RD PHILADELPHIA PA 19116  
 ABRAHS MD, ROSS A IM  
 10405 PHOCTOR ST SILVER SPGS MD 20901  
 ABRAMSON MD, EDWIN B IM  
 60 E TOWNSHIP LINE ELKINS PARK PA 19117  
 ABRAMSON MD, MAURICE FP  
 7500 MANCHESTER RD PHILADELPHIA PA 19126  
 ADALJA MD, ASHOK N IM  
 6320 HARDIN RD CORNWELLS HGTS PA 19020  
 ADAM MD, ALBERTO L TS  
 360 WARREN RD WAYNE PA 19087  
 ADAMS MD, FAE M OBG  
 3300 HENRY AVE PHILADELPHIA PA 19129  
 ADAMS MD, POWELL E P  
 D-117 PRESIDENTIAL APTS PHILADELPHIA PA 19131  
 ADAMS MD, WILLIAM C PD  
 1207 AMHERST RD DOTHAN AL 36301  
 ADEBONJO MD, FESTUS O PD  
 1427 CATHERINE ST PHILADELPHIA PA 19146  
 ADELIZZI MD, I RICHARD OTO  
 1723 S BROAD ST PHILADELPHIA PA 19148  
 ADELMAN MD, BERNARD P R  
 1335 TABOR RD PHILADELPHIA PA 19141  
 ADELMAN MD, FREDERICK P IM  
 60 E TOWNSHIP RD ELKINS PARK PA 19117  
 ADLER MD, FRANCIS M OPH  
 8870 TOWANDA ST PHILADELPHIA PA 19118  
 ADLIN MD, ALBERT IM  
 1512 LINDLEY AVE PHILADELPHIA PA 19141  
 ADOM MD, EDWIN A P  
 18TH & PKNY APT 26N PHILADELPHIA PA 19103  
 ADONI MD, LEON D  
 8302 OLD YORK RD ELKINS PK PA 19117  
 AGERTY MD, HORST A PD  
 420 TOWNSHIP LINE RD HAVERTOWN PA 19083  
 AGUIRRE MD, MELANIO D IM  
 451 ORIOLE ST PHILADELPHIA PA 19128  
 AHLFELDT MD, FLORENCE E IM  
 907 EAGLE RD WAYNE PA 19087  
 AKBAR MD, MOHAMMAD M OTO  
 KENILWORTH APTS 917 PHILADELPHIA PA 19144



BARRINGER MD, LYDIA R AN  
 201 S BUCK LN HAVERFORD PA 19041  
 BARRIOS MD, ANTONIO FP  
 2122 N HANCOCK ST PHILADELPHIA PA 19122  
 BARRY MD, WILLIAM E IM  
 3400 N BROAD ST PHILADELPHIA PA 19140  
 BARTUSKA MD, DORIS G IM  
 3227 W PENN ST PHILADELPHIA PA 19129  
 BARUSEWYCZ MD, SR MARIA N P  
 1825 W LINDLEY AVE PHILADELPHIA PA 19141  
 BASAVANAND MD, NIRMALA P PD  
 49 N PARK DR BRIDGETON N J 08302  
 BASH MD, NICHOLAS P PTH  
 2401 PENNA AVE WILMINGTON DE 19806  
 BASSETT MD, JAMES G FP  
 3300 HENRY AVE PHILADELPHIA PA 19129  
 BASTIAN MD, GRACE A AN  
 465 HIGHVIEW DR RADNOR PA 19087  
 BATOFF MD, MILTON A FP  
 PARK LANE E BEVERLY BLV UPPER DARBY PA 19082  
 BATSON MD, OSCAR V OTO  
 3926 PINE ST PHILADELPHIA PA 19104  
 BATTAFARANO MD, LEONARD A FP  
 1013 N 63RD ST PHILADELPHIA PA 19151  
 BATTERTON MD, THOS D IM  
 2346 RHAWN ST PHILADELPHIA PA 19152  
 BATTIS JR MD, JAMES A OBG  
 100 HAVEN AVE APT 15A NEW YORK NY 10032  
 BAUER MD, JOHN T PTH  
 312 E SECOND ST MOORESTOWN NJ 08057  
 BAUM MD, O EUGENE P  
 1200 MORRIS RD WYNNWOOD PA 19096  
 BAUMANN MD, FRIEDA US  
 200 N WYNNWOOD AVE WYNNWOOD PA 19096  
 BAXT MD, LEON FP  
 1940 N 5TH ST PHILADELPHIA PA 19122  
 BAXTER MD, ROBERT S OPH  
 1601 SPRING GARDEN ST PHILADELPHIA PA 19130  
 BAYNE MD, GILBERT M US  
 VLY STREAM APT U-303 LANSDALE PA 19446  
 BEARDWOOD MD, DONALD M IM  
 1245 HIGHLAND AVE ABINGTON PA 19001  
 BEATTY MD, ALBERT C GS  
 925 GREENWOOD AVE WYNCOTE PA 19095  
 BEAUCHAMP JR MD, EUGENE W GS  
 300 STAFFORD ST SPRINGFIELD MA 01104  
 BECK JR MD, WM W OBG  
 PA HOSP 8TH & SPRUCE PHILADELPHIA PA 19106  
 BECK MD, AARON T P  
 406 WYNMERE RD WYNNWOOD PA 19096  
 BECK MD, SIDNEY US  
 526 PRESCOTT RD MERION PA 19066  
 BECKER MD, IRWIN FP  
 1532 FLATROCK RD NARBERTH PA 19072  
 BECKER MD, JOS M R  
 3600 CONSHOHOCKEN AVE PHILADELPHIA PA 19131  
 BECKER MD, WARREN M R  
 1137 TOWER LANE E PENN VALLEY PA 19072  
 BECKLEY MD, ALLEN G US  
 P O BOX 5093 LANCASTER PA 17601  
 BEDFORD MD, RICHARD A FP  
 2098 WELSH RD PHILADELPHIA PA 19152  
 BEERMAN MD, HERMAN D  
 255 S 17TH ST PHILADELPHIA PA 19103  
 BEG MD, MIRZA M IM  
 1500 SPRING GARDEN ST PHILADELPHIA PA 19101  
 BEHREND MD, ALBERT GS  
 700 NE HARBOUR APT 328 BOCA RATON FL 33431  
 BEHREND MD, BERNARD PRM  
 5910 GREENE ST PHILADELPHIA PA 19144  
 BEHRINGER MD, W HAYMAN OTO  
 WILMINGTON V A HOSP WILMINGTON DE 19805  
 BEIZER MD, LAWRENCE H IM  
 419 S 19TH ST PHILADELPHIA PA 19146  
 BELL MD, ELLA C IM  
 5555 WISSAHICKON AVE L- PHILADELPHIA PA 19144  
 BELLARMINO MD, FRANCIS M FP  
 2301 S BROAD ST PHILADELPHIA PA 19148  
 BELLER MD, MARTIN L ORS  
 1936 SPRUCE ST PHILADELPHIA PA 19103  
 BELLET MD, ROBERT E IM  
 1651 FAWN LN HUNTINGDON VLY PA 19006  
 BELMONT MD, HERMAN S P  
 245 N BROAD ST PHILADELPHIA PA 19107  
 BELMONT MD, OWEN OPH  
 5723 N PARK AVE PHILADELPHIA PA 19141  
 BELOFF MD, LOUIS FP  
 8300 NEWBOLD LN PHILADELPHIA PA 19118  
 BENDER MD, SHELDOON R IM  
 1320 RACE ST PHILADELPHIA PA 19107  
 BENDERSKY MD, GORDON IM  
 2200 BEN FRANKLIN PKWY PHILADELPHIA PA 19130  
 BENDLIN MD, ARNALDO GS  
 1735 HYBRID PL CLEMONTON N J 08021  
 BENEDICT MD, FRANKLIN D FP  
 125 WESLEY RD OCEAN CITY N J 08226  
 BENEZRA MD, ISAK AN  
 310 S EASTON RD 8415 GLENSIDE PA 19038  
 BENJAMIN MD, KENNETH W OPH  
 1419 SPRUCE ST PHILADELPHIA PA 19102  
 BENNETT MD, ARLENE P P  
 369 E GOWEN AVE PHILADELPHIA PA 19119  
 BENNETT MD, HUGH D IM  
 HAMMERMANN MED COLLEGE PHILADELPHIA PA 19102  
 BENSON MD, GORDON D IM  
 JEFFERSON MED COLL MED PHILADELPHIA PA 19107  
 BENSON MD, JACOB M CRS  
 60 E TWP LINE STE 235 ELKINS PARK PA 19117  
 BENSON MD, JOHN R P  
 3401 N BROAD ST PHILADELPHIA PA 19140  
 BENSON MD, WILLIAM E OPH  
 51 NORTH 39TH ST PHILADELPHIA PA 19104  
 BENTIVOGLIO MD, LAMBERTO G US  
 2 BALA CYNWYD PT STE 25 BALA CYNWYD PA 19004  
 BERENBAUM MD, ARTHUR A IM  
 1930 CHESTNUT ST PHILADELPHIA PA 19103  
 BERES MD, JOSEPH C R  
 425 EMERSON RD HUNTINGDON VLY PA 19006  
 BERG MD, MORTON D P  
 4 DEER PK CRESCENT 1-B TORONTO 7 CANADA  
 BERG MD, PHILIP FP  
 1541 LONGSHORE AVE PHILADELPHIA PA 19149  
 BERGER MD, ARNOLD H FP  
 237 STACEY RD NARBERTH PA 19072  
 BERGER MD, SIMON M R  
 5601 N BROAD ST 209 PHILADELPHIA PA 19141  
 BERGHER MD, MOISES P  
 1500 HELLMAN ST PHILADELPHIA PA 19149  
 BERGQUIST MD, ERICK J IM  
 736 CAMBERLEY CIR A T-6 TOWSON MD 21204  
 BERK MD, NATHANIEL G IM  
 CEDARBROOK HILL 3 WYNCOTE PA 19095  
 BERKOWITZ MD, HENRY D GS  
 UNIV OF PA HOSP PHILADELPHIA PA 19140  
 BERKOWITZ MD, RICHARD D IM  
 3401 N BROAD ST PHILADELPHIA PA 19140  
 BERMAN MD, ARNOLD T ORS  
 230 N BROAD ST PHILADELPHIA PA 19102  
 BERMAN MD, RICHARD FP  
 540 CROYDEN RD CHELTENHAM PA 19012  
 BERNABEI MD, ARMAND L OBG  
 220 ELLIS RD HAVERTOWN PA 19083  
 BERNIS MD, LEON L IM  
 1335 W TABOR RD PHILADELPHIA PA 19141  
 BERNSTINE MD, J BERNARD OBG  
 PRESIDENTIAL APTS D422 PHILADELPHIA PA 19131  
 BESARAB MD, ANATOLE IM  
 7 DOGWOOD ST BLACKWOOD N J 08012  
 BESSER MD, JOS P IM  
 350 E WILLOW GROVE 705 PHILADELPHIA PA 19118  
 BETTINGER MD, JOHN C IM  
 1331 S ELISCO DR SAN RAFAEL CA 94904  
 BETTS MD, EUGENE K AN  
 CHILDRENS HOSP DPT ANES PHILADELPHIA PA 19104  
 BEVAN MD, EMMA B OBG  
 354 W LANCASTER AVE HAVERFORD PA 19041  
 BEVERLY JR MD, ROLAND S FP  
 5836 CHESTNUT ST PHILADELPHIA PA 19139  
 BEVERLY MD, AVERY W R  
 5029 WOODLAND AVE PHILADELPHIA PA 19143  
 BEVLACQUA MD, JOHN E IM  
 900 DREXEL AVE DREXEL HILL PA 19026  
 BEYER JR MD, KARL H OS  
 GWYNEDD-PLYMOUTH RD GWYNEDD VLY PA 19437  
 BHARADWAJ MD, KRISHAN IM  
 216 N BROAD ST PHILADELPHIA PA 19102  
 BIDDLE MD, STANLEY E US  
 1854 E TULPEHOCKEN PHILADELPHIA PA 19138  
 BIELE MD, ALBERT M P  
 1530 LOCUST ST PHILADELPHIA PA 19102  
 BIELE MD, FLORA M P  
 1103 SPRUCE ST PHILADELPHIA PA 19107  
 BIEMULLER MD, MARTHA L OBG  
 5555 WISSAHICKON AVE PHILADELPHIA PA 19144  
 BIERMAN MD, VICTOR J FP  
 6618 N 2ND ST APT A-10 PHILADELPHIA PA 19126  
 BILKER MD, IRIS J P  
 CEDARBROOK HILL APT C60 WYNCOTE PA 19095  
 BILLIG MD, RUTH A PD  
 6448 N 11TH ST PHILADELPHIA PA 19126  
 BINNION MD, PETER F IM  
 201 S 18TH ST PHILADELPHIA PA 19103  
 BIRD MD, GUSTAVUS C R  
 1926 COBDEN RD PHILADELPHIA PA 19118  
 BIRDSALL MD, THOMAS M U  
 3910 POWELTON AVE 304 PHILADELPHIA PA 19104  
 BIRKHEAD MD, NEWTON C IM  
 LEDERLE LABORATORIES PEARL RIVER NY 10965  
 BIRNBAUM MD, JOSEPH G FP  
 3600 CONSHOHOCKEN AVE PHILADELPHIA PA 19131  
 BIRNBAUM MD, MICHAEL D OBG  
 8118 OLD YORK RD ELKINS PARK PA 19117  
 BIRTWELL MD, WM M IM  
 614 E MANGA RD HAVERTOWN PA 19083  
 BISHOP MD, HARRY C GS  
 ONE CHILDRENS CTR PHILADELPHIA PA 19104  
 BISHOP MD, SARAH PRM  
 705 N 8TH ST APT 2 R PHILADELPHIA PA 19123  
 BISHOP MD, I RALPH FP  
 447 HARRISON AVE GLENSIDE PA 19038  
 BITTMAN MD, HAROLD L P  
 8302 YORK RD ELKINS PARK PA 19117  
 BITMAN MD, JOS PD  
 1939 CHELTENHAM AVE ELKINS PARK PA 19117  
 BLACK MD, HERMAN IM  
 1115 DOGWOOD CT POTTSTOWN PA 19464  
 BLACK MD, MAURICE M IM  
 415 GLENHAY RD PHILADELPHIA PA 19118  
 BLACKBURN MD, WALTER J IM  
 2210 S BROAD ST PHILADELPHIA PA 19145  
 BLADY MD, JOHN V GS  
 2009 STONE RIDGE LN VILLANOVA PA 19085  
 BLAIN MD, DANL P  
 2100 CLARKSON AVE PHILADELPHIA PA 19144  
 BLAIR MD, FRANK W OPH  
 369 GREEN LANE PHILADELPHIA PA 19128  
 BLAKER MD, MARTIN A ORS  
 1930 CHESNUT ST PHILADELPHIA PA 19103  
 BLANCH MD, JOS J U  
 4101 TYSON AVE PHILADELPHIA PA 19135  
 BLANCHET MD, ALFRED D OBG  
 6031 MORTON ST PHILADELPHIA PA 19144  
 BLAND MD, C BRINLEY OBG  
 GYPSY HILL RD R D 1 AMBLER PA 19002  
 BLANK MD, SAML AN  
 808 WESTVIEW ST PHILADELPHIA PA 19119  
 BLANZACO MD, ANDRE C OBG  
 717 BETHLEHEM PIKE PHILADELPHIA PA 19118  
 BLATT MD, HERBERT L OPH  
 1000 WALNUT ST PHILADELPHIA PA 19107  
 BLATT MD, MARK A FP  
 2 DECKER SQ STE 46 BALA CYNWYD PA 19004  
 BLECKER MD, DAVID L IM  
 2052 SPRING MILL RD LAFAYETTE HILL PA 19444  
 BLEIHMAN MD, MICHAEL P  
 1155 MORRIS RD WYNNWOOD PA 19096  
 BLESA MD, E SERGIO IM  
 EPISCOPAL HOSP PHILADELPHIA PA 19125  
 BLESSING MD, HENRY G P  
 2185 WINTHROP RD HUNTINGDN VLY PA 19006  
 BLEWITT MD, GEORGE A IM  
 21 PATRIOT CIRCLE DEVON PA 19333  
 BLINKOFF MD, BARRY A IM  
 1314 LAND MK RTE 70 295 CHERRY HILL NJ 08034  
 BLOCK MD, FRANK B GS  
 11124 PARK DR MANOR PHILADELPHIA PA 19144  
 BLOCK MD, ROBERT A OBG  
 NORTHEAST MED CTR PHILADELPHIA PA 19114  
 BLOOD JR MD, RAYMOND G FP  
 3367 FRANKFORD AVE PHILADELPHIA PA 19134  
 BLOOM MD, EDWARD I OTO  
 176 W CHEW ST PHILADELPHIA PA 19120  
 BLOOM MD, JOS PD  
 6901 YORK RD PHILADELPHIA PA 19126  
 BLOOM MD, SHIRLEY S AN  
 2032 WAVERLY ST PHILADELPHIA PA 19146  
 BLOUNT DO, AMANDA C FP  
 255 S 17TH ST PHILADELPHIA PA 19103  
 BLUM MD, BERNARD M P  
 THE BENSON EAST 215B JENKINTOWN PA 19046  
 BLUMBERG MD, LEON D FP  
 7848 MONTGOMERY AVE PHILADELPHIA PA 19117  
 BLUMBERG MD, MYRON L R  
 317 S 22ND ST PHILADELPHIA PA 19103  
 BLUMENFELD MD, RALPH FP  
 4111 PRINCETON AVE PHILADELPHIA PA 19135  
 BLUMENTHAL MD, CHAS FP  
 7432 TORRESDALE AVE PHILADELPHIA PA 19136  
 BLUMSTEIN MD, GEO I IM  
 2039 DELANCEY ST PHILADELPHIA PA 19103  
 BOC MD, STANLEY F FP  
 2221 E SUSQUEHANNA AVE PHILADELPHIA PA 19125  
 BOCKUS MD, HENRY L IM  
 250 S 18TH ST PHILADELPHIA PA 19103  
 BODI MD, TIBOR IM  
 6424 CITY LINE AVE PHILADELPHIA PA 19151  
 BOGAEV MD, JULES H U  
 739 MUSTIN LANE VILLANOVA PA 19085  
 BOGER MD, WM P IM  
 1675 GLENHARDIE RD WAYNE PA 19087  
 BOGGS JR MD, THOMAS R PD  
 606 RIGHTERS MILL RD NARBERTH PA 19072  
 BOLES MD, RUSSELL S IM  
 1930 CHESTNUT ST RM 706 PHILADELPHIA PA 19103  
 BOLOGNESE MD, RONALD J OBG  
 829 SPRUCE ST PHILADELPHIA PA 19107  
 BONAKDAR-POUR MD, AKBAR R  
 TEMPLE UNIV HOSP RAD PHILADELPHIA PA 19140  
 BONAN MD, A FERDINAND P  
 1814 DALANCEY PL PHILADELPHIA PA 19103  
 BONAVITA MD, JOHN A R  
 1812 SPRUCE ST PHILADELPHIA PA 19103  
 BONN MD, JERROLD C P  
 8220 CASTOR AVE PHILADELPHIA PA 19152  
 BOOKHAMMER MD, ROBT S P  
 249 HILLDALE RD VILLANOVA PA 19085  
 BORA MD, FRANK W ORS  
 2 BAILEY RD YEADON PA 19050  
 BORDEN MD, ANTHONY G R  
 991 RYDAL RD RYDAL PA 19046  
 BORKOWSKI MD, ADOLPH F IM  
 2003 SHELWIRE AVE PHILADELPHIA PA 19152  
 BORKOWSKI MD, BERNARD B GS  
 303 WINDY BUSH RD NEW HOPE PA 18938  
 BORKOWSKI MD, WINSLOW J N  
 1324 RED RAMBLER RD RYDAL PA 19046  
 BORNIS MD, PATRICIA F R  
 3411 WARDEN DR PHILADELPHIA PA 19129  
 BOROW MD, LAWRENCE S OBG  
 516 CRAIG LANE VILLANOVA PA 19085  
 BOROW MD, SYDNEY PD  
 3400 ST VINCENT ST PHILADELPHIA PA 19149  
 BOROWSKY MD, SYDNEY M PD  
 1344 66TH AVE PHILADELPHIA PA 19126  
 BORTIN MD, LEONARD IM  
 191 PRESIDENTIAL BLVD BALA CYNWYD PA 19004  
 BOURLAND MD, HENRY S CRS  
 2219 GARRETT RD DREXEL HILL PA 19026  
 BOUZARTH MD, WM F NS  
 EPISCOPAL HOSP STE 111 PHILADELPHIA PA 19125  
 BOVE MD, FRANK A IM  
 2901 S BROAD ST PHILADELPHIA PA 19148  
 BOWER MD, ROBT GS  
 230 N BROAD ST PHILADELPHIA PA 19102  
 BOWERS MD, PAUL A OBG  
 255 S 17TH ST 2ND FL PHILADELPHIA PA 19103  
 BOWMAN MD, JAMES E PD  
 7959 FRONTENEC ST PHILADELPHIA PA 19111  
 BOYD 3RD MD, ROBT T GS  
 3910 POWELTON AVE PHILADELPHIA PA 19104  
 BOYER MD, RANDAL R  
 39 E MONTGOMERY AVE ARDMORE PA 19003  
 BOYLE JR MD, JAMES J R  
 ANDOVER RD HAVERFORD PA 19041  
 BRACHFELD MD, JONES IM  
 227 NICHOLSON DR MOORESTOWN N J 08057  
 BRADFORD MD, GEORGE W FP  
 1500 LOCUST ST APT 3008 PHILADELPHIA PA 19102  
 BRADLEY JR MD, ROBT H U  
 33 E CHESTNUT HILL AVE PHILADELPHIA PA 19118  
 BRADY MD, LUTHER W R  
 230 N BROAD ST PHILADELPHIA PA 19102  
 BRAITMAN MD, ROBT A IM  
 539 PRESCOTT RD MERION STA PA 19066  
 BRAUNFELD DO, ROBERT FP  
 206 HARDWICKE LA VILLANOVA PA 19085



# PHILADELPHIA

BRAY MD, SOLOMON S	OPH	BRUNO MD, GIOVANNI	R	CAREY MD, LAWRENCE S	IM
5575 N PARK AVE PHILADELPHIA PA 19141		VIA NAZIONALE 196/4 34016 OPICINA TRIESTE ITALIA		2245 GARRETT RD DREXEL HILL PA 19026	
BRECHER MD, EUGENE	FP	BRUNT JR MD, MANLY Y	P	CARLUCCI MD, RONALD J	GS
8118 OLD YORK RD ELKINS PARK PA 19117		633 MALIN RD NEWTOWN SQ PA 19073		721 WINCHESTER RD BROOMALL PA 19008	
BRECHT MD, JAMES A	P	BRUST MD, RAYMOND W	IM	CARNABUCI MD, GUY J	D
111 N 49TH ST PHILADELPHIA PA 19139		301 MILL RD HAVERTOWN PA 19083		1612 S BROAD ST PHILADELPHIA PA 19145	
BRECKENRIDGE MD, JOHN W	R	BRYANT JR MD, WINSTON M	OPH	CARP MD, ALBERT A	PD
7937 HEATHER RD ELKINS PARK PA 19117		5900 SPRUCE ST PHILADELPHIA PA 19139		7433 DREXEL RD PHILADELPHIA PA 19151	
BREGMAN MD, JOS	FP	BRYLANSKI MD, MICHAEL	IM	CARP MD, LEON M	IM
7967 LANGDON ST PHILADELPHIA PA 19111		606 ELKINS AVE ELKINS PARK PA 19117		7516 CITY AVE PHILADELPHIA PA 19151	
BRENNAN MD, ARNOLD K	OTO	BUCH MD, HERIBERTO E	OPH	CARPEL MD, RAPHAEL	FP
7612 MOUNTAIN AVE PHILADELPHIA PA 19117		85 N LANSDOWNE AVE LANSDOWNE PA 19050		2601 S MASSEY ST PHILADELPHIA PA 19142	
BRENNAN MD, JAMES T	R	BUCHERT MD, JOS G	FP	CARRINGTON MD, ELSIE R	OBG
3400 SPRUCE ST PHILADELPHIA PA 19104		3019 N 8TH ST PHILADELPHIA PA 19133		3300 HENRY AVE PHILADELPHIA PA 19129	
BRENNAN MD, JOS E	FP	BUCHHEIT MD, WM A	NS	CARROLL MD, ROBT T	IM
431 E LEVICK ST PHILADELPHIA PA 19111		TEMPLE UNIV HOSP PHILADELPHIA PA 19140		8705 PATTON RD WYNDMOOR PA 19118	
BRENNAN MD, RUSSELL J	OTO	BUCKA MD, EDWARD R	IM	CARROLL MD, STANTON F	GS
6100 WALNUT ST PHILADELPHIA PA 19139		1015 WALNUT ST PHILADELPHIA PA 19107		530 MANOR RD WYNNWOOD PA 19096	
BRENNER DO, RICHARD P	IM	BUERKLIN MD, ELLEN M	IM	CARROZZA MD, HARRY D	OPH
2175 KNORR ST PHILADELPHIA PA 19149		PO BOX 8299 WYETH LABS PHILADELPHIA PA 19101		5735 RIDGE AVE PHILADELPHIA PA 19128	
BRENNER MD, MAXWELL B	US	BULLUCK MD, DAVID E	OS	CARSON MD, JOHN B	IM
2919 RICHMOND ST PHILADELPHIA PA 19134		530 WALNUT ST PHILADELPHIA PA 19172		BOX 291 GRADYVILLE RD NEWTOWN SQ PA 19073	
BRENNER MD, SIDNEY	FP	BULOVA MD, STEPHEN I	IM	CARTER MD, WM B	FP
2175 KNORR ST PHILADELPHIA PA 19149		230 N BROAD CANCER INST PHILADELPHIA PA 19102		6113 COBBES CREEK PKWY PHILADELPHIA PA 19143	
BRENNER MD, SOPHIE A	FP	BURGARDNER MD, HEATH D	OBG	CASE JR MD, WARREN G	P
646 SPRINGFIELD RD SPRINGFIELD PA 19064		704 TILGHMAN DR DUNN N C 26334		PENN TOWERS STE 1408 PHILADELPHIA PA 19103	
BRESLER MD, R RALPH	IM	BUNESE MD, HORST J	FP	CASEY MD, JOHN D	GS
1003 WELLINGTON RD JENKINTOWN PA 19046		8126 RIDGE AVE PHILADELPHIA PA 19128		715 CHELTEN AVE PHILADELPHIA PA 19126	
BREST MD, ALBERT N	IM	BURCH MD, WILLIAM	ORS	CASEY MD, PAUL R	GS
JEFFERSON MED COLL PHILADELPHIA PA 19107		7212 SHEARWATER PL PHILADELPHIA PA 19153		8350 ROOSEVELT BLVD PHILADELPHIA PA 19152	
BREZIN MD, JOSEPH	IM	BURG MD, FREDRIC D	PD	CASSALLIA DDS, PETER T	OS
1605 BROOKHAVEN RD WYNNWOOD PA 19096		3930 CHESTNUT ST PHILADELPHIA PA 19104		7955 CASTOR AVE PHILADELPHIA PA 19115	
BRIGHAM MD, M PRINCE	GS	BURLAND MD, J ALEXIS	P	CASSIDY MD, WM J	ORS
3401 N BROAD ST PHILADELPHIA PA 19140		15 COLWYN LANE BALA-CYNNWDY PA 19004		1254 GANTT DR HUNTINGDN VLY PA 19006	
BRIGHTON MD, CARL T	ORS	BURNETT MD, W EMORY	GS	CASTAGNA MD, ARMAND	FP
14 FLINTSHIRE RD MALVERN PA 19355		47 E RIGHTERS MIL RD NARBERTH PA 19072		6463 MALVERN AVE PHILADELPHIA PA 19151	
BRIGLIA MD, NICHOLAS N	FP	BURNEY MD, LEROY E	US	CASTALLO MD, MARTO A	OBG
2116 W PASSYUNK AVE PHILADELPHIA PA 19145		901 ROCK CREEK RD BRYN MAWR PA 19010		507 E ALLEN LN PHILADELPHIA PA 19119	
BRIGNOLA MD, MICHAEL P	IM	BURROS MD, HARRY M	U	CASTEL MD, NORMAN	FP
215 BARCLAY BLDG BALA-CYNNWDY PA 19004		419 S 19TH ST PHILADELPHIA PA 19146		2500 BELMONT AVE PHILADELPHIA PA 19131	
BRILLMAN MD, NATHAN	FP	BURSTEIN MD, FRANK	FP	CASTIGLIANO MD, S GORDON	IM
6737 HARBISON AVE PHILADELPHIA PA 19149		8541 BUSTLETON AVE PHILADELPHIA PA 19152		CENTRAL & SHELMIER AVES PHILADELPHIA PA 19111	
BRINDISI MD, GAETANO	IM	BUTCHER MD, JAMES	PTH	CASTILLO MD, JOSE	PS
804 N 64TH ST PHILADELPHIA PA 19151		51 N 39TH ST PHILADELPHIA PA 19104		435 TIMBER LA DEVON PA 19333	
BRITT MD, EDWARD C	FP	BUTLER MD, MELVIN V	FP	CASTOR MD, LOUIS H	IM
2030 N 63RD ST PHILADELPHIA PA 19151		2024 N 22ND ST PHILADELPHIA PA 19121		6190 RISING SUN AVE PHILADELPHIA PA 19111	
BROBYN MD, THOMAS J	PS	BUTSON MD, HARRY E	PD	CASWELL MD, HORACE T	GS
3433 N BROAD ST PHILADELPHIA PA 19140		8236 GERMANTOWN AVE PHILADELPHIA PA 19118		3401 N BROAD ST PHILADELPHIA PA 19140	
BROCKMAN MD, STANLEY K	TS	BUZBY MD, FRANKLIN S	GS	CATES MD, JERRY L	GS
1025 WALNUT ST PHILADELPHIA PA 19107		1107 WAKELING ST PHILADELPHIA PA 19124		EPISCOPAL HOSPITAL PHILADELPHIA PA 19125	
BRODER MD, GEORGE J	R	BYRDY MD, HAROLD S	P	CATTIE MD, VINCENT J	GS
1553 CHERRY LA RYDAL PA 19046		515 KING ST PITTSFIELD MA 01201		6350 N 7TH ST PHILADELPHIA PA 19126	
BRODOVSKY MD, HARVEY S	IM	BYRNE MD, PHILIP J	FP	CAUITILL MD, RICHARD A	ORS
130 S 9TH ST PHILADELPHIA PA 19107		324 ASHBOURNE RD ELKINS PARK PA 19117		7928 BUSTLETON AVE PHILADELPHIA PA 19152	
BRODSKY MD, ISADORE	IM	CADEN MD, JOS T	IM	CAVA MD, JOS J	IM
1528 FLAT ROCK RD NARBERTH PA 19072		5251 E ROOSEVELT BLVD PHILADELPHIA PA 19124		1923 S BROAD ST PHILADELPHIA PA 19148	
BRODY MD, JEROME I	IM	CADY JR MD, HERBERT M	PD	CAYLEY MD, NOEL S	PTH
3300 HENRY AVE PHILADELPHIA PA 19129		7056 GERMANTOWN AVE PHILADELPHIA PA 19119		101 CONROY AVE SCRANTON PA 18505	
BRODY MD, LOUIS	FP	CAMAN MD, MICHAEL S	PD	CAYTEN MD, C GENE	GS
2401 PENNA AVE PHILADELPHIA PA 19130		1939 W CHELTENHAM AVE PHILADELPHIA PA 19117		4219 CHESTER AVE STE 3 PHILADELPHIA PA 19104	
BRODY MD, MORRIS W	P	CAMN MD, MILTON M	D	CELEBRE MD, ERMINO A	FP
2 W LEVERING MILL RD BALA-CYNNWDY PA 19004		1930 CHESTNUT ST PHILADELPHIA PA 19103		618 ARDMORE AVE ARDMORE PA 19003	
BRODY MD, SIDNEY A	IM	CALABRESE MD, ANTHONY J	IM	CELEBRE MD, JOAN A	OBG
1608 FARLINGTON RD HAVERTOWN PA 19083		208 HOBART DR LAUREL SPRINGS N J 08021		1130 TOWER LANE E NARBERTH PA 19072	
BRODY MD, WILLIAM	IM	CALABRO MD, BAL P	D	CEPEDA MD, ELVESSA P	AN
3590 S OCEAN BLVD PALM BEACH FL 33480		2206 S BROAD ST PHILADELPHIA PA 19145		1149 LIBERTY BELL DR CHERRY HILL NJ 08034	
BROENNLE MD, ALBERT M	AN	CALATA MD, ELISEO R	PM	CHA MD, DONG S	PS
34TH & CIVIC CTR BLVD PHILADELPHIA PA 19104		THE CAMBRIDGE APT 1205 PHILADELPHIA PA 19144		666 E PENN ST 202 PHILADELPHIA PA 19144	
BROGAN MD, EDMUND J	OTO	CALDERON MD, GUSTAVE	GS	CHACHKIN MD, SAML	GS
1020 CEDAR GROVE RD WYNNWOOD PA 19096		617 E ALLEGHENY AVE PHILADELPHIA PA 19134		6810 CASTOR AVE PHILADELPHIA PA 19149	
BROGAN MD, JOHN J	OBG	CALES MD, ROBERT J	TS	CHALAL MD, GERALD S	FP
3101 COTTMAN AVE PHILADELPHIA PA 19149		3144 PASSYUNK AVE PHILADELPHIA PA 19145		2428 BROWN ST PHILADELPHIA PA 19130	
BROGAN MD, LOUIS E	PD	CALESNICK MD, BENJ	PTH	CHALAL MD, KENNETH	IM
914 S 48TH ST PHILADELPHIA PA 19143		646 SPRINGFIELD RD SPRINGFIELD PA 19064		2428 BROWN ST PHILADELPHIA PA 19130	
BROMBERG MD, DAVID	OTO	CALLERY MD, GERALD E	ORS	CHAMBLIN MD, WM D	OBG
TIMBER RG TH PARK AVE LINDENWOLD N J 08021		111 LONG LANE UPPER DARBY PA 19082		3910 POWELTON AVE STE30 PHILADELPHIA PA 19104	
BROMSTEIN MD, ROBERT M	R	CAMBRIDGE MD, FLORINDA L	US	CHAN MD, ANNE K	OPH
8201 HENRY AVE F3 PHILADELPHIA PA 19128		5801 SPRUCE ST PHILADELPHIA PA 19139		WILLS EYE HOSP PHILADELPHIA PA 19130	
BROOKS MD, ALLAN	PSY	CAMP MD, WM P	P	CHAN MD, GUY H	OPH
7900 OLD YORK RD 1108 ELKINS PARK PA 19117		FRIENDS HOSP PHILADELPHIA PA 19124		334 S LAWRENCE PHILADELPHIA PA 19106	
BROOKS MD, FRANK P	IM	CAMPBELL MD, ROBT E	R	CHANG MD, KUN T	AN
UNIV HOSP SPRUCE ST PHILADELPHIA PA 19104		PENNSYLVANIA HOS RAD DP PHILADELPHIA PA 19107		60 E TOWNSHIP LINE ELKINS PARK PA 19117	
BROOKS MD, ROBT	FP	CANDER MD, LEON	IM	CHANNICK MD, BERTRAM J	IM
7600 WOODBINE AVE PHILADELPHIA PA 19151		317 CHERRY LN WYNNWOOD PA 19096		3401 N BROAD ST PHILADELPHIA PA 19140	
BROSELOW MD, DAVID D	FP	CANINO MD, CHRISTOPHER W	R	CHARKES MD, NATHAN D	OS
515 W CHELTEN AVE PHILADELPHIA PA 19144		433 ALDAN AVE ALDAN PA 19018		3400 N BROAD ST PHILADELPHIA PA 19140	
BROSNAN MD, WM J	AN	CANNARD MD, THOS M	AN	CHARNY MD, CHAS W	U
1225 CENTENNIAL RD NARBERTH PA 19072		309 MARYLAND AVE HAVERTOWN PA 19083		2039 DELANCEY PL PHILADELPHIA PA 19103	
BRUDDO MD, SAML F	ORS	CANNON MD, EDWARD J	OPH	CHARCOT MD, SOLOMON M	FP
6800 A CASTOR AVE PHILADELPHIA PA 19149		1321 SPRUCE ST PHILADELPHIA PA 19107		2078 E CUMBERLAND ST PHILADELPHIA PA 19125	
BROWN JR MD, ERNEST M	IM	CANNON MD, ELTON M	FP	CHASE MD, HAROLD F	AN
419-21 LANKENAU MED BLD PHILADELPHIA PA 19151		6447 CHEW AVE PHILADELPHIA PA 19119		1732 OLD GULPH RD VILLANOVA PA 19085	
BROWN MD, CLARK E	PTH	CANTAFIO MD, RALPH	PM	CHASE MD, ROBT A	PS
80 PAMET RD TRURO MASS 02666		3512 BILLGER DR HUNTINGDN VLY PA 19006		3930 CHESTNUT ST PHILADELPHIA PA 19104	
BROWN MD, EARL H	FP	CANTER MD, DONALD	OTO	CHASTENET III MD, EDWARD A	OBG
8 N BRYN MAWR PL MEDIA PA 19063		3257 PRINCETON AVE PHILADELPHIA PA 19149		LANKENAU MED BLDG ST 41 PHILADELPHIA PA 19151	
BROWN MD, HERMAN	FP	CANTOR MD, HARRY	GS	CHAT MD, EMANUEL	P
9989 VERREE RD PHILADELPHIA PA 19115		BENSON MANOR APT 708 JENKINTOWN PA 19046		11615 BUSTLETON AVE PHILADELPHIA PA 19116	
BROWN MD, J OLIVER	FP	CANTOR MD, ROBERT E	PRM	CHEN MD, KWONG-NAN	PM
863 N 47TH ST PHILADELPHIA PA 19139		CEDARBROOK HILL C713 WYNCOTE PA 19095		12TH & TABOR RD PHILADELPHIA PA 19141	
BROWN MD, MAURICE L	OBG	CANUSO MD, NICHOLAS A	OBG	CHEN MD, MAO-HSIUNG	AN
HAVERFORD GEN HOSP HAVERTOWN PA 19083		1645 S BROAD ST PHILADELPHIA PA 19148		1903 A HUMPHREY MERRY W ELKINS PARK PA 19117	
BROWNE MD, LAURENCE T	IM	CAPLAN MD, BERNERD	R	CHEN MD, WEI-FAN	GS
PRESIDENTIAL APTS D-126 PHILADELPHIA PA 19131		8128 FAIRVIEW RD ELKINS PARK PA 19117		283 CONGRESS AVE LANSDOWNE PA 19050	
BROWNSTEIN MD, ISRAEL E	OBG	CAPLAN MD, MURRAY S	P	CHERKEN MD, HARRY	OTO
1325 W TABOR RD PHILADELPHIA PA 19141		9321 LARAMIE RD PHILADELPHIA PA 19115		3327 NETHERFIELD RD PHILADELPHIA PA 19129	
BROWNSTEIN MD, PHILLIP K	U	CAPPOLA JR MD, MICHAEL T	FP	CHERNER MD, RACHMEL	IM
220 MERMAID LN TH 183 PHILADELPHIA PA 19118		5871 N 6TH ST PHILADELPHIA PA 19120		WASH LN&TOWNSHIP LINE R SUITE 101 JENKINTOWN PA 19046	
BRUCK MD, RHODA N	R	CAPPUCCHIO MD, MATTHEW S	OBG	CHERNEY MD, PAUL J	PTH
322 GERARD AVE PHILADELPHIA PA 19117		1809 S 12TH ST PHILADELPHIA PA 19148		1200 YORK RD ABINGTON PA 19001	
BRUCKER MD, PAUL C	FP	CAPUTO MD, LARRY A	R	CHERNOFF MD, BENJ	IM
1025 WALNUT ST PHILADELPHIA PA 19107		4617 PINE ST APT D51 PHILADELPHIA PA 19143		6901 OLD YORK RD PHILADELPHIA PA 19126	
BRUNNER MD, RICHARD A	P	CARABASI MD, RALPH A	IM	CHESIN MD, DAVID	IM
191 PRES BLVD ST 116 BALA-CYNNWDY PA 19004		130 S 9TH ST STE 1920 PHILADELPHIA PA 19107		CEDARBROOK HILL III WYNCOTE PA 19095	
BRUNO DO, ELENA P	PD	CARDAMONE MD, S JOSEPH	P		
1801 VINE ST RM 318 PHILADELPHIA PA 19103		111 N 49TH ST PHILADELPHIA PA 19139			



CHESLER MD, WM FP  
1300 E LUZERNE ST PHILADELPHIA PA 19124  
CHI MD, NUNGJA OBG  
7700-8 STENTON AVE #106 PHILADELPHIA PA 19118  
CHILD MD, PROCTOR L PTH  
307 COLKET LN WAYNE PA 19087  
CHINITZ MD, JOEL L IM  
250 N 13TH ST PHILADELPHIA PA 19107  
CHIRICO MD, ANNA-MARIE IM  
26 W REX AVE PHILADELPHIA PA 19118  
CHISUM MD, MELVIN J IM  
1 PARKWAY 2ND FLOOR PHILADELPHIA PA 19102  
CHMIELEWSKI MD, ROBT E IM  
1220 OLD WELSH RD HUNTINGDON VLY PA 19006  
CHO MD, JONG S P  
2485 BYBERRY LA HATBORO PA 19040  
CHO MD, SANG Y PTH  
447 CLAREMONT RD VILLANOVA PA 19085  
CHOD MD, SOOK P AN  
3300 HENRY AVE PHILADELPHIA PA 19129  
CHOI MD, BYONG L AN  
1032 NESHAMINY VLY APTS CORNWELLS HTS PA 19020  
CHOI MD, EDWARD R  
GENERAL HOSPITAL WILKES-BARRE PA 18702  
CHOLLAK MD, WILLIAM L ORS  
1116 MAVERLY ST PHILADELPHIA PA 19147  
CHOMSKY MD, DAVID E IM  
1411 WALNUT ST STE 603 PHILADELPHIA PA 19102  
CHRISTIDES MD, STEPHAN A ORS  
SUITE 3F 301 SOUTH 8 ST PHILADELPHIA PA 19106  
CHRISTIE MD, JOAN A OBG  
240 KINGSBORO AVE GLOVERSVILLE NY 12078  
CHU MD, DONALD IM  
6100 CASTOR AVE PHILADELPHIA PA 19149  
CHU MD, JENNIFER PM  
4711 CEDAR AVE PHILADELPHIA PA 19143  
CHU MD, WINSTON PS  
927 NORTH ST COLLINGDALE PA 19023  
CHUNG MD, HACK R P  
FORD RD & MONUMENT AVE PHILADELPHIA PA 19131  
CHUNG MD, STANLEY M ORS  
CHILDRENS HOSP PHILADELPHIA PA 19104  
CHUNG MD, WHAN S OBG  
FRONT ST & LEHIGH AVE PHILADELPHIA PA 19125  
CHUNN MD, LIVINGSTON FP  
1310 OLD FORD RD HUNTINGDON VLY PA 19006  
CICCONI MD, EMMETT F PTH  
CANTERBURY CT 818 PHILADELPHIA PA 19114  
CINBERG MD, LEONARD A IM  
5112 N BROAD ST PHILADELPHIA PA 19141  
CIRELLI MD, MARIO G GS  
6304 N SIXTH ST PHILADELPHIA PA 19126  
CLAIR MD, HENRY S FP  
532 DEVEREAUX ST PHILADELPHIA PA 19111  
CLARK MD, DONALD L AN  
3400 SPRUCE ST PHILADELPHIA PA 19104  
CLARK MD, EDDIE L FP  
2109 W DIAMOND ST PHILADELPHIA PA 19121  
CLARK MD, JOHN K US  
843 PARKES RUN LA VILLANOVA PA 19085  
CLARK MD, THOS W IM  
44 W HIGHLAND AVE PHILADELPHIA PA 19118  
CLARKE MD, FRANKLYN R P  
376 S BELLEVUE AVE LANGHORNE PA 19047  
CLARKE MD, JOHN R GS  
3300 HENRY AVE PHILADELPHIA PA 19129  
CLARKE MD, JOSEPH F R  
2601 HOLME AVE PHILADELPHIA PA 19152  
CLEARFIELD MD, HARRIS R IM  
230 N BROAD ST PHILADELPHIA PA 19102  
CLERF MD, LOUIS H US  
5575 8TH AVE N ST PETERSBURG FLA 33710  
CLOSE MD, HENRY P IM  
660 RITTENHOUSE LN STRAFFORD PA 19087  
CLOSE MD, RICHARD A US  
322 IONA AVE NARBERTH PA 19072  
CLOSSON MD, EDWARD W GS  
2301 S BROAD ST PHILADELPHIA PA 19148  
COANE MD, MORTON R OBG  
6810 CASTOR AVE PHILADELPHIA PA 19149  
COFFEY MD, WM F IM  
FIDELITY INS S PENN SQ PHILADELPHIA PA 19101  
COHEN MD, ABRAHAM L FP  
5400 W GIRARD AVE PHILADELPHIA PA 19131  
COHEN MD, DAVID J FP  
1807 DELANCEY PL PHILADELPHIA PA 19103  
COHEN MD, ERWIN A GS  
60 E TOWNSHIP LINE ELKINS PARK PA 19117  
COHEN MD, H ELLIOTT IM  
7911 HEATHER RD PHILADELPHIA PA 19117  
COHEN MD, H EMMAUEL IM  
51 N 39TH ST PHILADELPHIA PA 19104  
COHEN MD, HARRY W P  
501 HAMILTON RD MERION PA 19066  
COHEN MD, ISADORE S IM  
1919 CHESTNUT ST PHILADELPHIA PA 19103  
COHEN MD, J STANLEY OBG  
ELKINS PARK HOUSE 813-8 PHILADELPHIA PA 19117  
COHEN MD, JACOB J FP  
5301 OLD YORK RD PHILADELPHIA PA 19141  
COHEN MD, KENNETH D P  
PRESIDENTIAL APTS D112 PHILADELPHIA PA 19131  
COHEN MD, MEYER A OTO  
1829 PINE ST PHILADELPHIA PA 19103  
COHEN MD, NORMAN F IM  
5450 WISSAHICKON AVE PHILADELPHIA PA 19144  
COHEN MD, NORMAN N PRM  
MERCY CATHOLIC MED CTR PHILADELPHIA PA 19023  
COHEN MD, PAUL A IM  
2238 MT VERNON ST PHILADELPHIA PA 19130  
COHEN MD, ROBT M NS  
RANCOCOS VLY HOSP MILLINGBORO NJ 08046  
COHEN MD, ROBT V GS  
520 SPRING AVE PHILADELPHIA PA 19117  
COHEN MD, SARLE H IM  
1201 W OLNEY AVE PHILADELPHIA PA 19141  
COHEN MD, SHERWOOD V OPH  
2375 WOODWARD ST PHILADELPHIA PA 19115  
COHEN MD, STANLEY N IM  
255 S 17TH ST PHILADELPHIA PA 19103  
COHEN MD, THEODORE B P  
421 HIDDEN RIVER RD NARBERTH PA 19072  
COHN MD, EDWIN M IM  
7900 OLD YORK RD PHILADELPHIA PA 19117  
COHN MD, HERBERT E GS  
130 S 9TH ST PHILADELPHIA PA 19107  
COHN MD, RONALD E IM  
4940 FRANKFORD AVE PHILADELPHIA PA 19124  
COLBERG MD, JAMES E GS  
1025 WALNUT ST PHILADELPHIA PA 19107  
COLBURN JR MD, HAROLD L D  
47 WAGON BRIDGE RUN MOORESTOWN NJ 08057  
COLE MD, KAY N OBG  
1335 TABOR RD PHILADELPHIA PA 19141  
COLLEY MD, ALFRED L GS  
4900 PENN ST PHILADELPHIA PA 19124  
COLLINS MD, MARJEANNE PD  
34TH&CIVIC CTR BD RM203 PHILADELPHIA PA 19104  
COLMENAR MD, ANTONIO B AN  
5043 COPLEY RD PHILADELPHIA PA 19144  
COLOMBI MD, DANIEL J OBG  
2301 S BROAD ST 205 PHILADELPHIA PA 19148  
COLOSI MD, NICHOLAS J OPH  
14543 TRAMORE DR CHESTERFIELD MO 63017  
COLTMAN MD, ARTHUR B IM  
1301 ROBBINS ST PHILADELPHIA PA 19111  
COLTON MD, NATHAN H P  
306 BAINTREE RD ROSEMONT PA 19010  
COMBER MD, BERNARD E P  
LANKENAU MED BLDG PHILADELPHIA PA 19151  
COMER MD, NATHAN L P  
1100 HLCRST RD PENN VLL NARBERTH PA 19072  
COMEROTA MD, ANTHONY J GS  
7861 SPRING AVE ELKINS PARK PA 19117  
CONAWAY MD, HORACE B IM  
34 THOMAS PAINE HOUSE WAYNE PA 19087  
CONGER MD, KYRIL B U  
3401 N BROAD ST PHILADELPHIA PA 19140  
CONLY JR MD, SAM L US  
1025 WALNUT ST PHILADELPHIA PA 19107  
CONN MD, S HALL P  
NORRISTOWN ST HOSP NORRISTOWN PA 19401  
CONNAUGHTON MD, JAMES F OBG  
PA HOSP 8TH&SPRUCE ST PHILADELPHIA PA 19107  
CONNELL MD, JANET T P  
SUITE 101 2201 PA AVE PHILADELPHIA PA 19130  
CONNOR DO, JANETTA V IM  
1808 JANNEY TERRACE LANGHORNE PA 19047  
CONNOR DO, JOSEPH P IM  
1808 JANNEY TERRACE LANGHORNE PA 19047  
CONROY DO, JAMES F IM  
230 N BROAD ST PHILADELPHIA PA 19102  
CONROY MD, JOS V GS  
CRESTMONT AVE&MEADOW LA PHILADELPHIA PA 19154  
COODLEY MD, EUGENE L IM  
262 LINDLEY LANE MERION PA 19066  
COONEL MD, PAULINE OTO  
47 E MT PLEASANT AVE PHILADELPHIA PA 19119  
COOPER MD, DONALD R GS  
3300 HENRY AVE PHILADELPHIA PA 19129  
COOPER MD, EDWARD I FP  
800 DERWYN RD DREXEL HILL PA 19026  
COOPER MD, EDWARD S IM  
6710 LINCOLN DR PHILADELPHIA PA 19119  
COOPER MD, MARTIN FP  
1927 NICHOLAS DR HUNTINGDON VLY PA 19006  
COOPER MD, MAX M R  
1652 PENNYPACK RD HUNTINGDON VLY PA 19006  
COOPERMAN MD, GERTRUDE FP  
333 E CITY LINE AVE BALA CYNWYD PA 19004  
COOPERMAN MD, MICHAEL T IM  
921 W CHELTENHAM AVE MELROSE PARK PA 19126  
COPE MD, CONSTANTIN IM  
8246 FAIRVIEW RD ELKINS PARK PA 19117  
COPELAN MD, HERBERT M IM  
522 CAMBRIDGE RD BALA CYNWYD PA 19004  
COPELAN MD, ADRIAN D P  
130 S 9TH ST STE 1720 PHILADELPHIA PA 19103  
COPELAN MD, NATHANIEL H IM  
4622 KINGSESSING AVE PHILADELPHIA PA 19143  
COPELAND MD, SULKIN C PD  
OLD LANC RD &LOTCHES LN MERION PA 19066  
COPES MD, CHAS D OBG  
421 GREEN LANE PHILADELPHIA PA 19128  
COPPOLINO MD, JOHN F PD  
3410 GALT OCEAN DR 1410 FT LAUDERDALE FL 33308  
COREN MD, GARY S R  
3929 ROBIN ROAD HUNTINGDON VLY PA 19006  
CORFF MD, MEYER GS  
202 COVENTRY HOUSE MELROSE PRK PA 19126  
CORMAN MD, LEV A OS  
12TH & TABOR RD PHILADELPHIA PA 19141  
CORNFIELD MD, DENNIS B IM  
509 BRIDLE RD GLENSIDE PA 19038  
CORSON MD, JOS K D  
33 E CHESTNUT HILL AVE PHILADELPHIA PA 19118  
CORSON MD, STEPHEN L OBG  
715 RIGHTERS MILL RD NARBERTH PA 19072  
COTLER MD, JEROME M ORS  
1015 WALNUT ST STE 621 PHILADELPHIA PA 19101  
COTTELL MD, DAVID C ORS  
DET CO MED CTR BROOMALL PA 19008  
COUSOUNTS MD, GERRY T FP  
6221 RIDGE AVE PHILADELPHIA PA 19128  
COWITZ MD, BERNARD P  
111 PRESIDENTIAL BLVD25 BALA CYNWYD PA 19004  
COX MD, JAMES L P  
111 N 49TH ST PHILADELPHIA PA 19139  
COX MD, SUSAN E OBG  
3300 HENRY AVE PHILADELPHIA PA 19129  
COYLE MD, PATRICK J IM  
3908 HENRY AVE PHILADELPHIA PA 19129  
COYNE MD, RICHARD J IM  
450 E LEVERING MILL RD MERION PA 19066  
CRAM MD, ROBT H ORS  
49 HAMPTON RD UPPER DARBY PA 19082  
CRAMER MD, BERNARD S FP  
60 E TOWNSHIP LN RD ELKINS PARK PA 19117  
CRAMER MD, LESTER M PS  
33 E CHESTNUT HILL AV PHILADELPHIA PA 19118  
CRANE MD, A REYNOLDS PTH  
PENNSYLVANIA HOSP PHILADELPHIA PA 19107  
CREECH MD, RICHARD H IM  
AMER ONCOLOGIC HOSP PHILADELPHIA PA 19111  
CRELLIN MD, JACOB A IM  
2031 LOCUST ST PHILADELPHIA PA 19103  
CRESSON MD, SAM L GS  
2600 N LAWRENCE ST PHILADELPHIA PA 19133  
CRETZMEYER MD, CHAS H GS  
330 S 9TH ST PHILADELPHIA PA 19107  
CREW MD, ROBT S FP  
6112 ENSLEY DR FLOURTOWN PA 19031  
CRISTOL MD, DAVID S U  
FOXCRFT SQ APTS 113 JENKINTOWN PA 19046  
CROLL MD, MILLARD M R  
PO BOX 180 ST DAVIS PA 19089  
CROWIN MD, DENNIS W GS  
1200 CONCORD AVE DREXEL HILL PA 19026  
CRUFFT MD, GEO E GS  
3930 CHESTNUT ST PHILADELPHIA PA 19104  
CUCINOTTA MD, DOMENICO PD  
3101 HELLERMAN ST PHILADELPHIA PA 19149  
CUCINOTTA MD, SALVATORE OBG  
1645 S BROAD ST PHILADELPHIA PA 19148  
CUDKOWICZ MD, LEON IM  
YONDER HILL FARM RT72 HIGHLAND OH 45132  
CUISON MD, NAVORA AN  
1741 FARMVIEW RD MAPLE GLEN PA 19002  
CUISON MD, SERGIO Q AN  
1741 FARMVIEW RD MAPLE GLEN PA 19002  
CULF MD, NORRIS K PS  
644 NORRISTOWN RD HORSHAM PA 19044  
CULLEN MD, MILTON L GS  
488 N YORK RD WARMINSTER PA 18974  
CUNNINGHAM MD, JOHN D OTO  
105 39TH ST AVALON NJ 08202  
CURCIO MD, MARY R IM  
408 GREEN LANE PHILADELPHIA PA 19128  
CURRIE MD, RICHARD J U  
33 E CHESTNUT HILL AVE PHILADELPHIA PA 19118  
CURTIN MD, JOHN J IM  
1746 S 65TH ST PHILADELPHIA PA 19142  
CUSTER MD, RICHARD P PTH  
INST FOR CANCER RES FOX CHASE PA 19111  
CUTLER MD, IRVIN IM  
6600 ROOSEVELT BLVD PHILADELPHIA PA 19149  
CUTLER MD, JACK OBG  
1245 HIGHLAND AVE ABINGTON PA 19001  
CUTLER MD, NEIL R  
13 OLD HICKORY RD RICHBORO PA 18954  
CYNN MD, WON S R  
GRADUATE HOSP PHILADELPHIA PA 19146  
CZARNECKI MD, CASIMIR OPH  
9412 ACADEMY RD PHILADELPHIA PA 19114  
CZARNECKI MD, DOROTHY G OBG  
9412 ACADEMY RD PHILADELPHIA PA 19114  
CZARNECKI MD, NANCY S FP  
9410 ACADEMY RD PHILADELPHIA PA 19114  
DAGOSTINO MD, VALENTINO AN  
220 SPRUCE ST PHILADELPHIA PA 19146  
DAHLKE MD, MIRIAM B IM  
LLANGOLLEN LANE NEWTOWN SQ PA 19073  
DAITER MD, DONALD P  
1221 COTTMAN AVE PHILADELPHIA PA 19111  
DALE MD, ANTHONY D FP  
APT 404 1810 RITTENHOS PHILADELPHIA PA 19103  
DALONZO MD, WALTER A GS  
1647 S 15TH ST PHILADELPHIA PA 19145  
DALSIMER MD, WALTER D P  
330 CYNWYD RD BALA CYNWYD PA 19004  
DALTON MD, JOHN R U  
517 PINE ST PHILADELPHIA PA 19106  
DALY JR MD, MICHAEL J OBG  
3401 N BROAD ST PHILADELPHIA PA 19140  
DALY MD, JAMES W IM  
644 MORRIS AVE BRYN MAWR PA 19010  
DALY MD, THOS W NS  
476 MANHEIM PHILADELPHIA PA 19144  
DAMSKER MD, JEFFREY I R  
HANNEHANN HOSP PHILADELPHIA PA 19102  
DANA JR MD, ALAN S D  
NE MED CTR WELSH&RSVLT PHILADELPHIA PA 19114  
DANEHOWER MD, WM F FP  
5626 N 3RD ST PHILADELPHIA PA 19120  
DANIELEWSKI MD, GEO L FP  
2349 ORTHODOX ST PHILADELPHIA PA 19137  
DANIELS MD, ROGER B IM  
PA HOSP 8TH & SPRUCE ST PHILADELPHIA PA 19107  
DANIS MD, MARTHA J AN  
1867 ACORN LN ABINGTON PA 19001  
DANNENBURG MD, ARTHUR M FP  
235 S 15TH ST PHILADELPHIA PA 19102  
DAUGHTERIDGE MD, TRUMAN G R  
8835 GERMANTOWN AVE PHILADELPHIA PA 19118  
DAVID MD, MITCHELL P  
18 RADCLIFFE RD BALA CYNWYD PA 19004  
DAVIDSON MD, JAY H IM  
1002 SPRUCE ST PHILADELPHIA PA 19107  
DAVIDSON MD, STEVEN J FP  
3300 HENRY AVE BOX 192 PHILADELPHIA PA 19129  
DAVIE MD, JOHN H IM  
216 N BROAD ST 4TH FL PHILADELPHIA PA 19102  
DAVIS MD, C NELSON P  
524 HOWE RD MERION PA 19066  
DAVIS MD, JOHN W PS  
135 S 18TH ST PHILADELPHIA PA 19103  
DAVIS MD, LAWRENCE W R  
925 CHESTNUT ST 7TH FL PHILADELPHIA PA 19107



PHILADELPHIA

DAVIS MD, RICHARD A	NS	DIEMER JR MD, LOUIS M	FP	DUBLIN MD, GEORGE J	OPH
3400 SPRUCE ST PHILADELPHIA PA 19104		1849 E ALLEGHENY AVE PHILADELPHIA PA 19134		1018 E CH APT 2151 RT 3 CHERRY HILL N J 08002	
DAVITCH MD, LEONARD S	FP	DIGIACOMO MD, OSCAR P	FP	DUCA MD, PETER R	IM
1900 SPRUCE ST PHILADELPHIA PA 19103		6810 RIDGE AVE PHILADELPHIA PA 19128		THOMAS JEFFERSON HOSP PHILADELPHIA PA 19107	
DE MD, NIRMAL K	IM	DIGILIO MD, VICTOR A	IM	DUCHIN MD, HARVEY E	OBG
84 QUARRY ROAD LEVITTOWN PA 19057		2200 ST JAMES PL PHILADELPHIA PA 19103		811 SPRUCE ST PHILADELPHIA PA 19107	
DEAVER MD, JOSHUA M	GS	DIGIOVANNI MD, ALPHONSE J	GS	DUCKETT JR MD, JOHN W	U
306 LANKENAU MED BLDG PHILADELPHIA PA 19151		4 MARTINS RUN MEDIA PA 19063		ONE CHILDRENS CTR PHILADELPHIA PA 19104	
DEBBAS MD, JOS N	R	DIENNO MD, JOS A	P	DUDEK MD, WM C	FP
5 PRINCE EUGENE LANE MEDIA PA 19063		1164 HIGHLAND AVE ABINGTON PA 19001		4225 MANAYUNK AVE PHILADELPHIA PA 19128	
DEBERARDINIS MD, CAMILLO T	IM	DIMARCO MD, BEATRICE	AN	DUFNER MD, MARY E	PTH
5809 CHEW AVE PHILADELPHIA PA 19138		1620 MONTGOMERY AVE VILLANOVA PA 19085		9617 LEON ST PHILADELPHIA PA 19114	
DECASPERIS MD, ANTHONY J	GS	DINEEN MD, THOS G	IM	DUKES MD, JOHN L	FP
6813 N 7TH ST PHILADELPHIA PA 19126		31 LINDEN ST LANSOWNE PA 19050		PINECROFT RD BERNYN PA 19312	
DECASTRO MD, NIEVES D	AN	DINON MD, LOUIS R	IM	DUMAS MD, PETER A	P
230 N BROAD ST PHILADELPHIA PA 19102		301 SOUTH 8TH ST PHILADELPHIA PA 19106		4020 MECHANICSVILLE RD CORNWELLS HGTS PA 19020	
DECHERNEY MD, WM A	FP	DION MD, HARRY S	FP	DUNCAN MD, GARFIELD G	IM
2603 S 8TH ST PHILADELPHIA PA 19148		CEADARBROOK HILL APT III WYNCOTE PA 19095		RD 1 MALVERN PA 19355	
DECINA MD, LOUIS J	OBG	DIORIO MD, JOS A	AN	DUNCAN MD, JOHN J	PS
7266 VALLEY AVE PHILADELPHIA PA 19128		1827 PURDIE LANE MAPLE GLEN PA 19002		PAINTERS CROSS 205 RT 1 CHADDS FORD PA 19317	
DECKER MD, JOHN P	PTH	DIPALMA MD, JOS R	IM	DUNCAN MD, THEODORE G	IM
PENNSYLVANIA HOSP PHILADELPHIA PA 19107		230 N BROAD ST PHILADELPHIA PA 19102		829 SPRUCE ST STE 302 PHILADELPHIA PA 19106	
DECLEMENT MD, FREDERICK A	GS	DIROCCO MD, VINCENT P	FP	DUNFIELD MD, ANTHONY H	P
1900 S BROAD ST PHILADELPHIA PA 19145		2125 S 13TH ST PHILADELPHIA PA 19148		PHILA STATE HOSP PHILADELPHIA PA 19154	
DEGUZMAN-CAM MD, BRIGIDA	OBG	DISILVESTRO JR MD, JOHN M	IM	DUPLER MD, DONALD A	IM
3700 BARING ST PHILADELPHIA PA 19104		275 S 19TH ST PHILADELPHIA PA 19103		LANKENAU MED BLDG #332 PHILADELPHIA PA 19151	
DEMORATIUS MD, RAPHAEL F	IM	DISILVESTRO MD, HELEN E	IM	DUROCHER MD, JOHN R	IM
255 S 17TH ST PHILADELPHIA PA 19103		6950 LARGE ST PHILADELPHIA PA 19149		PENNA HOSPITAL PHILADELPHIA PA 19107	
DEICHLER MD, JOHN W	OPH	DISTEFANO MD, GRIMALDO C	AN	DYKYJ MD, ROMAN	IM
1930 CHESTNUT ST PHILADELPHIA PA 19103		658 GLENNYD RD BRYN MAWR PA 19010		5213 N BROAD ST PHILADELPHIA PA 19141	
DEINGER MD, JOHN T	IM	DITUNNO JR MD, JOHN F	IM	DYSON MD, WM L	P
AEMC YORK TABOR RDS PHILADELPHIA PA 19141		JEFF U 11TH & WALNUT PHILADELPHIA PA 19107		107 PINE ST PHILADELPHIA PA 19106	
DEITCH MD, BERNARD	IM	DJERASSI MD, ISAAC	PD	DZONCZYK JR MD, JOHN	GS
1030 E LANCASTER AVE ROSEMONT PA 19010		2034 DELANCEY PL PHILADELPHIA PA 19143		4 PINE VIEW DR MEDIA PA 19063	
DEITZLER MD, MARGARET M	AN	DLIN MD, BARNEY M	P	EASBY MD, MARY H	US
2818 BAYVIEW DR ALAMEDA CA 94501		230 W ALLENS LANE PHILADELPHIA PA 19119			SHELBOURNE VT 05482
DELAURENTIS MD, DOMINIC A	GS	DLUTOWSKI MD, BERNARD J	OBG	ECKER MD, MALCOLM L	ORS
PA HOSP 8TH & SPRUCE PHILADELPHIA PA 19107		10101 ACADEMY RD PHILADELPHIA PA 19114		500 WILLOW AVE STE A AMBLER PA 19002	
DELROSSI MD, ANTHONY J	GS	DOBELBOWER JR MD, RALPH	R	EDEIKEN MD, JACK	R
486 CHURCH RD DEVON PA 19333		10TH & SANSON ST PHILADELPHIA PA 19107		JEFFERSON HOSP PHILADELPHIA PA 19107	
DELUCA MD, CHARLES Q	ORS	DODGE MD, HERBERT C	AN	EDELL DO, STEVEN L	R
2 WATERMAN AVE PHILADELPHIA PA 19118		HOLY REDEEMER HOSP MEADOWBROOK PA 19046		UNIV OF PA DEPT OF RAD PHILADELPHIA PA 19104	
DEMARCO MD, CARLO M	IM	DODDIE MD, LOUIS A	FP	EDINGTON MD, JOHN M	P
7060 CITY LINE PHILADELPHIA PA 19151		CTR CITY 1 1326 SPRUCE PHILADELPHIA PA 19107		4601 MARKET ST PHILADELPHIA PA 19139	
DEMARTINO DDS, BRUCE K	AN	DOLFMAN MD, VICTOR	FP	EDMUNDS JR MD, L HENRY	TS
3300 HENRY AVE PHILADELPHIA PA 19129		726 CHESTNUT ST PHILADELPHIA PA 19106		1000 RADVIN INST PHILADELPHIA PA 19104	
DEMASI MD, PANTALEONE	FP	DOLINSKAS MD, CAROL A	R	EGER MD, SHERMAN A	GS
2134 S 15TH ST PHILADELPHIA PA 19145		7312 EMLEN ST PHILADELPHIA PA 19119		A406 VALLEY VIEW APTS KNG OF PRUSS PA 19406	
DEMICHELE MD, JOS	GS	DOLPHIN MD, JOHN M	PTH	EGELICK MD, PAUL G	PD
1285 CLUB HOUSE RD GLADWYNE PA 19035		P O BOX M KNG OF PRUSS PA 19406		10151 BUSTLETON AVE PHILADELPHIA PA 19116	
DEMING MD, MARGERY V	AN	DOMANSKI MD, JOHN J	FP	EHRLICH MD, ALEXANDER E	D
FAIRFAX APTS PHILADELPHIA PA 19104		1705 HUNTING PK PHILADELPHIA PA 19140		222 W RITTENHOUSE SQ PHILADELPHIA PA 19103	
DEMOURA MD, JAMILLO B	ORS	DOMBKOSKI MD, WALTER J	FP	EHRLICH MD, GEO E	IM
118 SPRUCE ST PHILADELPHIA PA 19106		1523 RHODES DR HUNTINGDN VLY PA 19006		ALBERT EINSTEIN MED CTR PHILADELPHIA PA 19141	
DEMPSEY MD, EUGENE C	FP	DOMON MD, CHAS M	IM	EICHMAN MD, JOS C	FP
1400 S 22D ST PHILADELPHIA PA 19146		5801 SPRUCE ST PHILADELPHIA PA 19139		9 MONTGOMERY AVE BALA-CYNWYD PA 19004	
DENCH JR MD, EDWARD H	US	DONAGHUE MD, ADRIAN H	IM	EICHMAN MD, MARY R	FP
10 WASHINGTON DR LAUREL SPRINGS NJ 08021		7602 ATLANTIC AVE MARGATE CITY NJ 08402		9 MONTGOMERY AVE BALA-CYNWYD PA 19004	
DENIZARD MD, CARL E	PD	DONALDSON MD, JAMES B	IM	EIMAN MD, JOHN W	PTH
7916 LOUIS LANE PHILADELPHIA PA 19118		3401 N BROAD ST PHILADELPHIA PA 19140		ABINGTON MEM HOSP ABINGTON PA 19001	
DENTON MD, CLARENCE	IM	DONALDSON MD, MILTON H	PD	EISMAN MD, SYLVAN H	IM
685 3RD AVE NEW YORK NY 10017		7701 BURHOLME AVE PHILADELPHIA PA 19111		3400 SPRUCE ST PHILADELPHIA PA 19104	
DEPAULA MD, CARL J	ORS	DONATO MD, ROBT A	PTH	EISNER MD, HENRY	IM
8505 PATTON RD PHILADELPHIA PA 19118		413 NEWBOLD RD JENKINTOWN PA 19046		413 BRYN MAWR AVE BALA-CYNWYD PA 19004	
DERENZO MD, AURELIO G	FP	DONER DO, IVAN A	US	ELCOCK MD, CLAUDIUS A	IM
1827 S BROAD ST PHILADELPHIA PA 19148		518 BROOK LANE WARMINSTER PA 18974		400 S 57TH ST PHILADELPHIA PA 19143	
DEREZOIN MD, MARVIN	IM	DONNELLY JR MD, JOS C	TS	ELDAIEF MD, SAMIR F	GS
1700 B FRANKLIN PKY 230 PHILADELPHIA PA 19103		315 CHERRY LA WYNNWOOD PA 19096		1508 PLYMOUTH BLVD NORRISTOWN PA 19401	
DERHAM MD, ROBT J	GS	DONNELLY MD, CELESTE C	AN	ELFMAN MD, LOUIS K	OTO
6340 SHERWOOD RD PHILADELPHIA PA 19151		616 E GATES ST PHILADELPHIA PA 19128		3725 S OCEAN DR APT 304 HOLLYWOOD FL 33019	
DERONDE MD, MARGARET	P	DONOVAN MD, ROBT J	P	ELIADES MD, WM	IM
1170 NE 191ST ST N MIAMI BCH FL 33162		8TH & SPRUCE STS PHILADELPHIA PA 19107		1015 CHESTNUT ST PHILADELPHIA PA 19107	
DESHAW MD, SAHL	FP	DORAZIO MD, EDWARD A	R	ELLEN MD, STEPHEN J	OBG
6314 OGONTZ AVE PHILADELPHIA PA 19141		529 APPLEWOOD DR FT WASHINGTON PA 19034		13 WEIRWOOD RD RADNOR PA 19087	
DESAI MD, AJIT M	IM	DORMAN MD, GORDON	FP	ELLER MD, RICHARD W	AN
8401 NEWBOLD LANE PHILADELPHIA PA 19118		1003 N 6TH ST PHILADELPHIA PA 19123		3234 E BRUCE DR DRESHER PA 19025	
DESIATO MD, NICOLA	IM	DORNSTEIN MD, PERRY I	IM	ELLIOTT MD, FRANK A	N
721 W ERIE AVE PHILADELPHIA PA 19140		OLD YORK RD&MTG HOUSE PHILADELPHIA PA 19117		807 SPRUCE ST PHILADELPHIA PA 19107	
DESILVERIO MD, ROBT V	P	DORTCH MD, JOSEPH	OBG	ELLIS JR MD, LEANDER T	P
1700 BENJ FRANK PKY PHILADELPHIA PA 19103		S DELSEA DR & MADISON CLAYTON NJ 08312		100 S SWARTHMORE AVE SWARTHMORE PA 19081	
DESSON MD, EDWARD	R	DORWARD MD, BONNIE B	IM	ELLIS MD, H LENWOOD	FP
3600 CONSHOHOCKEN AVE PHILADELPHIA PA 19131		124 MAPLE AVENUE BALA CYNWYD PA 19004		450 S 57TH ST PHILADELPHIA PA 19143	
DETURK MD, JOHN J	GS	DOSHI MD, KIRTI K	AN	ELLIS MD, RICHARD A	OPH
1073 MONTGOMERY AVE NARBERTH PA 19072		9 HARRONGATE DR CHERRY HILL N J 08003		255 S 17TH ST PHILADELPHIA PA 19103	
DETULLIO MD, ANTHONY E	FP	DOTO JR MD, JOS B	AN	ELLIS MD, SAHL	FP
2128 S 20TH ST PHILADELPHIA PA 19145		320 SINKLER RD WYNCOTE PA 19095		275 BRYN MAWR APT E-25 BRYN MAWR PA 19010	
DEUTCHMAN MD, SANDRA S	AN	DOUGHERTY MD, MALVIN J	OPH	ELLIS MD, WM	U
111 THE MEWS KINGS HWAY HADDONFIELD NJ 08033		34 LOPELY RD UPPER DARBY PA 19082		15TH & UPLAND ST 400 CHESTER PA 19013	
DEUTSCH MD, JOEL	GS	DOUGLAS MD, E LORENZO	U	ELLISON MD, JULIUS	IM
500 BLUE HILLS AVE SINA HARTFORD CT 06112		5000 WALNUT ST PHILADELPHIA PA 19139		NE MED CTR WELSH&SVLT PHILADELPHIA PA 19114	
DEVINE MD, JEAN K	PD	DOUMES MD, KAREL	GS	ELLOSO MD, CIPRIANO A	PTH
600 GAWAIN RD PLYMOUTH MTNG PA 19462		434 CRESCENT RD WYNCOTE PA 19095		612 BERGEN DR CINNAMINSON N J 08077	
DEVINE MD, PETER J	PRM	DOWLING MD, JOHN J	ORS	ELLOSO MD, MARGARITA F	AN
6 PHEASANT DR HOLLAND PA 18966		1432 MONK RD GLADWYNE PA 19033		612 BERGEN DR CINNAMINSON NJ 08077	
DEVLIN MD, JOS T	PD	DOWNES MD, JOHN J	AN	ELMAHEM MD, MIRIAM K	FP
2501 S 21ST STREET PHILADELPHIA PA 19145		CHILDRENS HOSP OPT ANES PHILADELPHIA PA 19104		8251 OLD YORK RD ELKINS PARK PA 19117	
DEWEES MD, ERNEST J	US	DOWRAY MD, RAMESH	FP	ENGEL MD, GILSON C	GS
32 WING RD FALMOUTH MA 02540		228 LINDEN COURT CORNWELLS HGTS PA 19020		334 LANKENAU MED BLDG PHILADELPHIA PA 19151	
DEYOUNG MD, EDWARD M	R	DRAPER MD, NELLE E	FP	ENGINEER MD, ERACH H	AN
518 OTT RD BALA CYNWYD PA 19001		308 HAVERFORD PA SWARTHMORE PA 19081		34 LEVERING CIRCLE BALA CYNWYD PA 19004	
DHAND MD, SANDEEP	IM	DRATCH MD, MICHAEL B	IM	ENGLE MD, ROWLAND B	FP
7706-B PENROSE AVE ELKINS PARK PA 19117		1521 LOCUST ST PHILADELPHIA PA 19102		1364 HARRISON ST PHILADELPHIA PA 19124	
DIAMOND MD, HERBERT	P	DRATMAN MD, MARY B	IM	ENGLISH MD, O SPURGEON	P
420 BOLSOVER RD WYNNWOOD PA 19096		7125 WISSAHICKON AVE PHILADELPHIA PA 19119		449 RIGHTERS MILL RD NARBERTH PA 19072	
DIBELLO MD, ANGELO M	FP	DRATMAN MD, MITCHELL L	P	ENTERLINE MD, HORATIO T	PTH
8201 CRAIG ST PHILADELPHIA PA 19136		ALDEN PARK APT 302-A PHILADELPHIA PA 19144		3400 SPRUCE ST PHILADELPHIA PA 19104	
DICKENS MD, HELEN O	OBG	DRAYER MD, CALVIN S	P	ENTINE MD, JOS H	GS
3400 SPRUCE ST STE 106 PHILADELPHIA PA 19104		811 LAFAYETTE RD BRYN MAWR PA 19010		6737 HARBISON AVE PHILADELPHIA PA 19149	
DICKSON MD, GLENN S	OBG	DREIFUS MD, LEONARD S	IM	EPPLE MD, WALTER D	NS
1505 FOULKROD ST PHILADELPHIA PA 19124		1415 HAGYSFORD RD NARBERTH PA 19072		LANKENAU HOSPITAL PHILADELPHIA PA 19151	
DICKSON MD, ROBERT L	OTO	DRINKER MD, HENRY M	PD	EPSTEIN MD, HERMAN	FP
RT 3 BOX 304 W JEFFERSN NC 28694		8236 GERMANTOWN AVE PHILADELPHIA PA 19118		CRITTENDEN & WILLOW GR PHILADELPHIA PA 19118	
DICKSTEIN MD, BENJ	PD	DSILVA MD, HENRY I	PTH	EPSTEIN MD, ISADORE S	IM
6810 CASTOR AVE PHILADELPHIA PA 19149		THOMAS JEFFERSON HOSP PHILADELPHIA PA 19104		3950 CONSHOHOCKEN AVE PHILADELPHIA PA 19131	
DDIO MD, FRANCESCO P	FP	DUBB MD, JEFFREY W	IM	ERDMAN 2ND MD, WM J	PM
731 MORRIS ST PHILADELPHIA PA 19148		2110 LOCUST ST PHILADELPHIA PA 19103		3803 THE OAK RD PHILADELPHIA PA 19129	



ERICKSON MD, JAMES C	AN	FINE MD, RAYMOND M	FP	FREDERICKS MD, LILLIAN E	AN
613 BRIDLE RD GLENSIDE PA 19038		7309 FRANKLIN 403 HOLLYWOOD CA 90046		7950 WHITEWOOD RD ELKINS PARK PA 19117	
ERSLEY MD, ALLAN J	IM	FINEBERG MD, CHAS	GS	FREEDMAN MD, ABRAHAM	P
JEFFERSON MED COLL PHILADELPHIA PA 19107		SOCIETY HILL TOWERS N PHILADELPHIA PA 19106		1015 CHESTNUT ST 1013 PHILADELPHIA PA 19107	
ERSNER MD, JACK S	OS	FINESTONE MD, ALBERT J	IM	FREEDMAN MD, E FANNIE	FP
1930 CHESTNUT ST PHILADELPHIA PA 19103		3401 N BROAD PHILADELPHIA PA 19140		937 N 65TH ST PHILADELPHIA PA 19151	
ESCARTE MD, DEOGRACIAS E	FP	FINESTONE MD, ISRAEL	IM	FREEDMAN MD, JACOB J	FP
AERONUTRONIC-FORD CORP LANSDALE PA 19446		5163 WESTFORD RD PHILADELPHIA PA 19120		1600 S 28TH ST PHILADELPHIA PA 19145	
ESCOBAR MD, EDGAR	FP	FINK MD, GORDON B	PTH	FREEDMAN MD, LOUIS J	OBG
31 VERNASA DR LANGHORNE PA 19047		3190 TREMONT AVE TREVORE PA 19047		210 LOCUST ST #12A PHILADELPHIA PA 19106	
ESCOLL MD, PHILIP J	P	FINKELSTEIN MD, DAVID	IM	FREEMAN MD, JOS T	IM
111 N 49TH ST PHILADELPHIA PA 19139		419 S 19TH ST PHILADELPHIA PA 19146		1530 LOCUST ST PHILADELPHIA PA 19102	
ESKENAZI MD, MARKO M	OBG	FINKLESTEIN MD, LEAH S	R	FREIWALD MD, MILTON J	OPH
8140 VERREE RD PHILADELPHIA PA 19111		2401 PA AVE APT 16 A 11 PHILADELPHIA PA 19130		222 RITTENHOUSE SQ N PHILADELPHIA PA 19103	
ESKIN MD, BERNARD A	OBG	FINN MD, JOS L	OBG	FRIEDENBERG MD, ZACHARY B	ORS
MADISON HOUSE SUITE 124 PHILADELPHIA PA 19131		8014 BURHOLME AVE PHILADELPHIA PA 19111		133 S 36TH ST PHILADELPHIA PA 19104	
ESPINO MD, SHIRLEY C	AN	FINNENEGAN MD, JAMES O	GS	FRIEDMAN MD, ADELE K	R
540 BRIAN DR CHERRY HILL NJ 08003		216 N BROAD ST PHILADELPHIA PA 19102		200 SPRUCE ST PHILADELPHIA PA 19106	
ESTACIO MD, RESTITUTO N	PD	FIRST MD, ARTHUR	OBG	FRIEDMAN MD, MILTON L	FP
1498 BRICK RD CHERRY HILL NJ 08003		191 PRESIDENTIAL BLVD BALA CYNWYD PA 19004		7201 LARGE ST PHILADELPHIA PA 19149	
ESTERHAI JR MD, JOHN L	FP	FIRST MD, HOWARD E	OBG	FRIEDMAN MD, PAUL S	R
804 LONGFIELD RD PHILADELPHIA PA 19118		SOUTH 17TH STE 2000 PHILADELPHIA PA 19103		8107 CEDAR RD ELKINS PARK PA 19117	
ESTIOKO MD, MANUEL R	TS	FIRST MD, STEWART E	OBG	FRIEDMAN MD, RONALD H	IM
1335 W TABOR RD STE 307 PHILADELPHIA PA 19141		255 S 17TH ST STE 2000 PHILADELPHIA PA 19103		1525 UPLAND AVE JENKINTOWN PA 19046	
ETEZADY MD, M HOSSEIN	P	FISCHBACH MD, MAX W	IM	FRIEDMAN MD, SIDNEY	PD
451 GYPSY RD GULPH MILLS PA 19406		ELKINS PARK HOUSE ELKINS PARK PA 19117		34TH & CIVIC CTR BLVD PHILADELPHIA PA 19104	
ETTELSON MD, LAWRENCE N	IM	FISCHER JR MD, CARL R	FP	FRIEDMANN DO, DANIEL V	FP
5436 118TH AVE SE BELLEVUE WA 98004		224 W HATHAWAY LANE ARDMORE PA 19003		6049 CHESTNUT ST PHILADELPHIA PA 19139	
ETTENGOR MD, MORRIS S	OTO	FISCHER MD, CARL C	PD	FRIEMAN MD, HERMAN	FP
2607 WELSH RD APT J205 PHILADELPHIA PA 19114		3351 SPANISH TR APT 214 DELRAY BEACH FL 33444		1501 JUNIPER AVE ELKINS PARK PA 19117	
ETTINGER MD, JEFFREY B	PD	FISCHER MD, H KEITH	P	FRIGNITO MD, NICHOLAS G	P
ST JAMES HOUSE 13 & WLN PHILADELPHIA PA 19107		5450 WISSAHICKON AV A11 PHILADELPHIA PA 19144		1900 SPRUCE ST PHILADELPHIA PA 19103	
ETZL MD, MICHAEL M	IM	FISCHER MD, SHARON P	OS	FRISHMUTH MD, GERTRUDE J	OBG
9025 FRANKFORD AVE PHILADELPHIA PA 19114		1401 LINDSAY LA MEADOWBROOK PA 19046		435 RPKA AVE PHILADELPHIA PA 19128	
EVANS MD, AUDREY E	PD	FISH MD, SYLVAN M	PRM	FRIBESSE MD, ALFRED S	GS
226 N RITTENHOUSE SQ PHILADELPHIA PA 19103		6421 LEBANON AVE PHILADELPHIA PA 19151		1245 HIGHLAND AVE ABINGTON PA 19001	
EVANS MD, BARBARA J	PD	FISHBACK MD, DAVID B	FP	FRONEFIELD MD, HELEN P	AN
3300 HENRY AVE PHILADELPHIA PA 19129		2034 E SOMERSET ST PHILADELPHIA PA 19134		103 WALNUT AVE WAYNE PA 19087	
EVANS MD, JOS B	PD	FISHER MD, GEO R	OS	FRUMIN MD, ABRAHAM M	OS
3200 RAWLE ST PHILADELPHIA PA 19149		829 SPRUCE ST SUITE 308 PHILADELPHIA PA 19107		515 HOWE RD MERION STATION PA 19066	
EVERS MD, WILLIAM	AN	FISHER MD, MARY S	R	FUGARO DO, ANTHONY J	AN
5218 WINTERTON DR FAYETTEVILLE NY 13066		3401 N BROAD ST PHILADELPHIA PA 19140		220 SANDRINGHAM RD CHERRY HILL NJ 08003	
EVERTS MD, GLENN S	US	FISHER MD, SETH M	AN	FUMA MD, JOHN F	P
58 W WATER ST GETTYSBURG PA 17325		1201 LAKEMONT RD VILLANOVA PA 19085		2ND USAGH LANDSTUHL BX1 APO NEW YORK 09180	
EVERTS SUAREZ MD, ERICH A	PTH	FISHMAN MD, AARON E	IM	FUNCH MD, ROBT B	R
1567 PALMER ST PHILADELPHIA PA 19125		6618 WOODLAND AVE PHILADELPHIA PA 19142		GERMANTOWN DISP HOSP PHILADELPHIA PA 19144	
EWING MD, JAMES W	P	FISHMAN MD, ALFRED P	IM	FUNCH MD, ROSS S	AN
POSSM HOLLOW RD WALLINGFORD PA 19086		2401 PENNSYLVANIA AVE PHILADELPHIA PA 19130		606 FIELDS DR LAFAYETTE HILL PA 19444	
EYMONTT MD, MICHAEL J	R	FITE MD, FRANKLIN K	PTH	FUNK MD, ELMER H	IM
18 HARRONGATE DR CHERRY HILL NJ 08003		GERMANTOWN DISP HOSP PHILADELPHIA PA 19144		510 HILLBROOK RD DEVON PA 19333	
EZICKSON MD, WM J	U	FITTS JR MD, WM T	GS	FUREY JR MD, CHARLES A	PM
441 ANTHWYN RD NARBERTH PA 19072		3400 SPRUCE ST PHILADELPHIA PA 19104		3705 S FLAGLER DR W PALM BEACH FLA 33405	
FABER MD, KALMAN	P	FLANAGAN MD, H FRANKLIN	OPH	FURGUELE MD, FRANCIS P	OPH
255 S 17TH ST PHILADELPHIA PA 19103		4412 MANAYUNK AVE PHILADELPHIA PA 19128		5430 GREENE ST PHILADELPHIA PA 19144	
FABIANI MD, JOS A	ORS	FLEISCHMAJER MD, RAUL	D	FUTCHER MD, PALMER H	IM
925 BRYN MAWR AVE NARBERTH PA 19072		230 N BROAD ST PHILADELPHIA PA 19102		273 S THIRD ST PHILADELPHIA PA 19106	
FALKENSTEIN MD, SHELDOON J	AN	FLEISHMAN DO, LEON	FP	GABUZA MD, THOS G	IM
636 SPRUCE ST PHILADELPHIA PA 19106		8317 BUSTLETON AVE PHILADELPHIA PA 19152		164 N LATCHES LN BALA-CYNWYD PA 19004	
FALLAH-NEJAD MD, MANOUCHER	GS	FLEMING MD, BURTON A	P	GAFFNEY MD, HELEN P	OPH
GRADUATE HOSP RM 1200 PHILADELPHIA PA 19146		500 W MORELAND AVE PHILADELPHIA PA 19118		407 GETTY AVE CLIFTON NJ 07011	
FALUDI MD, GEORGIANA	IM	FLETCHER MD, LOUIS	FP	GAGLIARDI MD, JOSEPH W	FP
829 SPRUCE ST PHILADELPHIA PA 19107		661 S AVE SECANE PA 19018		1 N SURREY AVE VENTNOR NJ 08406	
FARBER MD, EMANUEL P	OBG	FLICK SR MD, JOHN B	US	GAIN MD, THOS B	GS
6823 CASTOR AVE PHILADELPHIA PA 19149		449 W MONTGOMERY AV 102 HAVERFORD PA 19041		422 PENN VALLEY RD NARBERTH PA 19072	
FARELL MD, DAVID M	OBG	FLICKINGER MD, FREDERICK W	PRM	GAISIN MD, ALLEN	PD
1912 SPRUCE ST PHILADELPHIA PA 19103		80X 216 MAIN ST YORK SPRINGS PA 17372		39 PENATH RD BALA CYNWYD PA 19004	
FARQUHAR MD, JOHN D	PD	FLINKMAN MD, LEONARD	FP	GALLIGAN MD, WM J	IM
PRESB-UNIV OF PA MEDCTR PHILADELPHIA PA 19104		210 MEETINGHOUSE LA MERION PA 19066		2909 GARRETT RD DREXEL HILL PA 19026	
FARRAR JR MD, GEO E	IM	FLINT MD, DOROTHY J	P	GALLO MD, EDUARDO R	R
VILLAGE 2 TAHOE 18 NEW HOPE PA 18938		1027 VALLEY FORGE RD DEVON PA 19333		4065 B BALWYNNE PK RD PHILADELPHIA PA 19131	
FARRELL MD, HARRY L	GS	FLORO MD, CLARO N	OBG	GAMBESCIA MD, JOS M	IM
135 S 20TH ST PHILADELPHIA PA 19103		3300 HENRY AVE PHILADELPHIA PA 19129		1811 S BROAD ST PHILADELPHIA PA 19148	
FEDERICI MD, VALERIO J	GS	FODERARO MD, JOHN	PRM	GAMBONE MD, VICTOR E	FP
119 DEVON RD CINNAMONSON NJ 08077		2029 BENSON ST PHILADELPHIA PA 19111		2200 S 23RD ST PHILADELPHIA PA 19145	
FEDORIM MD, PETRO	FP	FOLDES MD, STEVEN I	AN	GAN MD, WALTER S	OPH
4733 N 12TH ST PHILADELPHIA PA 19141		4033 WOODRUFF RD LAFAYETTE HILL PA 19444		8101 BRADFORD ST PHILADELPHIA PA 19152	
FETIG MD, STEPHEN A	R	FOLDES MD, VERONIKA M	PD	GANGEMI MD, COLUMBUS R	IM
220 LOCUST ST PHILADELPHIA PA 19106		4033 WOODRUFF RD LAFAYETTE HILL PA 19444		1430 S BROAD ST PHILADELPHIA PA 19146	
FETIGENBAUM MD, LLOYD J	FP	FONTANILLA MD, RODOLFO C	FP	GANTAN MD, JUSTINIANO S	IM
2502 RED OAK CIRCLE SPRINGFIELD PA 19064		649 CORNWALLIS DR MT LAUREL NJ 08054		7809 GAYL RD CHELTENHAM PA 19012	
FELDMAN MD, JACK A	GS	FORCE MD, THOS B	OBG	GANSMAN MD, DAVID H	FP
18 C DURHAM CT WILLIAMSVILLE NY 14221		1304 FAIRY HILL RD RYDAL PA 19046		5500 WAYNE AVE PHILADELPHIA PA 19144	
FELDMAN MD, JULIAN D	OBG	FOREMAN MD, JOS	GS	GARBAK MD, FRANK	AN
829 SPRUCE ST PHILADELPHIA PA 19107		6737 HARBISON AVE PHILADELPHIA PA 19149		717 RAIKES RD HUNTINGDN VLY PA 19006	
FELIX MD, DIONISIO	OBG	FORMAN MD, HARRIS	IM	GARBER MD, DALE W	FP
441 TOMLINSON RD #D-7 PHILADELPHIA PA 19116		412 DALY ST PHILADELPHIA PA 19148		325 N LANSDOWNE AVE LANSDOWNE PA 19050	
FENLIN JR MD, JOHN M	ORS	FORMAN MD, HARVEY R	IM	GARCIA MD, CELSO R	OBG
248 S 21ST ST PHILADELPHIA PA 19103		1038 MARFIELD LANE HUNTINGDON VLY PA 19006		3400 SPRUCE ST PHILADELPHIA PA 19104	
FEO MD, LOUIS G	US	FORMAN MD, JOS E	FP	GARCIA MD, JOSE C	GS
814 PINE ST PHILADELPHIA PA 19107		6600 REVERE ST PHILADELPHIA PA 19149		435 FOULKE LN SPRINGFIELD PA 19064	
FERGUSON JR MD, GUERRANT H	FP	FORMAN MD, KENNETH J	IM	GARCIA MD, LAUREANO P	IM
116 BALA AVE BALA-CYNWYD PA 19004		ONE ABINGTON PLAZA 401 JENKINTOWN PA 19046		328 W GODFREY AVE PHILADELPHIA PA 19120	
FERGUSON MD, EMANUEL R	FP	FORMAN MD, MYRON	R	GARDNER DO, MARSHALL K	FP
5612 BAYNTON ST PHILADELPHIA PA 19144		1608 JUNIPER AVE ELKINS PARK PA 19117		441 TOMLINSON F-21 PHILADELPHIA PA 19116	
FERRARA MD, VINCENT L	NS	FORMAN MD, SAML	FP	GARDNER MD, VINCENT E	FP
931 HUNTINGTON PIKE HUNTINGTON VLY PA 19006		605 ROCKLAND AVE YEADON PA 19050		155 BETHLEHEM PK PHILADELPHIA PA 19118	
FERRERA MD, ARTURO J	IM	FORNWALT MD, HELEN L	OBG	GARFIELD MD, SAML J	OBG
8400 BUSTLETON AVE PHILADELPHIA PA 19152		231 OLD GULPH RD WYNNWOOD PA 19096		7241 REVERE ST PHILADELPHIA PA 19149	
FETTER MD, FERDINAND	IM	FORSTER JR MD, H WALTER	OPH	GARFINKLE MD, WM B	FP
322 S 21ST ST PHILADELPHIA PA 19103		37 S 20TH ST PHILADELPHIA PA 19103		437 CRESCENT RD WYNCOTE PA 19095	
FICKE MD, J RONALD	IM	FOULGER MD, MARGARET P	IM	GARNER MD, VAUGHN C	US
3919 MARTIN RD HUNTINGDON VLY PA 19006		601 ROCKWOOD RD WILMINGTON DEL 19802		447 E WADSWORTH AVE PHILADELPHIA PA 19119	
FIEDLER MD, JAMES J	FP	FOX IV MD, JAMES W	PS	GARNET MD, JAMES D	OBG
3512 AINSLIE ST PHILADELPHIA PA 19129		135 S 18TH ST PHILADELPHIA PA 19103		8TH & SPRUCE STS PHILADELPHIA PA 19107	
FIEL MD, STANLEY B	IM	FRANKEL MD, DONALD S	OBG	GARTLAND MD, JOHN J	ORS
9200 BUSTLETON AVE PHILADELPHIA PA 19115		255 S 17TH ST PHILADELPHIA PA 19103		1015 WALNUT ST RM 621 PHILADELPHIA PA 19107	
FIELD MD, HOWARD L	P	FRANKEL MD, LEON A	GS	GARVIN MD, EUGENE J	PRM
1025 WALNUT ST PHILADELPHIA PA 19107		3600 CONSHOHOCKEN AVE PHILADELPHIA PA 19131		1001 CITY LINE AVE E610 PHILADELPHIA PA 19151	
FIELDS MD, HARRY	OBG	FRANKLIN MD, MORRIS	FP	GASCON MD, PERLA G	AN
133 S 36TH ST PHILADELPHIA PA 19104		1919 CHESTNUT ST PHILADELPHIA PA 19103		YORK & TABOR RDS PHILADELPHIA PA 19141	
IGUEROA MD, WM G	IM	FRANKLIN MD, SIDNEY N	IM	GASH MD, RICHARD M	GS
933 HAVERFORD AVE BRYN MAWR PA 19010		1900 SPRUCE ST PHILADELPHIA PA 19103		532 DEVEREAUX AVE PHILADELPHIA PA 19111	
ILMYER JR MD, EDWARD A	PD	FRAYER MD, WM C	OPH	GASKINS MD, ALBERT L	PD
2220 MT CARMEL AVE GLENSIDE PA 19038		51 N 39TH ST PHILADELPHIA PA 19104		105 W SCHOOLHOUSE LN PHILADELPHIA PA 19144	
INE MD, ERIC W	P	FRAZIER MD, WM D	GS	GASPAR MD, VICTORIA S	PM
1018 ARBORETUM RD WYNCOTE PA 19095		3400 SPRUCE ST PHILADELPHIA PA 19104		1801 JFK BLVD PHILADELPHIA PA 19103	



PHILADELPHIA

GATTI MD, DOMINIC L	FP	GLASS MD, DOROTHEA D	PH	GOODNER MD, DAVID M	OBG
2020 E ALLEGHENY AVE PHILADELPHIA PA 19134		935 MELROSE AVE MELROSE PARK PA 19126		7205 CHARLTON ST PHILADELPHIA PA 19119	
GAUKLER MD, ROBT J	P	GLASS MD, PHILLIP	OBG	GORACCI MD, ARMANDO	GS
1416 OLD GULPH RD VILLANOVA PA 19085		1919 CHESTNUT ST PHILADELPHIA PA 19103		RED BANK AVE WOODBURY NJ 08096	
GAYDOS MD, ANNA E	US	GLASSBURN MD, JOHN R	R	GORDON MD, BURGESS L	IM
KENILWORTH APTS #116 PHILADELPHIA PA 19144		236 N BROAD ST PHILADELPHIA PA 19102		1550 N LAKE SHORE DR CHICAGO ILL 60610	
GECKLER MD, EDWIN O	US	GLASSMAN MD, SOLOMON	IM	GORDON MD, JACOB S	CRS
1312 MEDFORD RD WYNNWOOD PA 19096		1320 RACE ST PHILADELPHIA PA 19107		5119 N BROAD ST PHILADELPHIA PA 19141	
GEZCY MD, MARIA	IM	GLAUDEL MD, STANLEY F	FP	GORDON MD, JOHN F	ORS
SK&F LABS 1500 SPRING G PHILADELPHIA PA 19101		6729 WOODLAND AVE PHILADELPHIA PA 19142		1801 JFK BLVD APT 2204 PHILADELPHIA PA 19103	
GEFFER MD, LOUIS P	FP	GLAUSER MD, ELINOR M	IM	GORDON MD, JOS	P
2346 E ALLEGHENY AVE PHILADELPHIA PA 19134		630 RICHARDS RD WAYNE PA 19087		8304 TULPEHOCKEN AVE PHILADELPHIA PA 19117	
GEFFER MD, WARREN B	R	GLAUSER MD, FRANK	GS	GORDON MD, PAUL E	FP
1000 CONESTOGA RD ROSEMONT PA 19010		7876 SPRING AVE 33 ELKINS PARK PA 19117		4620 W COMMERCIAL BLVD TAMARAC FL 33319	
GEIST MD, DONALD C	GS	GLAUSER MD, STANLEY C	FP	GORDON MD, WM	OTO
2201 BRYN MAWR APT 1205 PHILADELPHIA PA 19131		630 RICHARDS RD WAYNE PA 19087		5345 SPRUCE ST PHILADELPHIA PA 19139	
GELEHATER MD, JOS	R	GLAZER MD, ROBERT M	ORS	GOREN MD, STANLEY E	PD
300 CREST PARK RD PHILADELPHIA PA 19119		1358 DRAYTON LN WYNNWOOD PA 19151		198 CHELTENHAM AVE PHILADELPHIA PA 19120	
GELFAND MD, DAVID	IM	GLICK MD, ABRAHAM	IM	GOSFIELD JR MD, EDWARD	IM
1722 PINE ST PHILADELPHIA PA 19103		454 WOLF ST PHILADELPHIA PA 19148		2113 SPRUCE ST PHILADELPHIA PA 19103	
GELFOND MD, DAVID B	IM	GLICKMAN DO, NEIL P	FP	GOTTHEIL MD, EDWARD	IM
2401 PENNA AVE STE 6B36 PHILADELPHIA PA 19130		610 BUSTLETON AVE PHILADELPHIA PA 19149		T JEFFERSON UNIV PHILADELPHIA, PA 19107	
GELLER MD, JOS	FP	GLICKMAN DO, SHELDON C	FP	GOTTLIEB DO, MARSHALL M	IM
7TH & CHELTEN AVE PHILADELPHIA PA 19126		1381 RHOADES DR HUNTINGDN VLY PA 19006		2 BALA CYNWYD PLZ IL-18 BALA CYNWYD PA 19004	
GENNARELLI MD, THOMAS A	NS	GLICKMAN MD, MURRAY	ORS	GOTTLIEB MD, HARRY	IM
3400 SPRUCE ST PHILADELPHIA PA 19104		5209 N BROAD ST PHILADELPHIA PA 19141		5555 WISSAHICKON AVE PHILADELPHIA PA 19144	
GENNARO MD, ANTHONY R	CRS	GLUCKMAN MD, STEPHEN J	IM	GOTTLIEB MD, PHILIP M	IM
TEMPLE U HSC DEPT SURG PHILADELPHIA PA 19140		6511 WAYNE AVE PHILADELPHIA PA 19119		818 MED ARTS BLDG PHILADELPHIA PA 19102	
GERBER MD, HARRIS S	FP	GO MD, WELLES P	GS	GOTTLIEB MD, RONALD S	IM
1036 MAGEE AVE PHILADELPHIA PA 19111		204 LEXINGTON HAVERTOWN PA 19083		1025 WALNUT ST PHILADELPHIA PA 19107	
GERBER MD, PAUL	FP	GODDARD MD, KATHARINE E	PD	GOTTLIEB MD, STANLEY	PRM
701 W ROOSEVELT BLVD PHILADELPHIA PA 19140		490 E ABINGTON AVE PHILADELPHIA PA 19118		160 SHELLEY LN PHILADELPHIA PA 19115	
GERBER MD, PHILIP	IM	GODINEZ-CEJUDO MD, JORGE A	OPH	GOULD MD, RICHARD B	P
245 N BROAD ST PHILADELPHIA PA 19107		11855 A ACADEMY RD PHILADELPHIA PA 19154		8210 CRITTENDEN ST PHILADELPHIA PA 19118	
GERNER MD, P CALVIN	IM	GOEPP MD, CARLA E		GOULEY MD, BENJ A	IM
332 PENN RD WYNNWOOD PA 19096		1025 WALNUT ST PHILADELPHIA PA 19107		1201 W OLNEY AVE PHILADELPHIA PA 19141	
GERSHENFELD MD, MARVIN A	IM	GOHEL MD, VIJAYSINH K	R	GOWDEY MD, M AGNES	FP
1301 W TABOR RD PHILADELPHIA PA 19141		32 IMPERIAL DR CHERRY HILL NJ 08034		2410 NEW ALBANY RD CINNAMINSON NJ 08077	
GERSON MD, LEROY T	IM	GOLD MD, ALLAN	OTO	GOWING MD, JEAN	FP
440 HAVERFORD RD WYNNWOOD PA 19096		5245 OXFORD AVE PHILADELPHIA PA 19124		602 LEVERINGTON AVE PHILADELPHIA PA 19128	
GERSTLEY 3RD MD, LOUIS	OBG	GOLD MD, ESTELLE M	PD	GRACE MD, HELEN K	OBG
CEDARBROOK HILL CM23 WYNCOTE PA 19095		155 W WALNUT LN PHILADELPHIA PA 19144		270 UPPER GULPH RD BX22 RADNOR PA 19087	
GESENWAY MD, DANL B	P	GOLD MD, HENRY J	FP	GRAHAM MD, GARTH K	IM
626 SPRUCE ST PHILADELPHIA PA 19106		200 RADBURN RD PHILADELPHIA PA 19115		1500 SPRING GARDEN ST PHILADELPHIA PA 19101	
GETSON MD, DAVID	FP	GOLD MD, JEROME A	IM	GRASSI MD, MICHAEL O	P
8201 HENRY AVE PHILADELPHIA PA 19128		PO BOX 8299 PHILADELPHIA PA 19101		2038 LOCUST ST PHILADELPHIA PA 19103	
GETSON MD, MAURICE	IM	GOLD MD, MICHAEL J	FP	GRASSO MD, CONDO M	OPH
7351 WOODBINE AVE PHILADELPHIA PA 19151		331 BRISTOL RD WILMINGTON NC 28401		9601 ASHTON RD APT E8 PHILADELPHIA PA 19114	
GETTES MD, NANCY J	IM	GOLDSACHER JR MD, LAWRENCE R	FP	GRATZ DO, IRWIN	AN
2401 PENNA AVE PHILADELPHIA PA 19130		2361 E ALLEGHENY AVE PHILADELPHIA PA 19134		411 WOODBINE AVE NARBERTH PA 19070	
GETTY MD, THOS B	FP	GOLDBERG MD, MURRAY	AN	GRAVES JR MD, BEVENLY	IM
1035 HOLLY TREE RD ABINGTON PA 19001		405 NEWBOLD RD JENKINTOWN PA 19046		1822 W GIRARD AVE PHILADELPHIA PA 19130	
GETZ DO, HARRY D	PD	GOLDBERG MD, BARRY S	R	GRAY JR MD, FRANK D	IM
8201 HENRY AVE #G21 PHILADELPHIA PA 19128		THOMAS JEF HOSP RD DPT PHILADELPHIA PA 19107		775 MILL CREEK RD GLADWYNE PA 19107	
GETZ MD, WM B	OPH	GOLDBERG MD, HARRY	IM	GRAY MD, FRIEDA G	IM
251 BROOKDALE DR HUNTINGDON VLY PA 19006		EINSTEIN MED CTR N DIV PHILADELPHIA PA 19141		230 NORTH BROAD ST PHILADELPHIA PA 19102	
GHOSE MD, SURESH C	GS	GOLDBERG MD LTD, RICHARD E	OPH	GRECO MD, TOBY A	OBG
1335 W TABOR RD STE 307 PHILADELPHIA PA 19141		948 HUNTERS TURN HUNTINGDON VLY PA 19006		2506 S 20TH ST PHILADELPHIA PA 19145	
GIACOBBO MD, JOHN N	PD	GOLDBERGER MD, ARNOLD	OBG	GREEN MD, ROBT L	ORS
2400 S 21ST ST PHILADELPHIA PA 19145		1930 CHESTNUT ST PHILADELPHIA PA 19103		2 MIOSIA CIR LAFAYETTE HLS PA 19444	
GIAMPETRO MD, ANTHONY M	IM	GOLDBURGH MD, WARREN P	IM	GREEN MD, WM	FP
2301 S BROAD ST PHILADELPHIA PA 19148		275 S 19TH ST 3RD FL PHILADELPHIA PA 19131		7723 LYCOMING AVE PHILADELPHIA PA 19126	
GIANAKON MD, HARRY G	P	GOLDENBERG MD, EDWARD M	IM	GREENBAUM MD, CHAS H	D
111 N 49TH ST PHILADELPHIA PA 19139		220 E MERMAID LN #TH217 PHILADELPHIA PA 19118		8220 CASTOR AVE PHILADELPHIA PA 19152	
GIBBONS MD, RICHARD E	OBG	GOLDFARB MD, ALVIN F	OBG	GREENBERG MD, HARRY H	GS
1801 JFK BLVD 1817 PENN PHILADELPHIA PA 19103		ST JAMES HOUSE STE 100 PHILADELPHIA PA 19107		2028 SPRING GARDEN ST PHILADELPHIA PA 19130	
GIBSON MD, GLEN G	OPH	GOLDFINE MD, HARRY A	PD	GREENBERG MD, JACK O	N
2031 LOCUST ST PHILADELPHIA PA 19103		1344 ROBBINS AVE PHILADELPHIA PA 19111		EPISCOPAL HOSP PHILADELPHIA PA 19125	
GILBERT DO, MAX	FP	GOLDFINE MD, JOS D	FP	GREENBERG MD, LEONARD F	IM
4241 ALTHEA WAY LAKE PARK FL 33410		1900 JFK BLVD STE 1706 PHILADELPHIA PA 19103		325 GRIBBEL RD WYNCOTE PA 19095	
GILBERT MD, ROBT P	IM	GOLDMAN MD, ARNOLD D	P	GREENBERG MD, MARVIN	P
JEFFERSON MED COLL PHILADELPHIA PA 19107		220 S 16TH ST PHILADELPHIA PA 19102		111 N 49TH ST PHILADELPHIA PA 19139	
GILETTO MD, BASIL J	OBG	GOLDMAN MD, LEONARD I	GS	GREENBERG MD, MARVIN S	D
2020 LOCUST ST PHILADELPHIA PA 19103		3401 N BROAD ST PHILADELPHIA PA 19140		TABOR MED BLDG PHILADELPHIA PA 19141	
GILL MD, ROBT J	IM	GOLDMAN MD, MARVIN	R	GREENE MD, DONALD H	ORS
715 SPRUCE ST PHILADELPHIA PA 19107		8118 OLD YORK RD ELKINS PARK PA 19117		OXFORD AND BORBECK AVES PHILADELPHIA PA 19111	
GINIEWICZKI MD, CHESTER J	OBG	GOLDMAN MD, SIDNEY S	PRM	GREENE MD, DOUGLAS W	U
3446 SHELWIRE AVE PHILADELPHIA PA 19136		1327 PINE ST PHILADELPHIA PA 19107		5617 SPRUCE ST PHILADELPHIA PA 19139	
GINLEY MD, THOMAS H	U	GOLDMANN MD, DAVID R	IM	GREENE MD, LLOYD B	U
PRES APTS STE D 130 PHILADELPHIA PA 19131		922 COURTLAND ST PHILADELPHIA PA 19140		326 S 19TH ST PHILADELPHIA PA 19103	
GINSBURG MD, DAVID K	IM	GOLDSMITH MD, HARRY S	GS	GREENFIELD MD, SAML L	IM
2301 S BROAD ST PHILADELPHIA PA 19148		815 PARKES RUN LN VILLANOVA PA 19085		2500 BLACK OLIVE BLV 10 DELRAY BCH FL 33445	
GINSBURG MD, ABRAHAM	FP	GOLDSTEIN MD, ARTHUR M	OPH	GREENFIELD MD, VAL S	US
1833 BERTRAM RD HUNTINGDN VLY PA 19006		2301 S BROAD ST PHILADELPHIA PA 19148		5001 FRANKFORD AVE PHILADELPHIA PA 19124	
GINSBURG MD, HOWARD H	ORS	GOLDSTEIN MD, BERNARD	AN	GREENSTEIN MD, SIDNEY	IM
9 CHARTWELL COURT ROCHESTER NY 14618		709 OXFORD RD BALA-CYNWYD PA 19004		BENSON EAST STE A-8 JENKINTOWN PA 19046	
GINSBURG MD, ISADORE W	IM	GOLDSTEIN MD, FRANZ	IM	GREENWALD MD, EARL F	OBG
TEMPLE UNIV MED CTR PHILADELPHIA PA 19140		231 LANKENAU MED BLDG PHILADELPHIA PA 19151		3401 N BROAD ST PHILADELPHIA PA 19140	
GINSBURG MD, ROBERT	IM	GOLDSTEIN MD, JACOB	IM	GREENWALD MD, STANLEY M	FP
1411 MEADOW DR NORRISTOWN PA 19403		ONE ABINGTON PLAZA 401 JENKINTOWN PA 19046		3927 PATRICIAN DR PHILADELPHIA PA 19154	
GIORDANO MD, AUGUSTIN T	PD	GOLDSTEIN MD, JEROME	D	GRIBBACK DO, RUSSELL	IM
1817 S BROAD ST PHILADELPHIA PA 19148		10151 BUSTLETON AVE PHILADELPHIA PA 19116		230 N BROAD ST PHILADELPHIA PA 19102	
GIORDANO MD, LORRAINE M	FP	GOLDSTEIN MD, NORMAN S	FP	GRIFFITH MD, CHAS G	PTH
5015 SCHUYLER ST PHILADELPHIA PA 19144		4TH ST AND NEDRO AVE PHILADELPHIA PA 19120		1789 WASHINGTON LN MEADOWBROOK PA 19046	
GIRARDO MD, SALVATORE P	IM	GOLDWEIN MD, MANFRED I	IM	GRIFFITH MD, JOHN R	IM
2517 S COLORADO ST PHILADELPHIA PA 19145		3600 SPRUCE ST PHILADELPHIA PA 19104		1015 CHESTNUT ST PHILADELPHIA PA 19107	
GIRSH MD, LEONARD S	IM	GOLLUB MD, MORTON J	IM	GRIFFITH MD, REYNOLD S	IM
1401 MELROSE AVE PHILADELPHIA PA 19126		1616 E WILLOW GROVE AVE PHILADELPHIA PA 19118		517 CONSHOHOCKEN ST RD GLADWYNE PA 19035	
GISLASON MD, G JOHN	U	GOMEZ MD, JAIR	P	GROFE MD, JERROLD G	P
ABINGTON HOSP ABINGTON PA 19001		2822 N 5TH ST PHILADELPHIA PA 19122		2200 FRANKLIN PKWY W 10 PHILADELPHIA PA 19130	
GIUDICE MD, VIRGINIO J	FP	GONICK MD, PAUL	U	GROFF MD, HARVEY D	PRM
701 KENMORE RD PHILADELPHIA PA 19151		HANNEMANN HOSP PHILADELPHIA PA 19102		RUTGERS SHC 11 BISHOP P NEW BRUNSWICK NJ 08901	
GIUFFRE MD, JAMES C	GS	GONNELLA MD, JOS S	IM	GROSH MD, JULIETA D	GS
538 MONTGOMERY SCH LN WYNNWOOD PA 19096		1025 WALNUT ST PHILADELPHIA PA 19107		3401 N BROAD ST PHILADELPHIA PA 19140	
GIULIAN MD, KARL A	OBG	GONZALEZ MASO MD, GUILLERMO E	FP	GROSS MD, BENJ A	D
EPISCOPAL HOSP PHILADELPHIA PA 19125		5004 N 5TH ST PHILADELPHIA PA 19120		304 S 19TH ST PHILADELPHIA PA 19103	
GIVEN MD, GEO G	FP	GONZALEZ MD, CARLOS F	R	GROSS MD, PAUL R	D
14000 ROOSEVELT BLVD PHILADELPHIA PA 19114		258 ST JOSEPHS WAY PHILADELPHIA PA 19106		716 SPRUCE ST PHILADELPHIA PA 19106	
GIVEN MD, KENNETH M	IM	GOODMAN MD, DAVID H	IM	GROSSMAN MD, ERIC J	AN
MERCK SHARP DOHME RES WEST POINT PA 19486		8340 HIGH SCHOOL RD ELKINS PARK PA 19117		348 LLANDRILLO RD BALA CYNWYD PA 19004	
GIZDAVYC MD, BARTOL	IM	GOODMAN MD, DORIS	IM	GROSSMAN MD, GILBERT	IM
1483 STRATHMANN DR SOUTHAMPTON PA 18966		2921 WASHINGTON ST #4 SAN FRAN CA 94115		ONE ABINGTON PLAZA 401 JENKINTOWN PA 19046	
GLADSTONE MD, LEONARD G	IM	GOODMAN MD, ELLIOTT L	IM	GROSSMAN MD, JOS N	FP
7624 MASSEY WAY ELKINS PARK PA 19117		614 BAIR RD BERNYN PA 19312		6711 OLD YORK RD PHILADELPHIA PA 19126	
GLASKIN MD, ALLEN	FP	GOODMAN MD, HARRY	P	GROSSMAN MD, JOS N	PD
955 TYSON AVE PHILADELPHIA PA 19111		1311 PROVIDENCE RD SECANE PA 19018		5127 N BROAD ST PHILADELPHIA PA 19141	



GROTZINGER MD, PAUL J AN  
2121 VALLEY RD HUNTINGDON VLY PA 19006  
GROVE MD, DANL D AN  
5025 N MERVINE ST PHILADELPHIA PA 19141  
GRUBER MD, HEINZ K OBG  
8827 NORWOOD AVE PHILADELPHIA PA 19116  
GRUNT MD, RICHARD F IM  
1429 S FIFTH ST PHILADELPHIA PA 19147  
GUERRERO MD, JUAN R PD  
1718 SPRINGFIELD AVE NEW PROVIDENCE NJ 07974  
GUESON MD, EMERITA T OBG  
3101 COTTMAN AVE PHILADELPHIA PA 19149  
GUPTA MD, GIRIWARLAL N  
3401 N BROAD ST PHILADELPHIA PA 19140  
GUPTA MD, SANTOSH OBG  
4700 ANACONDA RD CORNWELLS HGTS PA 19020  
GUPTA MD, VED P IM  
ALBERT EINSTEIN MED CTR PHILADELPHIA PA 19141  
GUREGHIAN MD, PATRICIA A R  
608 MANAYUNK RD MERION PA 19066  
GURKANYAK MD, NECHI IM  
7600 LEXINGTON AVE PHILADELPHIA PA 19152  
GUTEKUNST MD, PAUL E FP  
255 S 17TH ST PHILADELPHIA PA 19103  
GUTIERREZ MD, EMMELINE P IM  
1290 VALLEY RD MEADOWBROOK PA 19046  
GUTHMAKER MD, HYMAN R FP  
2220 SNYDER AVE PHILADELPHIA PA 19145  
GUTNICK MD, MORTON OBG  
8329 FAIRVIEW RD ELKINS PARK PA 19117  
GUTSCHE MD, BRETT B AN  
HOSP OF THE U OF PA PHILADELPHIA PA 19104  
GUTTMANN MD, GAD G ORS  
1335 TABOR RD PHILADELPHIA PA 19141  
GUZZO MD, CARL P CRS  
20 WORTHINGTON AVE SPRING LAKE NJ 07762  
HAASE MD, GUNTER R N  
PA HOSP 8TH & SPRUCE PHILADELPHIA PA 19107  
HAAS MD, WILLIAM S IM  
562 MEADOWBROOK DR HUNTINGDON VLY PA 19006  
HABBOUSHE MD, FAWZI P GS  
1229 WAVERLY RD GLADWYNE PA 19035  
HADDEEN MD, SAML B P  
946 REMINGTON RD WYNNWOOD PA 19096  
HAEBERLE MD, WM A IM  
4126 DECATUR ST PHILADELPHIA PA 19136  
HAENTZKE MD, FREDERICK E PTH  
47 TOWNSHIP LINE RD HARLEYSVILLE PA 19438  
HAFT MD, HAROLD NS  
460 ROCK GLEN DR WYNNWOOD PA 19096  
HAGAN JR MD, EUGENE P OBG  
3101 COTTMAN ST PHILADELPHIA PA 19149  
HAHN MD, GEO A OBG  
255 S 17TH ST PHILADELPHIA PA 19103  
HAIMOWITZ MD, SAML I IM  
1 GARDENIA RD LEVITTOWN PA 19057  
HAIN MD, SU C IM  
560 BETHLEHEM PIKE FT WASHINGTON PA 19034  
HALL MD, JOHN H TS  
TEMPLE U 3401 N BROAD PHILADELPHIA PA 19140  
HALLETT MD, JOS W OPH  
136 S 16TH ST PHILADELPHIA PA 19102  
HALPERN MD, BARRY R U  
1210 GAINSBORO BALA CYNMYD PA 19004  
HAMDI MD, LOUISE O P  
2004 DELANCY PL PHILADELPHIA PA 19103  
HAMDI MD, TURGUT N OPH  
2004 DELANCY PL PHILADELPHIA PA 19103  
HAMLTON MD, ANGIE S US  
6900 WAYNE AVE PHILADELPHIA PA 19119  
HAMLTON MD, RALPH W PS  
RAYDIN INST 3400 SPRUCE PHILADELPHIA PA 19104  
HAMLTON MD, WM L D  
5501 GREENE ST PHILADELPHIA PA 19144  
HAMMER MD, CARL P  
1111 MILLBROOK RD BERYN PA 19312  
HAMMER MD, GLENN S IM  
230 N BROAD ST PHILADELPHIA PA 19102  
HAMMERMAN MD, STEVEN P  
1942 LOMBARD ST PHILADELPHIA PA 19146  
HAMMETT MD, VANBUREN O P  
191 PRESIDENTIAL APTS BALA CYNMYD PA 19004  
HAMPTON MD, JANET A IM  
441 LYCEUM AVE PHILADELPHIA PA 19128  
HAND MD, B MARVIN N  
1801 KENNEDY BLVD PHILADELPHIA PA 19103  
HAND MD, JOHN G FP  
1724 PINE ST PHILADELPHIA PA 19103  
HANDLER MD, JAY J U  
1025 WALNUT ST PHILADELPHIA PA 19107  
HANNA MD, CHAS M IM  
2117 LAGOON DR DUNEDIN FL 33528  
HANNO MD, HAROLD A IM  
SAPPHIRE BAY BCH APTS S ST THOMAS VI 00801  
HANSELL MD, HENRY L FP  
R D 2 LANSDALE PA 19446  
HANSON JR MD, CLARENCE M IM  
HOSP UNIV OF PA PHILADELPHIA PA 19104  
HARKINS MD, HERBERT P OTO  
LANKENAU MED BLDG PHILADELPHIA PA 19151  
HARLEY MD, ROBINSON D OPH  
WILLS EYE HOSP PHILADELPHIA PA 19130  
HARP MD, JAMES R AN  
3401 N BROAD ST PHILADELPHIA PA 19140  
HARRER MD, DANL C OBG  
LANKENAU HOSP MED BLDG PHILADELPHIA PA 19151  
HARRIS MD, ELLWOOD G IM  
3600 CONSHOHKIN AVE#1911 PHILADELPHIA PA 19144  
HARRIS MD, JAMES S GS  
SUITE 108 666 E PENN ST PHILADELPHIA PA 19144  
HARRISON JR MD, FRANCIS G U  
1617 SWEETBRIAR DR GLADWYNE PA 19035  
HARTLEY MD, ARTHUR A OBG  
8 JERSEY MED CTR RT 70 CHERRY HILL NJ 08034  
HARTZELL MD, DWIGHT J IM  
8TH & DELANCEY PLACE PHILADELPHIA PA 19107  
HARVEY MD, EDITH E OPH  
HILLTOP & WYNDALE RD JENKINTOWN PA 19046  
HARWICK MD, ROBT D GS  
2201 B FRANKLIN PKWY PHILADELPHIA PA 19130  
HASBUN MD, FRANKLYN A GS  
39TH & POWELTON AVE PHILADELPHIA PA 19104  
HASH MD, CECIL J NS  
EPISCOPAL HOSP PHILADELPHIA PA 19125  
HASKELL MD, BENJ CRS  
1427 SPRUCE ST PHILADELPHIA PA 19102  
HASKIN MD, MARVIN E R  
509 SPRUCE ST PHILADELPHIA PA 19106  
HATLEY MD, WALTER F PD  
8TH & GIRARD AVE PHILADELPHIA PA 19123  
HAUPT MD, GEO J GS  
306 LANKENAU MED BLDG PHILADELPHIA PA 19151  
HAUSMAN MD, DAVID H PTH  
PENNSYLVANIA HOSP PHILADELPHIA PA 19107  
HAVENS JR MD, WALTER P IM  
829 SPRUCE ST STE 302 PHILADELPHIA PA 19107  
HAMTHORNE MD, HERBERT R GS  
3625 DARBY RD BRYN MAWR PA 19010  
HAYES JR MD, MARTIN F GS  
THE PHILADELPHIAN 2C45 PHILADELPHIA PA 19130  
HAYES MD, BRIAN L IM  
2114 PACKARD AVE HUNTINGDON VLY PA 19006  
HAYES MD, MARTIN F P  
6213 FRANKFORD AVE PHILADELPHIA PA 19135  
HAYLLAR MD, BENJ L U  
530 SCOTT RD GLADWYNE PA 19035  
HECKLIN MD, OSCAR B ORS  
1305 W TABOR RD PHILADELPHIA PA 19141  
HEDGES JR MD, THOMAS R OPH  
8TH AND SPRUCE ST PHILADELPHIA PA 19107  
HEERSINK MD, MARX E OPH  
2991 SCHOOLHOUSE LN E32 PHILADELPHIA PA 19144  
HEHN MD, ARTHUR C OBG  
1264 LENOX RD JENKINTOWN PA 19046  
HEIM MD, OSCAR E US  
BLACK HAWK APTS I-3 DOWNTOWN PA 19335  
HEIMAN MD, DONALD F IM  
GERMANTOWN HOSP PHILADELPHIA PA 19144  
HEINE MD, WM I IM  
5579 N PARK AVE PHILADELPHIA PA 19141  
HEINKE MD, HOWARD F IM  
1919 SOLLY AVE PHILADELPHIA PA 19152  
HELLER MD, ALVIN G IM  
100 CHURCH RD ARDMORE PA 19003  
HELLER MD, MELVIN S P  
15 E LEVERING MILL RD BALA CYNMYD PA 19004  
HELLER MD, ROBT S AN  
352 GRIBBEL RD WYNCOLE PA 19095  
HELRTCH MD, MARTIN AN  
UNIV OF MD HOSP BALTIMORE MD 21201  
HELVIG JR MD, JOHN IM  
GERMANTOWN HOSP PHILADELPHIA PA 19144  
HENDLER MD, BARRY H FP  
1722 BENJAMIN DR AMBLER PA 19002  
HEPPENSTALL MD, RONALD B ORS  
34TH & SPRUCE STS PHILADELPHIA PA 19104  
HERBISON MD, GERALD J PRM  
185 WOODSTOCK VILLANOVA PA 19085  
HERBST MD, BERNADETTE A N  
3300 HENRY AVENUE PHILADELPHIA PA 19129  
HERGESHEIMER MD, LESTER GS  
8215 CHELTENHAM AVE PHILADELPHIA PA 19118  
HERMAN MD, CARL D P  
MOSS REHAB HOSP PHILADELPHIA PA 19141  
HERMAN MD, CHARLES W FP  
4401 CONSHOHOCKEN AVE PHILADELPHIA PA 19131  
HERMAN MD, HAROLD GS  
5000 RICHMOND ST PHILADELPHIA PA 19137  
HERMAN MD, HARRY FP  
2055 GULF OF MEXICO DR SARASOTA FL 33577  
HERMAN MD, JERRY H OBG  
7310 CASTOR AVE PHILADELPHIA PA 19152  
HERMAN MD, WALTER M IM  
275 N LATCHES LN MERION PA 19066  
HERMANN MD, GEO A PTH  
PRESBYTERIAN HOSP PHILADELPHIA PA 19104  
HERMANN MD, IRVIN F IM  
201 S 18TH ST PHILADELPHIA PA 19103  
HERMEL MD, MORTIMER B R  
255 S 17TH ST PHILADELPHIA PA 19103  
HEROLD MD, SANFORD L IM  
220 E MERMAID LN#142 PHILADELPHIA PA 19118  
HERRERA MD, ANIBAL F IM  
3910 POWELTON AVE 204 PHILADELPHIA PA 19104  
HERRING MD, ALLEN B IM  
2733 TAUNTON ST PHILADELPHIA PA 19152  
HERRON JR MD, JAMES R OBG  
1055 HADDON AVE COLLINGSWOOD NJ 08108  
HERSCHMANN MD, KATHAKINE FP  
3700 COUNTRY CLUB RD PHILADELPHIA PA 19131  
HERSKOVITZ MD, HERBERT P  
132 BUCK LA HAVERFORD PA 19041  
HERZOG MD, ROBT S IM  
7607 LEONARD ST PHILADELPHIA PA 19152  
HESKEL MD, MILTON M OS  
1335 TABOR RD PHILADELPHIA PA 19141  
HESSION MD, HENRY M FP  
2932 SO 72 ST PHILADELPHIA PA 19153  
HEYL MD, M MEREDITH OBG  
1107 BETHLEHEM PIKE FLOURTOWN PA 19031  
HICKEY MD, JOHN S FP  
3358 DISSTON ST PHILADELPHIA PA 19149  
HICKOK JR MD, ROBERT L OBG  
4101 QUEENSWOOD DR PORTSMOUTH VA 23703  
HINCHCLIFFE JR MD, JAMES H FP  
1928 OLD HUNTINGDON PK HUNTINGDON VLY PA 19006  
HINEBAUGH JR MD, MAHLON C OBG  
421 LANCASTER AVE HAVERFORD PA 19041  
HINMAN MD, LOUIS F OPH  
666 E PENN ST PHILADELPHIA PA 19144  
HIPPLE MD, MARY A FP  
RITTENHOUSE SQ E BARCLA PHILADELPHIA PA 19103  
HIRSH MD, HERMAN P  
3555 N BROAD ST PHILADELPHIA PA 19140  
HIRSH MD, LEONARD F NS  
230 N BROAD ST PHILADELPHIA PA 19102  
HIRSH MD, STEVEN L R  
1244 FT WASHINGTON AVE FT WASHINGTON PA 19034  
HIRST MD, JOHN C OBG  
2016 RITTENHOUSE SQ PHILADELPHIA PA 19103  
HITZROT MD, LEWIS H US  
161 PATTON AVE PRINCETON N J 08540  
HNELESKI MD, IGNATIUS S IM  
800 S 48TH ST PHILADELPHIA PA 19143  
HOCHBERG MD, ROBT D R  
1119 WOODBINE AVE NARBERTH PA 19072  
HODES MD, PHILIP J R  
PO BOX 875 BISCAYNE ANX MIAMI FL 33152  
HODGENS MD, HELEN L US  
86 YORK ST BRIDGETON N J 08302  
HODGES MD, JOHN H IM  
436 SABINE AVENUE WYNNWOOD PA 19096  
HOEFFEL JR MD, JOS M GS  
1245 HIGHLAND AVE ABINGTON PA 19001  
HOERNER MD, RALPH M IM  
MED ARTS BLDG JENKINTOWN PA 19046  
HOFFMAN JR MD, GEO L OBG  
133 S 36TH ST PHILADELPHIA PA 19104  
HOFFMAN JR MD, NICHOLAS F US  
101 W MARYLAND BEACH HAVEN N J 08008  
HOFFMAN MD, J DAVID ORS  
2050 LOCUST ST PHILADELPHIA PA 19103  
HOFFMAN MD, STANLEY A GS  
713 CATALPA DR MUNCIE IN 47304  
HOFFMEIER MD, CHAS L OBG  
5245 OXFORD AVE PHILADELPHIA PA 19124  
HOLFELNER MD, EDWARD D U  
95 LANE OF ACRES HADDENFIELD NJ 08033  
HOLLANDER MD, GEO IM  
3500 VISTA ST PHILADELPHIA PA 19136  
HOLLANDER MD, JOS L IM  
3400 SPRUCE ST PHILADELPHIA PA 19104  
HOLLINGSWORTH MD, NORMAN B AN  
AEMC ANES ASSOC PHILADELPHIA PA 19141  
HOLLIS MD, CHAS B US  
354 SYCAMORE AVE MERION STA PA 19066  
HOLMES MD, ROBT H PTH  
736 MUSTIN LAND VILLANOVA PA 19085  
HOLROYDE MD, CHRISTOPHER P IM  
LANKENAU HOSP PHILADELPHIA PA 19151  
HOLT MD, GORDON P OTO  
730 HAZELHURST AVE MERION PA 19066  
HOLT MD, WILLIAM E P  
4524 FOREST PARK BLVD ST LOUIS MO 63108  
HONG MD, KEUMSOON OBG  
8815 GERMANTOWN AVE PHILADELPHIA PA 19118  
HONGMAN MD, FREDERICK H PTH  
211 WINDING WAY MERION PA 19066  
HORAN MD, CHAS A IM  
1124 SIGNAL HILL LA BERYNE PA 19312  
HORAN MD, GERALD W OPH  
MARPLE NEWTON MED BLDG NEMTOWN SQUARE PA 19073  
HORENSTEIN DO, MITCHELL FP  
7131 RIDGE AVE PHILADELPHIA PA 19128  
HORNER MD, GEORGE J IM  
717 OLD EAGLE SCHOOL RD WAYNE PA 19087  
HOROWITZ DO, GARY R N  
STE W1805 PARK TOWNE PL PHILADELPHIA PA 19130  
HORTON MD, KEITH A P  
111 N 49TH ST PHILADELPHIA PA 19139  
HORVATH MD, RONALD J ORS  
8621 GERMANTOWN AVE PHILADELPHIA PA 19118  
HORNITZ MD, ORVILLE IM  
8TH & SPRUCE PA HOSP PHILADELPHIA PA 19107  
HOULE MD, LAURENT B U  
6818 VERBENA ST PHILADELPHIA PA 19126  
HOULIHAN MD, ROBERT E OTO  
515 STATION AVE GLENSIDE PA 19038  
HOUSE MD, BENJ FP  
6701 CASTOR AVE PHILADELPHIA PA 19149  
HOUSEL MD, EDMUND L IM  
255 S 17TH ST PHILADELPHIA PA 19103  
HOUSER MD, L MURRAY R  
PENNSYLVANIA HOSP PHILADELPHIA PA 19107  
HOYER MD, PAUL J PTH  
1206 ROOMAN ST APT 31 PHILADELPHIA PA 19147  
HUBBARD MD, JOHN P U  
3930 CHESTNUT ST PHILADELPHIA PA 19104  
HUGHES MD, BOLAND U  
419 HILLBROOK RD BRYN MAWR PA 19010  
HUGHES MD, EUGENE P GS  
113 W CHESTNUT HILL AVE PHILADELPHIA PA 19118  
HUGHES MD, JOS F P  
111 N 49TH ST PHILADELPHIA PA 19139  
HULNICK MD, STUART J PS  
3433 N BROAD ST PHILADELPHIA PA 19140  
HUMPHRIES MD, THOMAS J IM  
119 LOMBARD ST PHILADELPHIA PA 19147  
HUNDLEY MD, J WARREN IM  
600 OXFORD RD BALA CYNMYD PA 19004  
HUNT JR MD, WM T OPH  
513 PARKVIEW DR WYNNWOOD PA 19096  
HUNTER MD, JAMES M GS  
243 S 10TH ST PHILADELPHIA PA 19107  
HUNTER MD, ROBT J US  
928 N 63D ST PHILADELPHIA PA 19151  
HUREWITZ MD, SYLVAN J IM  
1723 RIDGEWAY RD HAVERTOWN PA 19083  
HURLOCK MD, JOAN E FP  
ROXBORO MEM HOSP PHILADELPHIA PA 19128  
HURNITZ MD, ABRAHAM FP  
1016 FAIRMONT AVE PHILADELPHIA PA 19123  
HUTH MD, EDWARD J IM  
4200 PINE ST PHILADELPHIA PA 19104  
HYATT MD, ROBT W OBG  
EPISCOPAL HOSP PHILADELPHIA PA 19125  
HYETT MD, MARVIN R OBG  
255 S 17TH ST 2ND FL PHILADELPHIA PA 19103



## PHILADELPHIA

MYLTON MD, CASIMER FP  
 509 SOUTH 52ND ST PHILADELPHIA PA 19143  
 MYMAN MD, HAROLD L IM  
 3401 N BROAD ST PHILADELPHIA PA 19140  
 IMMERMANN MD, SAM L US  
 3600 CONSHOCKEN AVE PHILADELPHIA PA 19131  
 INGAGLIO MD, PHILIP E FP  
 1836 S BROAD ST PHILADELPHIA PA 19145  
 INGERSOLL MD, CHAS J FP  
 153 W HARVEY ST PHILADELPHIA PA 19144  
 INGRAM JR MD, NORMAN R PRM  
 STENTON AND WHITEMARSH PHILADELPHIA PA 19118  
 INDOUE MD, WM Y GS  
 527 SHOEMAKER RD ELKINS PARK PA 19117  
 IRANI MD, ROSHEN N US  
 1015 WALNUT ST PHILADELPHIA PA 19107  
 ISAACSON MD, HOWARD OBG  
 7348 DREXEL RD PHILADELPHIA PA 19151  
 ISARD MD, HAROLD J R  
 YORK & TABOR RDS PHILADELPHIA PA 19141  
 ISKANDRIAN MD, GRETA P PD  
 230 N BROAD ST PHILADELPHIA PA 19102  
 ISRAEL MD, HAROLD L IM  
 130 S 9TH ST PHILADELPHIA PA 19107  
 ITKIN MD, IRVING M IM  
 HAHNEMANN HOSP PHILADELPHIA PA 19102  
 IVKER MD, MILTON R  
 419 S 19TH ST PHILADELPHIA PA 19146  
 JACOBS MD, E GARDNER P  
 111 N 49TH ST PHILADELPHIA PA 19139  
 JACOBS MD, STANLEY R PRM  
 11TH & WALNUT ST PHILADELPHIA PA 19107  
 JACOBY MD, JAY AN  
 1025 WALNUT ST PHILADELPHIA PA 19107  
 JAFFARI MD, MOHAMMED PM  
 213 GREENDALE RD PHILADELPHIA PA 19154  
 JAFFE DDS, MICHAEL L AN  
 8 FOXCROFT CRT W BERLIN NJ 08091  
 JAFFE MD, BERYL P  
 1 BELMONT AVE BALA-CYNWYD PA 19004  
 JAFFE MD, MARVIN E N  
 2100 PACKARD AVE HUNTINGDN VLY PA 19006  
 JAFFE MD, MAURICE FP  
 6300 HUNTOVER LN ROCKVILLE MD 20852  
 JAHANGER MD, MOHAMMED S OBG  
 34 BRYANT RD TURNERSVILLE NJ 08012  
 JALBUENA MD, ROBT C OPH  
 2300 GARRETT RD DREXEL HILL PA 19026  
 JAMES 3RD MD, THOS I IM  
 502 S 45TH ST PHILADELPHIA PA 19104  
 JAMES MD, FRANK S IM  
 1026 E SYDNEY ST PHILADELPHIA PA 19150  
 JAMSHIDI MD, JAYAD OBG  
 5555 MISBAHICKON 1012 PHILADELPHIA PA 19144  
 JAN MD, RONALD S GS  
 2222 S BROAD ST PHILADELPHIA PA 19145  
 JANNELL MD, ANGELA F IM  
 1325 66TH AVE APT A13 PHILADELPHIA PA 19136  
 JARVIS MD, F WAYNE FP  
 6367 OVERBROOK AVE PHILADELPHIA PA 19151  
 JARYMOVICH MD, JAROSLAW I IM  
 230 BARCLAY CIRCLE CHELTENHAM PA 19012  
 JAURIGUE MD, VENERANDO G GS  
 1917 NICHOLAS DR HUNTINGDN VLY PA 19006  
 JELEN MD, JOS A FP  
 4403 COMLY ST PHILADELPHIA PA 19135  
 JENKINS MD, B WHEELER FP  
 8351 LIMEKILN PK WYNCOTE PA 19095  
 JENOFSKY MD, JACK OBG  
 215 4TH AVE HADDEN HGTS NJ 08035  
 JEPSON MD, JOANNE H IM  
 MEDICAL COLL OF PA PHILADELPHIA PA 19129  
 JESSAR MD, RALPH A IM  
 133 S 36TH ST PHILADELPHIA PA 19104  
 JOHNSON JR MD, HOWARD J PRM  
 127 LINDEN AVE RUTLEDGE PA 19070  
 JOHNSON MD, DON E P  
 111 N 49TH ST PHILADELPHIA PA 19139  
 JOHNSON MD, ROBERT G GS  
 4207 RIDGECREST DR LAS VEGAS NV 89121  
 JOHNSON MD, THOS A IM  
 135 S 18TH ST PHILADELPHIA PA 19103  
 JOHNSON MD, TURNER C IM  
 1511 W ERIE AVE PHILADELPHIA PA 19140  
 JOHNSON MD, WAINE C D  
 3322 N BROAD ST PHILADELPHIA PA 19140  
 JOHNSON MD, WALTON R FP  
 1930 WHARTON ST PHILADELPHIA PA 19146  
 JOHNSON MD, WM H FP  
 211 N 52ND ST PHILADELPHIA PA 19139  
 JOHNSTON MD, FRANK B IM  
 801 MED ARTS BLDG PHILADELPHIA PA 19102  
 JOHNSTON MD, JEAN C IM  
 433 HOWARD RD GLADWYNE PA 19035  
 JOHNSTON MD, ROBT F IM  
 230 N BROAD ST PHILADELPHIA PA 19102  
 JONES MD, WILLIAM L FP  
 701 N 42ND ST PHILADELPHIA PA 19104  
 JORGENSEN MD, VALERIE OBG  
 8TH & SPRUCE ST PHILADELPHIA PA 19107  
 JOSHI MD, HARENORA V GS  
 60 E TOWNSHIP LINE ELKINS PARK PA 19117  
 JOSHI MD, KUNDABALA S PD  
 9601 ASHTON RD E 11 PHILADELPHIA PA 19114  
 JORSON MD, RAYMOND H NS  
 409 MC CLATCHY BLDG UPPER DARBY PA 19082  
 JOYCE 3RD MD, JOHN J ORS  
 666 E PENN ST PHILADELPHIA PA 19144  
 JOYCE MD, MICHAEL F ORS  
 7922 BUSTLETON AVE PHILADELPHIA PA 19152  
 JUDKOWSKI MD, E LESLIE GS  
 6737 HARBISON AVE PHILADELPHIA PA 19149  
 JUELE MD, ROOSEVELT R GS  
 1901 S BROAD ST PHILADELPHIA PA 19148  
 KAHN MD, BERNARD L US  
 APT 825 SYLVANIA HOUSE PHILADELPHIA PA 19107  
 KAHN MD, DONALD L IM  
 575 APPLEWOOD DR FT WASHINGTON PA 19034  
 KAHN MD, MYMAN R IM  
 1149 WESTBURY RD JENKINTOWN PA 19046  
 KAHN MD, SIGMUND B IM  
 324 SURRY RD CHERRY HILL N J 08034  
 KAIN MD, THOS M IM  
 404 SHELBOURNE RD HAVERTOWN PA 19083  
 KAJANI MD, MEHDI K IM  
 8232 FAIRVIEW RD ELKINS PARK PA 19117  
 KALISH MD, ROBT W P  
 8812 HAWTHORN LN WYNDOMOOR PA 19118  
 KALLISH MD, MARVIN N ORS  
 FRONT & LEHIGH STE C105 PHILADELPHIA PA 19125  
 KALODNER MD, ALFRED L OBG  
 519 SPRAGUE RD NARBERTH PA 19072  
 KAMBIN MD, PARVIZ ORS  
 2027 PINE ST PHILADELPHIA PA 19103  
 KAMDAR MD, JAYANT C FP  
 3598 BROOKVIEW RD PHILADELPHIA PA 19154  
 KANIS MD, MYRON L AN  
 60 E TOWNSHIP RD ELKINS PARK PA 19117  
 KANNANGARA MD, YOGESHWARY AN  
 202 GLEN PLACE ELKINS PARK PA 19117  
 KANNAPEL MD, ALLEN R OBG  
 5100 TOWNSHIP LINE RD DREXEL HILL PA 19026  
 KANTER MD, FRANK J FP  
 631 E ALLEGHENY AVE PHILADELPHIA PA 19134  
 KAPLAN DO, DANIEL B FP  
 777 GERMANTOWN PK 617 PLYMOUTH MTG PA 19462  
 KAPLAN MD, ALBERT A P  
 4401 CONSHOCKEN AVE PHILADELPHIA PA 19131  
 KAPLAN MD, ALBERT J P  
 1706 S PARKTOWNE PL APT PHILADELPHIA PA 19130  
 KAPLAN MD, BERNARD OBG  
 6100 CHARLES ST PHILADELPHIA PA 19135  
 KAPLAN MD, ELIZABETH B P  
 1706 S PARKTOWNE PL APT PHILADELPHIA PA 19130  
 KAPLAN MD, LOUIS GS  
 1204 GREENTREE LANE NARBERTH PA 19072  
 KAPLAN MD, RICHARD H PM  
 JEFFERSON UNIV HOSP PHILADELPHIA PA 19107  
 KAPLAN MD, S RICHARD ORS  
 419 S 19TH ST PHILADELPHIA PA 19146  
 KAPLOW MD, GWEN H OBG  
 271 S 3RD ST PHILADELPHIA PA 19106  
 KAPOOR MD, SHEELA PD  
 1824 COUNTRY CLUB DR CHERRY HILL NJ 08003  
 KARAFIN MD, LESTER U  
 3401 N BROAD PHILADELPHIA PA 19140  
 KARAKASHIAN MD, NUBAR A OPH  
 539 E ALLEGHENY AVE PHILADELPHIA PA 19134  
 KARANJIA MD, KHORSHED S FP  
 56 W PRINCETON RD BALA CYNWYD PA 19004  
 KARAYANNIS MD, NICHOLAS R  
 6756 MARKET ST UPPER DARBY PA 19082  
 KARETAS MD, ALEXANDRA I AN  
 309 LONGFIELD RD PHILADELPHIA PA 19118  
 KARMILOWICZ MD, N PETER GS  
 291 PENNCREST ST LANGHORNE PA 19047  
 KARP MD, JOSEPH S OPH  
 202 N BOWMAN AVE MERION PA 19066  
 KARP MD, LOUIS A OPH  
 51 N 39TH ST PHILADELPHIA PA 19104  
 KASDIN MD, SHARON L FP  
 1212 LENOX RD JENKINTOWN PA 19046  
 KASE MD, WM A P  
 645 E ALLEGHENY AVE PHILADELPHIA PA 19134  
 KASEFF MD, LEON G R  
 1783 EL-CAMINO REAL BURLINGAME CA 94010  
 KASHATUS MD, WM C PTH  
 P O BOX M KNG OF PRUSS PA 19406  
 KASPARTAN MD, HRATCH IM  
 14 SCATTERGOOD RD CHERRY HILL NJ 08034  
 KASSER MD, MAX D OPH  
 101 S 20TH ST PHILADELPHIA PA 19103  
 KASSOM MD, PHILLIP B IM  
 2200 PARKWAY APT 1612N PHILADELPHIA PA 19130  
 KATALAN MD, MAURICE M IM  
 2601 S BOUVIER ST PHILADELPHIA PA 19145  
 KATES MD, MALCOLM IM  
 2301 S BROAD ST PHILADELPHIA PA 19148  
 KATIN MD, MICHAEL J IM  
 10 ROCKLAND DR WILLINGSBORO NJ 08046  
 KATOWITZ MD, JAMES A OPH  
 1930 CHESTNUT ST PHILADELPHIA PA 19103  
 KATZ MD, ALBERT B IM  
 345 E WYOMING AVE PHILADELPHIA PA 19120  
 KATZ MD, BENJ R US  
 17 HENLEY RD PHILADELPHIA PA 19151  
 KATZ MD, DAVID A FP  
 3460 PEEL ST APT 901 MONTREAL CANADA PQ H3A2M1  
 KATZ MD, G HENRY OS  
 111 N 49TH ST PHILADELPHIA PA 19139  
 KATZ MD, IRVING M OPH  
 104 CRESTWOOD DR LANSDALE PA 19446  
 KATZ MD, JACOB OPH  
 1601 WALNUT ST STE 325 PHILADELPHIA PA 19103  
 KATZ MD, JULIAN IM  
 D 103 PRESIDENTIAL APTS PHILADELPHIA PA 19131  
 KATZ MD, M RICHARD NS  
 1335 W TABOR RD PHILADELPHIA PA 19141  
 KATZ MD, MAX P  
 255 S 17TH ST PHILADELPHIA PA 19103  
 KATZ MD, RICHARD I N  
 A E M C-DEPT NEUROLOGY PHILADELPHIA PA 19141  
 KATZ MD, WARREN A IM  
 1335 W TABOR RD 302 PHILADELPHIA PA 19141  
 KATZEN MD, RAYMOND R  
 1940 E WALNUT LANE PHILADELPHIA PA 19138  
 KAUFFMAN MD, ABRAHAM L FP  
 3024 RICHMOND ST PHILADELPHIA PA 19134  
 KAUFFMAN MD, LEON A IM  
 2016 HAVERLY ST PHILADELPHIA PA 19146  
 KAUFFMAN MD, MARK S ORS  
 7919 ROLLING GREN CHELTENHAM PA 19012  
 KAUFMAN MD, ABRAHAM S FP  
 CEDARBROOK HILL III C80 WYNCOTE PA 19095  
 KAUM MD, YOUNG C D  
 5800 RIDGE AVE PHILADELPHIA PA 19128  
 KAY MD, CALVIN F IM  
 4200 PINE ST PHILADELPHIA PA 19104  
 KAY MD, GORDON W PTH  
 623 W UPSAL ST PHILADELPHIA PA 19119  
 KAY MD, MICHAEL L OPH  
 1930 CHESTNUT ST PHILADELPHIA PA 19103  
 KAYE MD, DONALD IM  
 3300 HENRY AVE PHILADELPHIA PA 19129  
 KAZEM MD, ISMAIL R  
 CATHOLIC UNIV NIJMEGEN HOLLAND  
 KEAN MD, HERBERT OTO  
 220 S 16TH ST PHILADELPHIA PA 19102  
 KEATES MD, EDWIN U OPH  
 1 ABINGTON PLAZA JENKINTOWN PA 19046  
 KEELY MD, ELIZABETH S OBG  
 606 E GATES ST PHILADELPHIA PA 19128  
 KEISERMAN MD, JOS IM  
 1900 KENNEDY BVD AP 102 PHILADELPHIA PA 19103  
 KELLER MD, FREDERICK E US  
 BOX 13 DUBLIN PA 18917  
 KELLERMAN MD, EDWIN IM  
 801 S BOWMAN AVE WYNNWOOD PA 19096  
 KELLMAN MD, IAN A R  
 10101 ACADEMY RD PHILADELPHIA PA 19114  
 KELLOW MD, WM F IM  
 JEFFERSON MED COLL PHILADELPHIA PA 19107  
 KELLY MD, HERBERT T IM  
 1520 SPRUCE ST STE 107 PHILADELPHIA PA 19102  
 KELLY MD, WM E OS  
 P O BOX 1027 PAOLI PA 19301  
 KELSEY MD, DAVID M GS  
 6 GUNNING LA GLADWYNE PA 19035  
 KELVIN MD, CARL B FP  
 BENSON MANOR SUITE 114A JENKINTOWN PA 19046  
 KENDALL MD, A RICHARD U  
 3401 N BROAD ST RYDAL PA 19140  
 KENDALL MD, BENJ OBG  
 1601 WALNUT ST STE 215 PHILADELPHIA PA 19102  
 KENDALL MD, NORMAN PD  
 3401 N BROAD ST PHILADELPHIA PA 19140  
 KENNEDY MD, THOS J OBG  
 3129 WILLITS RD PHILADELPHIA PA 19114  
 KEOMANE MD, RICHARD B R  
 20 FARISTON RD WAYNE PA 19087  
 KEOSATHIT MD, NARONG TS  
 1611 S BROAD ST PHILADELPHIA PA 19148  
 KERN MD, FRANKLIN M OBG  
 903 NICHOLSON RD WYNNWOOD PA 19096  
 KERN MD, RICHARD A IM  
 1239 REMINGTON RD WYNNWOOD PA 19096  
 KERR JR MD, THOS GS  
 1700 MARKET ST PHILADELPHIA PA 19103  
 KERR MD, JOHN H IM  
 418 E LANCASTER AVE WAYNE PA 19087  
 KESILMAN MD, MORRIS IM  
 KENNEDY HOUSE APT 8315 WYNCOTE PA 19095  
 KESSLER MD, ARNOLD S OBG  
 2311 COTTMAN AVE PHILADELPHIA PA 19149  
 KETTRICK MD, ROBERT G AN  
 ONE CHILDRENS CTR PHILADELPHIA PA 19104  
 KEYES MD, BALDWIN L P  
 2031 LOCUST ST PHILADELPHIA PA 19103  
 KHAN MD, QADAR IM  
 2239 DEER PATH RD HUNTINGDN VLY PA 19006  
 KHANNA MD, CHANCAL PTH  
 1764 TERRACE DR MAPLE GLEN PA 19002  
 KHANTHAN MD, SUBRAMANIAM E AN  
 106 SUSAN DR #3 ELKINS PARK PA 19117  
 KHELLA MD, LEWIS PM  
 15 RAILROAD HAVERTOWN PA 19041  
 KHOURY MD, JACQUES A IM  
 51 N 39TH ST PHILADELPHIA PA 19104  
 KILLOUGH MD, JOHN H IM  
 1025 WALNUT ST PHILADELPHIA PA 19107  
 KIM MD, DONG S P  
 2690 BARRY LA HUNTINGDN VLY PA 19006  
 KIM MD, JUNG S PD  
 7901 ROLLING GREEN RD CHELTENHAM PA 19012  
 KIM MD, KWAN E IM  
 HAHNEMANN HOSP PHILADELPHIA PA 19102  
 KIM MD, PHIL Y PTH  
 A E MED CTR PHILADELPHIA PA 19141  
 KIM MD, SANG B TS  
 4115 PRESIDENTIAL DR LAFAYETTE HILL PA 19444  
 KIM MD, SEUNG H AN  
 21 HIGGATE LN CHERRY HILL NJ 08003  
 KIM MD, YONG S AN  
 14 TERRACE RD NORRISTOWN PA 19401  
 KIM MD, YOUNG N IM  
 7931 GREEN LANE WYNCOTE PA 19095  
 KIM MD, YUNG-HOON PTH  
 JEANES HOSP FOX CHASE PHILADELPHIA PA 19111  
 KIMBEL MD, PHILIP IM  
 244 MEETING HOUSE LN MERION PA 19066  
 KIMBIRIS MD, DEMETRIOS G IM  
 230 N BROAD ST PHILADELPHIA PA 19102  
 KIMMEL MD, MURRAY H U  
 824 PARDEE LN WYNCOTE PA 19095  
 KING MD, GERALDINE A N  
 1500 PINE ST APT 405 PHILADELPHIA PA 19102  
 KING MD, LOIS R  
 8840 GERMANTOWN AVE PHILADELPHIA PA 19118  
 KING MD, LORRAINE C OBG  
 515 BRIAN DR CHERRY HILL N J 08003  
 KING MD, ORVILLE C GS  
 8022 ROANOKE ST PHILADELPHIA PA 19118  
 KIRBER MD, M PETER OPH  
 9 WATERMAN AVE PHILADELPHIA PA 19118  
 KIRSCHNER MD, ROBT J OPH  
 437 WYLDHAVEN DR ROSEMONT PA 19010  
 KIRSCHBAUM MD, BERNARD A D  
 D-128 PRESIDENTIAL APT PHILADELPHIA PA 19131



KIRSHBAUM MD, GARY R P  
OAK HILL A N-101 PENN VALLEY PA 19072  
KIRSHNER MD, JACOB J IM  
1930 CHESTNUT ST PHILADELPHIA PA 19103  
KISSICK MD, WM L PRM  
DPT RESEARCH MED U OF P PHILADELPHIA PA 19174  
KISTENMACHER MD, JOHN C GS  
6666 PENN ST PHILADELPHIA PA 19144  
KITCHEN 30 MD, JAMES G IM  
911 ACADEMY LN BRYN MAWR PA 19010  
KITCHNER MD, IRVING P  
1930 CHESTNUT ST PHILADELPHIA PA 19103  
KITEI MD, MILTON M FP  
2243 S 9TH ST PHILADELPHIA PA 19148  
KLARICH MD, PHILIP OBG  
427 COOPER ST CAMDEN NJ 08102  
KLAUS MD, ROBT L U  
1303 W TABOR RD PHILADELPHIA PA 19141  
KLEIN MD, DOROTHY E PD  
LTL PRINCESS HOME PORT ST THOMAS VI 00801  
KLEIN MD, SHELDON FP  
10125 VEREE RD STE 301 PHILADELPHIA PA 19116  
KLEINBAIT MD, MORRIS IM  
3600 CONSHOHOCKEN AVE PHILADELPHIA PA 19131  
KLEINBERG DO, HARVEY S FP  
6522 LEBANON AVE PHILADELPHIA PA 19151  
KLEINER MD, HENRY T P  
PRESIDENTIAL APTS PHILADELPHIA PA 19131  
KLEINER MD, JACK P  
7900 YORK RD PHILADELPHIA PA 19117  
KLIGMAN MD, ALBERT M D  
3400 SPRUCE ST PHILADELPHIA PA 19104  
KLINGENSMITH MD, PAUL O OBG  
LANKENAU MED BLDG #35 PHILADELPHIA PA 19151  
KLINGENSMITH MD, WALTER C IM  
300 E LANCASTER AVE WYNNWOOD PA 19096  
KLINGES JR MD, HENRY G FP  
2951 LELICK ST PHILADELPHIA PA 19149  
KLINGHOFFER MD, JUNE F IM  
3300 HENRY AVE PHILADELPHIA PA 19129  
KLINGHOFFER MD, LEONARD ORS  
255 S 17TH ST PHILADELPHIA PA 19103  
KLINMAN MD, STEVEN W IM  
6201 N 10TH ST 116 PHILADELPHIA PA 19141  
KLINMAN MD, WM IM  
3593 INDIAN QUEEN LANE PHILADELPHIA PA 19129  
KLOPP MD, JOHN W GS  
233 PLYMOUTH RD GWYNEDD VLY PA 19437  
KNEE DO, NORMAN S FP  
5103 WHITAKER AVE PHILADELPHIA PA 19124  
KNOWLES MD, HARRY J GS  
722 RIGHTERS MILL ROAD NARBERTH PA 19072  
KOCHIS MD, GEU P  
11100 KNIGHTS RD PHILADELPHIA PA 19154  
KODSI MD, MAGDI S PS  
1067 WELLINGTON RD JENKINTOWN PA 19046  
KOEERT MD, MARTIN J FP  
1052 BRIDGE ST PHILADELPHIA PA 19124  
KOGAN MD, ALLAN J FP  
1901 HOPKINSON HOUSE PHILADELPHIA PA 19106  
KOGANTI MD, PURNACHANDRA R AN  
A C E M YORK & TABOR RD PHILADELPHIA PA 19141  
KOHL MD, E JAMES ORS  
913 HAVERFORD RD BRYN MAWR PA 19010  
KOHLEH MD, HENRY J OPH  
703 S YORK RD HATBORO PA 19040  
KOIWA MD, EICHI K PTH  
230 N BROAD ST PHILADELPHIA PA 19102  
KOLANSKY MD, HAROLD P  
ELKINS PARK HOUSE ELKINS PARK PA 19117  
KOLBYE MD, MARION B OBG  
4802 FT SUMNER DR BETHESDA MD 20016  
KOLTES MD, JOHN A P  
530 SPRING LANE PHILADELPHIA PA 19128  
KOMADA MD, RUDDOLPH A ORS  
333 ROCKSVILLE RD HOLLAND PA 18966  
KONDROTOWSKI MD, RICHARD Z OTO  
828 CONSHOHOCKEN ST GLADWYNE PA 19035  
KOOLPE MD, LOUIS IM  
SUITE 106 BENSON MANOR JENKINTOWN PA 19046  
KOONS MD, LAWRENCE S IM  
CENTRAL & SHELMIER AVES PHILADELPHIA PA 19111  
KOOP MD, C EVERETT GS  
CHILDRENS HOSP PHILADELPHIA PA 19104  
KOPPEL MD, ALEXANDER FP  
4068 ROOSEVELT BLVD PHILADELPHIA PA 19124  
KOPPEL MD, MAX M U  
7310 CASTOR AVE PHILADELPHIA PA 19115  
KOPROWSKA MD, IRENE PTH  
3401 N BROAD ST PHILADELPHIA PA 19140  
KOPROWSKI MD, HILARY OS  
3600 SPRUCE ST PHILADELPHIA PA 19104  
KORENTZWIT MD, EDITH FP  
7 SURREY RD PHILADELPHIA PA 19126  
KOREY MD, JOSEPH J GS  
2504 E ALLEGHENY AVE PHILADELPHIA PA 19134  
KOTAKIS MD, JOHN IM  
111 N LANSDOWNE AVE LANSDOWNE PA 19050  
KOTIN MD, EDWARD H FP  
209 INDIAN CREEK RD PHILADELPHIA PA 19151  
KOTLER MD, MORRIS N IM  
1320 RACE STREET PHILADELPHIA PA 19107  
KOTLOFF MD, LEON FP  
1837 S 65TH ST PHILADELPHIA PA 19102  
KOTNAL MD, HOMI B OBG  
230 N BROAD ST PHILADELPHIA PA 19102  
KOUTCHER MD, MARTIN E IM  
2301 S BROAD ST PHILADELPHIA PA 19148  
KOVACH MD, COLEMAN W P  
1601 WALNUT ST STE 1325 PHILADELPHIA PA 19102  
KOZART MD, DAVID M OPH  
1930 CHESTNUT ST PHILADELPHIA PA 19103  
KRAFT JR MD, ALBERT J IM  
827 PINE TREE RD LAFAYETTE HLS PA 19444  
KRAMER MD, MARK S IM  
A E M C YORK TABOR RDS PHILADELPHIA PA 19141  
KRAMER MD, SELMA P  
3902 NETHERFIELD RD PHILADELPHIA PA 19129  
KRAMER MD, SIMON R  
2228 LOCUST ST PHILADELPHIA PA 19103  
KRANE MD, MARVIN A OBG  
1919 CHESTNUT ST PHILADELPHIA PA 19103  
KRASNOFF MD, SIDNEY O IM  
7900 OLD YORK RD 1148 ELKINS PARK PA 19117  
KRAUS MD, ROBERT P  
STAR RT A BOX 268 ANCHORAGE AK 99507  
KRAUS MD, THEODORE J FP  
3153 RICHMOND ST PHILADELPHIA PA 19134  
KRAUSE MD, JACOB ORS  
136 S 16TH ST PHILADELPHIA PA 19102  
KRAUSE MD, ROBERT L IM  
688-BARCLAY BLDG BALA CYNWYD PA 19004  
KRAUSS MD, JACK P  
2301 S BROAD ST MERION PA 19148  
KRAUSZ MD, MARTIN R FP  
1544 E CHELTENHAM AVE PHILADELPHIA PA 19124  
KRAVITZ MD, CHAS H IM  
1321 W TABOR RD PHILADELPHIA PA 19141  
KRAVITZ MD, MORTON A PRM  
HAMPTON&SCROPE RDS RYDAL PA 19046  
KREHL MD, WILLARD A IM  
1025 WALNUT ST PHILADELPHIA PA 19107  
KREMENS MD, VICTOR R  
5601 N BROAD ST PHILADELPHIA PA 19141  
KREMER MD, HOWARD U IM  
419 S 19TH ST PHILADELPHIA PA 19146  
KRENZEL MD, ARCHIBALD R  
PRESIDENTIAL APTS PHILADELPHIA PA 19131  
KRESLOFF MD, RICHARD S OPH  
7650 WILLIAMS WAY ELKINS PARK PA 19117  
KRESSLER MD, ROBT J PD  
301 S 8TH ST PHILADELPHIA PA 19106  
KRICUN MD, MORRISON E R  
8201 HENRY AVE APT L 17 PHILADELPHIA PA 19128  
KRIEGER MD, BENSON FP  
4115 GYPSY LANE PHILADELPHIA PA 19144  
KRISHNA MD, PADMA PD  
#A17 7949 RIDGE AVE PHILADELPHIA PA 19128  
KRISTOFIC MD, JOHN D IM  
1014 SPRUCE ST#6-1 PHILADELPHIA PA 19107  
KRON MD, KENNETH M P  
WYNCOTE HOUSE BOX A WYNCOTE PA 19095  
KRON MD, SAML D GS  
2108 SPRUCE ST PHILADELPHIA PA 19103  
KROSER MD, LILA S FP  
2855 WELSH RD PHILADELPHIA PA 19152  
KROUNGOLD MD, HILTON L IM  
191 APTS PRESIDENTIAL B BALA CYNWYD PA 19004  
KRZYWICKI MD, PAUL L FP  
3562 OAKMONT ST PHILADELPHIA PA 19136  
KUBER MD, MATTHEW E IM  
1 FAIRWAY PLAZA 312 HUNTINGDN VLY PA 19006  
KUBIAK MD, RICHARD V ORS  
8407 BUSTLETON AVE PHILADELPHIA PA 19152  
KUMAR MD, VASANTHA R NS  
5049 OXFORD AVE PHILADELPHIA PA 19124  
KUMAR MD, VEERANDRA IM  
601 W CHELTEN AVE PHILADELPHIA PA 19126  
KUNZABO MD, ISTVAN S FP  
2573 ORTHODOX ST PHILADELPHIA PA 19137  
KURODA MD, KOSON R  
16 ROBIN LAKE DR CHERRY HILL NJ 08003  
KURTZ MD, J STEPHEN OBG  
717 BETHLEHEM PIKE PHILADELPHIA PA 19118  
KURZ MD, GEORGE H OPH  
HUNTERDON MED CTR FLEMINGTON NJ 08822  
KUSHNER MD, THEODORE P  
BARCLAY PAVILION CHERRY HILL NJ 08034  
KUTTY MD, AHMED C IM  
19TH & LOMBARD STS PHILADELPHIA PA 19146  
KWA MD, DANIEL M IM  
PA HOSP 8TH&SPRUCE STS PHILADELPHIA PA 19107  
KWIK MD, CHRISTINA I OS  
8303 TULPENHOCKEN AVE ELKINS PARK PA 19117  
KYLE MD, G CLAYTON IM  
UNIV PA 212 MALONEY BLD PHILADELPHIA PA 19104  
KYRIAKOPOULOS MD, ADRIAN A IM  
BIRCH RUN RD R 2 CHESTER SPGS PA 19425  
LABE MD, ALEXANDER GS  
60 E TOWNSHIP LINE PHILADELPHIA PA 19149  
LABORDA MD, OSCAR E IM  
257 N STATE RD 220 SPRINGFIELD PA 19064  
LACHMAN MD, JOHN W ORS  
1907 MONTGOMERY AVE VILLANOVA PA 19085  
LACHMAN MD, MARTIN J R  
5TH & REED STS PHILADELPHIA PA 19147  
LADDEN MD, PAUL A FP  
5700 N 3RD ST PHILADELPHIA PA 19120  
LAFEY MD, PATRICIA A R  
230 N BROAD ST PHILADELPHIA PA 19102  
LAFONT MD, RAYMOND F PM  
MOSS REHAB HOSPITAL PHILADELPHIA PA 19140  
LAIBSON MD, PETER R OPH  
445 MULBERRY HAVERFORD PA 19041  
LAM MD, MAN-TAI N IM  
5501 N 11TH ST APT 808 PHILADELPHIA PA 19141  
LAMBERT MD, ROBT L IM  
685 VALLEY VIEW LA WAYNE PA 19087  
LAMBERTSEN MD, CHRISTIAN J IM  
U OF PA 14 MED LABS BLD PHILADELPHIA PA 19174  
LAME MD, EDWIN L R  
29 W SUNSET PHILADELPHIA PA 19118  
LAMPE MD, WM T IM  
4207 TYSON AVE PHILADELPHIA PA 19135  
LANCiano MD, RALPH C OPH  
1801 J F KENNEDY BLV 52 PHILADELPHIA PA 19103  
LANG MD, ROBT H PRM  
ROHM & HAAS CO PHILADELPHIA PA 19105  
LANG MD, WARREN R PTH  
1919 CHESTNUT ST PHILADELPHIA PA 19103  
LANGFELD MD, STEPHEN B IM  
1025 WALNUT ST STE 210 PHILADELPHIA PA 19107  
LANGFITT MD, THOS W NS  
3400 SPRUCE ST PHILADELPHIA PA 19104  
LANOCE MD, LOUIS F FP  
5817 HENRY AVE PHILADELPHIA PA 19128  
LANSBURY MD, JOHN IM  
3414 BRAE BOURN DR HUNTINGDN VLY PA 19006  
LAPAYOKKER MD, MARC S R  
3401 N BROAD ST PHILADELPHIA PA 19140  
LAPORTE MD, STEVEN M IM  
867 N STILLMAN ST PHILADELPHIA PA 19130  
LAQUER MD, K GEORGE P  
6341 RIDGE AVE PHILADELPHIA PA 19128  
LARGOZA MD, NACIANCENO T IM  
25 LINDEN AVE LANSDOWNE PA 19050  
LAROSSA MD, DONATO D PS  
3910 POWELTON AVE PHILADELPHIA PA 19104  
LASALVIA MD, LUCY A OBG  
3001 W QUEEN LN PHILADELPHIA PA 19129  
LASKIN MD, ISADORE IM  
255 S 17TH ST STE 1010 PHILADELPHIA PA 19103  
LASTICK MD, SAMUEL G FP  
1245 N 29TH ST PHILADELPHIA PA 19121  
LATOUR MD, FRANTZ PTH  
51 N 39TH ST PHILADELPHIA PA 19104  
LATOUR MD, MARIE G R  
8TH & SPRUCE ST PHILADELPHIA PA 19107  
LAUDANOS MD, IBRAHIM E PS  
1 DEEP DALE E LEVITTOWN PA 19054  
LAUBY MD, VINCENT W GS  
3401 N BROAD ST PHILADELPHIA PA 19140  
LAUCIUS MD, JOS F IM  
130 S 9TH ST STE 1910 PHILADELPHIA PA 19107  
LAUCKS MD, ROBT B GS  
GRAD HOSP 19TH & LOMBAR PHILADELPHIA PA 19146  
LAUFER MD, ELIZABETH U OBG  
ANDORRA SHOPPING CTR PHILADELPHIA PA 19128  
LAURENT MD, ALFRED PD  
1427 E WASHINGTON LN PHILADELPHIA PA 19138  
LAUTZ MD, VIRGINIA H AN  
12 WESTFIELD RD ARDMORE PA 19003  
LAVAN MD, DONALD W IM  
255 S 17TH ST PHILADELPHIA PA 19103  
LAVERAN STIEBEK MD, RUDOLF F P  
111 N 49TH ST PHILADELPHIA PA 19139  
LAVIN DO, EDWIN US  
11603 BUSTLETON AVE PHILADELPHIA PA 19116  
LAVIN MD, MORRIS IM  
3701 CONSHOHOCKEN AVE PHILADELPHIA PA 19131  
LAVINE MD, ROBERT L IM  
230 NORTH BROAD ST PHILADELPHIA PA 19102  
LAWLOR MD, JOHN M IM  
511 E GORGAS LANE PHILADELPHIA PA 19119  
LAWRENCE MD, JAMES B P  
136 S 16TH ST PHILADELPHIA PA 19102  
LAZARO MD, MIGUELA D FP  
11991 AUDUBON AVE PHILADELPHIA PA 19116  
LEAFF MD, LOUIS A P  
405 PEMBOKE RD CYNWYD PA 19004  
LEAHY MD, JOHN J AN  
1601 SPRING GDN ST PHILADELPHIA PA 19130  
LEARNER MD, NORMAN IM  
TEMPLE UNIV HOSP PHILADELPHIA PA 19140  
LEAVITT MD, FREDERIC H N  
248 MERION RD MERION STATION PA 19066  
LEBERMAN MD, PAUL R U  
3400 SPRUCE ST PHILADELPHIA PA 19104  
LECKS MD, LEONARD E IM  
RITTENHOUSE CLARIDGE PHILADELPHIA PA 19103  
LEDIS MD, ROBT PTH  
6124 BUSTLETON AVE PHILADELPHIA PA 19149  
LEE JR MD, CHAS T IM  
33 E CHESTNUT HILL AVE PHILADELPHIA PA 19118  
LEE JR MD, JAMES H OBG  
1025 WALNUT ST PHILADELPHIA PA 19107  
LEE MD, ARTHUR B OBG  
7300 HIOLA RD PHILADELPHIA PA 19128  
LEE MD, BONG S ORS  
419 S 19TH ST PHILADELPHIA PA 19146  
LEE MD, HENRY F PD  
8236 GERMANTOWN AVE PHILADELPHIA PA 19118  
LEE MD, JAE H GS  
2023-A CHELTENHAM AVE ELKINS PARK PA 19117  
LEE MD, K FRANCIS R  
JEFF MED COLL HOSP PHILADELPHIA PA 19107  
LEE MD, KWAN W PD  
818 CHILDS AVE DREXEL HILL PA 19026  
LEE MD, KWANG W AN  
117 BRONDSBURG PL CHERRY HILL NJ 08003  
LEE MD, ROTAN FP  
804 HAVERFORD RD BRYN MAWR PA 19010  
LEE MD, SEUNG H R  
TEMPLE UNIV HOSP PHILADELPHIA PA 19140  
LEE-BENNER MD, LORD A P  
MAYFAIR HOUSE SUITE 602 PHILADELPHIA PA 19144  
LEEGRAD MD, ROBERT L AN  
2601 HOLME AVE PHILADELPHIA PA 19152  
LEFKOE MD, ROY T ORS  
226 W RITTENHSE SQ 1216 PHILADELPHIA PA 19103  
LEFTON MD, HARVEY B IM  
PRESIDENTIAL D-103 PHILADELPHIA PA 19131  
LEHMAN MD, EDWARD D OBG  
2717 FIDELITY BLDG PHILADELPHIA PA 19109  
LEHR MD, HERNOON B PS  
3400 SPRUCE ST PHILADELPHIA PA 19104  
LEHRER MD, LEWIS AN  
UNDERWOOD MEM HOSP WOODBURY NJ 08096  
LEIBFRIED MD, JANE M OBG  
5501 GREENE ST PHILADELPHIA PA 19144  
LEIGHTON MD, JOSEPH PTH  
3300 HENRY AVENUE PHILADELPHIA PA 19129  
LEINER MD, SEYMOUR ORS  
1515 HAMPTON ROAD RYDAL PA 19046  
LEINNEBER MD, BRUCE K OBG  
169 FERNBROOK AVE WYNCOTE PA 19095  
LEIYV MD, FRANK E IM  
1919 CHESTNUT ST PHILADELPHIA PA 19103



# PHILADELPHIA

LELL MD, WM A	OTO	LIM MD, MARIO R	FP	LUKENS MD, ROBERT M	US
SUNSET BLDG APT 103 CHESTNUT HILL VLG PA 19118		1766 FRANKFORD AVE PHILADELPHIA PA 19125	PD	141 W HEATHER RD MILDWD CREST NJ 08260	
LEMMON JR MD, WM T	GS	LIN MD, PAUL M	NS	LUMISH MD, SALEM H	IM
102 TANGLEWOOD DR LANSDALE PA 19446		1100 MILL ROAD RYDAL PA 19046		245 N BROAD ST PHILADELPHIA PA 19107	
LEMMON MD, WM M	TS	LINDEN MD, MAURICE E	P	LUNDY MD, THEODORE	FP
1320 RACE ST PHILADELPHIA PA 19107		7100 GERMANTOWN AVE PHILADELPHIA PA 19119	US	2565 E NORRIS ST PHILADELPHIA PA 19125	OTO
LEMOLE MD, GERALD M	TS	LINDENBAUM DO, ELLIS J	US	LUONGO JR MD, ROMEO A	OTO
3401 N BROAD ST PHILADELPHIA PA 19140		10663 BUSTLETON AVE PHILADELPHIA PA 19116	GS	2054 LOCUST ST PHILADELPHIA PA 19103	
LEMON MD, ARDEN N	OTO	LINDENMUTH MD, WOODROW M	GS	LUONGO SR MD, ROMEO A	OTO
870 PARK AVE 316 CAPITOLA CA 95010		VA HOSP W SPRING ST WEST HAVEN CT 06516		2054 LOCUST ST PHILADELPHIA PA 19103	
LENTZ MD, JOHN W	D	LINDQUIST MD, JOHN N	IM	LUPARIELLO MD, ANGELO D	IM
3111 W COULTER ST PHILADELPHIA PA 19129		422 SABINE ST WYNNWOOD PA 19096	PRM	33 A PARK AVE LINDENWOLD NJ 08021	D
LEONARD JR MD, EDWARD C	P	LINN DO, ROBERT		LUSCOMBE MD, HERBERT A	D
ROOSEVELT & ADAMS AVE PHILADELPHIA PA 19124		419 LAWRENCE RD BROOMALL PA 19008	R	130 S 9TH ST PHILADELPHIA PA 19107	OPH
LEOPOLD MD, ROBT L	N	LINNMANN MD, ROGER E		LUTMAN MD, FRANK C	PD
U OF PA DEPT COMM MED PHILADELPHIA PA 19104		3508 MARKET ST PHILADELPHIA PA 19104	OBG	33 E CHESTNUT HILL AVE PHILADELPHIA PA 19118	
LEOPOLD MD, SAMUEL	US	LINTGEN MD, CHARLES I	PD	LYLE MD, DONALD F	PD
4231 DARWIN CR CHARLOTTE NC 28209		325 MEADOWBROOK DR HUNTINGDON VLY PA 19006	US	5526 ASBURY AVE OCEAN CITY NJ 08226	PTH
LEPANTO MD, PHILIP B	R	LIPMAN MD, BERNARD L	US	LYNCH JR MD, FRANK B	PTH
417 MAYFAIR LANE LOUISVILLE KY 40207		NE MED CTR RSVLT&WELSH PHILADELPHIA PA 19154	US	APT 809 ALDEN PRK PHILADELPHIA PA 19144	OBG
LEPAR MD, EDWIN	R	LIPPIN MD, RICHARD A	OBG	LYNCH MD, J EDWARD	OBG
1040 KINGSLEY RD RYDAL PA 19046		3901 CONSHOHOCKEN AVE PHILADELPHIA PA 19131	OBG	MERCY MED CATH CTR DARBY PA 19023	FP
LENER MD, HARVEY J	GS	LIPPO MD, FRANK L	PD	LYNCH MD, JAMES J	D
829 SPRUCE ST PHILADELPHIA PA 19107		2301 S BROAD ST PHILADELPHIA PA 19148	PD	2318 E CUMBERLAND ST PHILADELPHIA PA 19125	D
LENER MD, JACOB C	FP	LIPSCHUTZ MD, ARTHUR	FP	LYNN MD, DOROTHY R	PD
6451 OXFORD AVE PHILADELPHIA PA 19111	OTO	WILLOW GROVE & CRITTEND PHILADELPHIA PA 19118	U	245 N BROAD ST SUITE 30 PHILADELPHIA PA 19107	
LENER MD, SIDNEY S	IM	LIPSCHUTZ MD, SAM L	IM	LYON MD, JULIAN M	PD
1101 STRATFORD AVE PHILADELPHIA PA 19126		950 SANGER ST PHILADELPHIA PA 19124	OPH	2943 BELMONT AVE ARDMORE PA 19003	P
LESSIG MD, HARRY J	IM	LIPSHUTZ MD, HAROLD	IM	LYONS JR MD, JOHN W	AN
230 N BROAD ST NUC MED PHILADELPHIA PA 19102		2316 E ALLEGHENY AVE PHILADELPHIA PA 19134	IM	717 HARRISON RD VILLANOVA PA 19085	IM
LEUCCI MD, GINO	P	LIPSHUTZ MD, WILLIAM M	IM	250 N 13TH ST PHILADELPHIA PA 19107	AN
2314 E ALLEGHENY PHILADELPHIA PA 19134		800 SPRUCE ST PHILADELPHIA PA 19107	IM	LYU MD, BOYNG-SOOK L	OBG
LEVENBERG MD, DAVID	PM	LIPSUS MD, EDWARD I	IM	1765 N WATERLOO ST PHILADELPHIA PA 19122	OBG
FRIENDS HOSPITAL PHILADELPHIA PA 19124		1919 CHESTNUT APT 1504 PHILADELPHIA PA 19103	IM	MACFADYEN MD, BRUCE V	OBG
LEVENSON MD, CARL	FP	LISAN MD, PHILIP	IM	1801 J F KENNEDY BLVD PHILADELPHIA PA 19103	OBG
WYNCOTE HOUSE APT 604 WYNCOTE PA 19095		245 N BROAD ST PHILADELPHIA PA 19107	IM	MACHT JR MD, ELMER L	OBG
LEVICK MD, LEONARD J	IM	LISKER MD, SHELDOON A	IM	1400 YORK RD ABINGTON PA 19001	P
1335 TABOR RD PHILADELPHIA PA 19141		419 S 19TH ST PHILADELPHIA PA 19146	P	MACK MD, KARIN F	ORS
LEVICK MD, STANLEY N	IM	LITT MD, ROBERT M	P	518 S 21ST ST PHILADELPHIA PA 19146	ORS
1335 W TABOR RD PHILADELPHIA PA 19141		378 FAIRHAVEN BLVD WOODBURY NY 11797	P	MACKELL JR MD, JAMES V	PD
LEVIN MD, BARRY L	R	LITTLE MD, RALPH B	P	7922 BUSTLETON AVE PHILADELPHIA PA 19152	PD
GRADUATE HOSP PHILADELPHIA PA 19146		111 N 49TH ST PHILADELPHIA PA 19139	R	MACKELL MD, JAMES V	GS
LEVIN MD, HARVEY M	OBG	LITTMAN MD, PHILIP	OTO	1253 BURNETT RD HUNTINGDON VLY PA 19006	GS
2301 S BROAD ST PHILADELPHIA PA 19148		3400 SPRUCE ST PHILADELPHIA PA 19104	GS	MACKIE MD, JULIUS A	U
LEVIN MD, MICHAEL D	PD	LIU MD, JUNG-CHING	PD	3400 SPRUCE ST PHILADELPHIA PA 19104	IM
8001 ROOSEVELT BLVD 301 PHILADELPHIA PA 19152		7757 GREEN VLY RD WYNCOTE PA 19095	PD	MACKINNEY MD, CHAS C	IM
LEVIN MD, MOSES J	FP	LIVOLSI MD, PHILIP D	PD	422 LANKENAU MED BLDG PHILADELPHIA PA 19151	IM
5555 WISSAHICKON AVE PHILADELPHIA PA 19144		539 W ERIE AVE PHILADELPHIA PA 19140	PD	MACKOWIAK MD, ROBT C	IM
LEVINE MD, ARNOLD H	R	LOCHHEAD MD, HARRIE S	PD	1025 WALNUT ST PHILADELPHIA PA 19107	IM
1307 RUTLAND LANE WYNNWOOD PA 19096		500 BRIDLE RD GLENSIDE PA 19038	IM	MACMILLAN MD, ROBERT M	IM
LEVINE MD, SAM L	R	LODISE MD, RAYMOND J	IM	MEDICAL COLLEGE OF PA PHILADELPHIA PA 19129	R
636 WYNCOTE HOUSE WYNCOTE PA 19095		1900 SPRUCE ST PHILADELPHIA PA 19103	IM	MACMORAN MD, JAY W	GS
LEVINSKY MD, WALTER J	IM	LOEN MD, CLIFFORD G	IM	435 RIGHTERS MILL RD NARBERTH PA 19072	GS
3401 N BROAD ST PHILADELPHIA PA 19140		5 E CHESTNUT HILL AVE PHILADELPHIA PA 19118	OBG	MACVAUGH 3RD MD, HORACE	IM
LEVINSON MD, RICHARD S	IM	LOENENBERG MD, LEOPOLD S	OTO	7145 LAFAYETTE AVE FT WASHINGTON PA 19034	IM
631 MANOR RD PENN VLY NARBERTH PA 19072		255 S 17TH ST 2ND FL PHILADELPHIA PA 19103	PD	MADIANOS MD, MICHAEL	PD
LEVISON MD, SANDRA P	IM	LOFTUS MD, J EDWARD	PD	420 BORBECK ST PHILADELPHIA PA 19111	U
3300 HENRY AVE PHILADELPHIA PA 19129		6 ROSE TERR LAFAYETTE HLS PA 19444	FP	MADONNA MD, HARRY M	PD
LEVIT MD, EDITHE J	US	LOFTUS MD, THOMAS A	PD	625 BRIDLE RD GLENSIDE PA 19038	N
3930 CHESTNUT ST PHILADELPHIA PA 19104		178 E 80TH ST NEW YORK NY 10021	FP	MADON MD, LEO	PD
LEVIT MD, JOS	FP	LOFTUS MD, THOS M	FP	3300 HENRY AVE PHILADELPHIA PA 19129	OPH
5325 OLD YORK RD PHILADELPHIA PA 19141		8015 BURHOLME AVE PHILADELPHIA PA 19111	FP	MAGARGAL MD, LARRY E	PD
LEVIT MD, SAM L	IM	LOGAN MD, THOS M	GS	719 S 7TH ST PHILADELPHIA PA 19147	PD
1910 SPRUCE ST PHILADELPHIA PA 19103		5925 WAYNE AVE PHILADELPHIA PA 19144	IM	MAGHEN MD, KHALIL	PD
LEVY MD, FRANK D	FP	LOGUE MD, JAMES G	IM	7119 SHERWOOD RD PHILADELPHIA PA 19151	R
7713 HARTEL ST PHILADELPHIA PA 19152		666 E PENN ST SUITE 105 PHILADELPHIA PA 19144	IM	MAGILNER MD, ARTHUR D	PD
LEWIN MD, EDWARD B	IM	LOHMER MD, RAYMOND	IM	1251 FAIRACRES RD JENKINTOWN PA 19046	R
UPPER BLACK EDDY PA 18972		1417 REDWOOD LN WYNCOTE PA 19095	IM	MAGILNER MD, LOUIS	PD
LEWIS MD, ALAN E	IM	LOMAX JR MD, WALTER P	IM	275 S 19TH ST PHILADELPHIA PA 19103	P
191 PRESIDENTIAL BLVD BALA CYNWYD PA 19004		PO BOX 24 HILLTOWN PA 18927	ORS	MAGRAN MD, LEONARDO	IM
LEWIS MD, DANL W	IM	LONDON MD, PHILIP	OS	1001 VALLEY RD MELROSE PARK PA 19126	IM
255 S 17TH ST PHILADELPHIA PA 19103		824 CEDARGLEN RD ELKINS PARK PA 19117	IM	MAHA MD, GEO E	D
LEWIS MD, PAUL L	PTH	LONDON MD, W THOMAS	IM	212 TALLY HO AMBLER PA 19002	GS
521 BAIRD RD MERION PA 19066		7701 BURHOLME AV FX CHS PHILADELPHIA PA 19111	IM	MAHONEY MD, MARGARET G	IM
LEWIS MD, WILLIAM D	AN	LONG MD, HARRY J	OBG	324 INGEBOURG RD PHILADELPHIA PA 19151	IM
101 HAINES DR MUORESTOWN NJ 08057		10512 MONTEGO DR SAN DIEGO CA 92124	P	MAIER MD, WILLIS P	IM
LEWIS MD, WM J	OTO	LONG MD, JOS P	PD	TEMPLE U HOSP SURG DEPT PHILADELPHIA PA 19140	IM
116 STOCKTON RD BRYN MAWR PA 19010		725 S HIGHLAND AVE MERION STA PA 19066	PD	MAJOR MD, DAVID A	FP
LEWITT MD, MICHAEL M	ADM	LONG SR MD, WM L	PD	624 W CLIVEDEN ST PHILADELPHIA PA 19119	PD
527 SPRUCE ST PHILADELPHIA PA 19106		9600 MLNOR ST PHILADELPHIA PA 19114	PD	MAKLER MD, JACOB S	IM
LIACHOWITZ MD, CLAIRE H	PM	LONSDORF MD, RICHARD G	R	1801 JFK BLVD APT 1017 PHILADELPHIA PA 19103	IM
PRESIDENTIAL APTS D703 PHILADELPHIA PA 19131		1640 PINE ST PHILADELPHIA PA 19103	IM	MAKOUS MD, NORMAN	IM
LIAM MD, MING T	US	LOPONTE MD, MARIE A	IM	688 S HIGHLAND AVE MERION PA 19066	IM
125 W BROAD ST TAMAQUA PA 18252		30 S VALLEY RD PAOLI PA 19301	IM	MAKRIS MD, ALEX T	IM
LIAM MD, WEN H	FP	LORBER MD, STANLEY H	IM	435 COVERED BRIDGE RD CHERRY HILL N J 08034	IM
8TH & GIRARD AVE PHILADELPHIA PA 19104		TEMPLE UNIV MED CTR PHILADELPHIA PA 19140	IM	MALAMUT MD, LEONARD L	FP
LIBONATI MD, MARGARET M	AN	LORENZ MD, HOWARD	OBG	5908 DEVON PL PHILADELPHIA PA 19138	FP
1601 SPRING GDN ST PHILADELPHIA PA 19130		2401 PENNA AVE #1144 PHILADELPHIA PA 19130	GS	MALEK MD, MANSOUR	IM
LIEBEN MD, JAN	PRM	LORICO MD, ABEGAE L	PD	4717 E MOONLIGHT WAY PARADISE VLY AZ 85253	IM
CAMBRIDGE APTS PHILADELPHIA PA 19144		6907 RISING SUN AVE PHILADELPHIA PA 19111	GS	MALLACE MD, ALAN H	IM
LIEBERMAN JR MD, ALEXANDER	FP	LORRY MD, RALPH W	ORS	441 TOMLINSON RD F19 PHILADELPHIA PA 19116	IM
335 HARRISON AVE ELKINS PARK PA 19117		1247 E LUZERNE ST PHILADELPHIA PA 19124	PD	MALLIN MD, WILLIAM S	IM
LIEBERMAN MD, ALAN H	U	LOTKE MD, PAUL A	PD	221 MELROSE CIRCLE MERION PA 19066	U
4031 BALWYNNE PK RD PHILADELPHIA PA 19131		909 HAGY FORD RD NARBERTH PA 19072	PD	MALLOU MD, TERENCE R	IM
LIEBERMAN MD, DANL	P	LOUGHERIDGE MD, CHALMERS A	PD	1283 CLUB HOUSE RD GLADWYNE PA 19035	R
130 S 9TH ST STE 2110 PHILADELPHIA PA 19107		3901 RIVER DR ALEXANDRIA VA 22309	OBG	MALMUD MD, LEON S	AN
LIEBERMAN MD, GEORGE E	OTO	LOUIS-CHARLES MD, ROY	PD	3401 N BROAD ST PHILADELPHIA PA 19140	PD
WYNNWOOD PLAZA APTS WYNNWOOD PA 19096		550 E WASHINGTON LANE PHILADELPHIA PA 19144	PD	MALSH MD, EVA M	PD
LIEBERMAN MD, SAM L	FP	LOUKA MD, MOUNIR H	PD	OPT OF AN 230 N BROAD S PHILADELPHIA PA 19102	FP
7714 HARTEL AVE PHILADELPHIA PA 19152		6806 N 11TH ST PHILADELPHIA PA 19126	PD	MALZ MD, ADAM O	PD
LIEBERT MD, PETER S	PD	LOVE MD, MICHAEL B	PD	2714 E COUNTRY CLUB RD PHILADELPHIA PA 19131	PD
223 WINDING WAY MERION PA 19066		205 E FIEDLER RD AMBLER PA 19002	PD	MANCALL MD, ELLIOTT L	PD
LIEBMAN MD, EMIL P	OTO	LOWRY MD, LOUIS D	PD	230 N BROAD ST PHILADELPHIA PA 19102	IM
137 HEWITT RD WYNCOTE PA 19095		3400 SPRUCE ST PHILADELPHIA PA 19104	PD	MANDAL MD, SANAT K	PD
LIEBMAN MD, RONALD	P	LUBIN MD, JOS D	PD	319 MORRIS DR CHERRY HILL NJ 08003	ORS
624 GREYTHORNE RD WYNNWOOD PA 19096		226 LOCUST ST PHILADELPHIA PA 19106	PD	MANDARINO MD, MICHAEL J	PD
LIEF MD, HAROLD I	P	LUBIZKA MD, ALEXANDRIA	PD	2832A BELMONT AVE PHILADELPHIA PA 19131	ORS
101 S BUCK LN HAVERFORD PA 19041		2101 CLARKSON AVE PHILADELPHIA PA 19144	PD	MANDARINO MD, MICHAEL P	PD
LTEM MD, HAN	P	LUCAS MD, R DUBOIS	PD	1120 TOWER LA NARBERTH PA 19072	PD
4 DARTMOUTH DR DELRAN N J 08075		237 E PRICE ST PHILADELPHIA PA 19144	PD	MANDEL MD, MARTIN M	PD
LIGHTFOOT MD, WM P	GS	LUCENA MD, AURORA L	PD	BENSON MANOR SUITE 110 JENKINTOWN PA 19046	PD
3401 N BROAD ST PHILADELPHIA PA 19140		340 TOWER LN NARBERTH PA 19072	PD	MANDELL MD, MORTON S	PD
LIKOFF MD, WM	IM	LUCENTE MD, EDWARD R	PD	508 CLOTHIER RD WYNNWOOD PA 19096	PD
20 CONSHO ST RD AP 309 BALA CYNWYD PA 19004		1907 S BROAD ST PHILADELPHIA PA 19148	PD	MANGES MD, W BOSLEY	PD
LIM MD, DEE B	GS	LUISTRO MD, PATRIA D	PD	613 MONTGOMERY SCH LA WYNNWOOD PA 19096	PD
5501 N 11TH ST APT 1205 PHILADELPHIA PA 19141		2401 PENNSYLVANIA AVE PHILADELPHIA PA 19130	PD		



MANGES MD, WILLIS E R  
 431 BARCLAY RD ROSEMONT PA 19010  
 MANLEY MD, JOHN G GS  
 APT M-3 FOX VALLEY W GLEN MILLS PA 19342  
 MANLOVE MD, FRANCIS R P  
 500 WILLIAMSON RD GLADWYNE PA 19035  
 MANN MD, STEPHEN C P  
 130 S 9TH ST 7TH F PHILADELPHIA PA 19107  
 MANSTEIN MD, GEO PS  
 1131 TABOR RD PHILADELPHIA PA 19141  
 MAPP MD, ESMOND M R  
 T JEFFERSON UNIV HOSP PHILADELPHIA PA 19109  
 MARRACH MD, A HERBERT OBG  
 1307 TABOR RD PHILADELPHIA PA 19141  
 MARCELO MD, FLORDELIZA S AN  
 1648 HUNTINGDON PIKE MEADOWBROOK PA 19046  
 MARCOVITZ MD, ELI P  
 255 S 17TH ST PHILADELPHIA PA 19103  
 MARDEN MD, PHILIP A OTO  
 3400 SPRUCE ST PHILADELPHIA PA 19104  
 MARGATIA MD, USHA S IM  
 1900 PARK AVE 823 CORNWELLS HGTS PA 19020  
 MARGATE MD, PEDRO R R  
 1920 COUNTRY CLUB RD CHERRY HILL NJ 08003  
 MARGOLIS MD, LOUIS IM  
 1651 GRANGE AVE PHILADELPHIA PA 19141  
 MARGOLIS MD, BERNARD PD  
 7342 BROOKHAVEN RD PHILADELPHIA PA 19151  
 MARGOLIS MD, STEPHEN M FP  
 CEDARBROOK HILL 111 WYNCOTE PA 19095  
 MARIAS MD, ELIZABETH P PD  
 FOULKWAYS-GWYNEDD G10 GWYNEDD PA 19436  
 MARK MD, GEO E IM  
 4940 FRANKFORD AVE PHILADELPHIA PA 19124  
 MARKS MD, GERALD GS  
 45 FAIRVIEW RD NARBERTH PA 19072  
 MARKS MD, MEYER A OTO  
 2410 N 54TH ST PHILADELPHIA PA 19131  
 MARLOWE MD, FRANK I OTO  
 511 SABINE CIR WYNNWOOD PA 19096  
 MARONE MD, PHILLIP J ORS  
 2500 S 17TH ST PHILADELPHIA PA 19145  
 MARRONE MD, ALFRED C OPH  
 220 LOCUST ST APT 21C PHILADELPHIA PA 19104  
 MARSHALL MD, BRYAN E AN  
 119 ADRINNE LANE WYNNWOOD PA 19096  
 MARSHALL MD, E WAYNE IM  
 301 E 8TH ST 3RD FL PHILADELPHIA PA 19107  
 MARSLAND MD, THOMAS A IM  
 1206 ST CLAIR RD ORELAND PA 19075  
 MARTIN MD, JOHN H IM  
 3401 N BROAD ST PHILADELPHIA PA 19140  
 MARTINEZ MD, LUCAS J NS  
 1025 WALNUT ST PHILADELPHIA PA 19107  
 MARTY MD, LOIS J OPH  
 2600 N LAWRENCE ST PHILADELPHIA PA 19144  
 MARVA MD, DONALD J IM  
 309 PINE ST PHILADELPHIA PA 19106  
 MARVEL JR MD, JAMES P ORS  
 807 SPRUCE ST PHILADELPHIA PA 19107  
 MASLOFF MD, MELVIN L OTO  
 723 S LATCHES LN MERION PA 19066  
 MASON MD, DANL IM  
 1333 RACE ST PHILADELPHIA PA 19107  
 MASON MD, HOWARD M FP  
 2109 W DIAMOND ST PHILADELPHIA PA 19121  
 MASS MD, BURTON IM  
 557 OAK SHADE AVE ELKINS PARK PA 19117  
 MASSANISO MD, FRANK P U  
 304 WHITEMARSH VY RD FT WASHINGTON PA 19034  
 MASTERS DO, ARNOLD US  
 3664 MORRELL AVE PHILADELPHIA PA 19114  
 ASTRANGELO MD, MICHAEL J IM  
 MER ONCOLOGIC HOSP PHILADELPHIA PA 19111  
 MATSUMOTO MD, TERUO GS  
 515 FISHERS RD BRYN MAWR PA 19010  
 MATTEI MD, FRANK A ORS  
 421 S BROAD ST PHILADELPHIA PA 19147  
 MATTEUCCI MD, WALTER V IM  
 3103 ARDMORE AVE PHILADELPHIA PA 19118  
 MAUS MD, JOS P FP  
 5301 CASTOR AVE PHILADELPHIA PA 19124  
 MAURIELLO MD, NICHOLAS D PM  
 59TH ST CITY LINE AVE PHILADELPHIA PA 19131  
 MAU MD, ROBT E U  
 66 E PENN ST PHILADELPHIA PA 19144  
 MAUER MD, EUGENE M IM  
 903 ROLLING LAKE CHERRY HILL N J 08003  
 MAUER MD, KARL F US  
 560 S PENINSULA DR DAYTONA BEACH FLA 32018  
 MAUCK MD, ROBT L IM  
 44 GYPSY LA WYNNWOOD PA 19096  
 MAURO MD, JULIAN IM  
 335 W TABOR RD PHILADELPHIA PA 19141  
 MAZER MD, HOWARD U  
 112 GARWOOD DR CHERRY HILL NJ 08034  
 MZANTI MD, WALTER D OPH  
 02 WASHINGTON SQ PHILADELPHIA PA 19106  
 ALLISTER MD, HELEN B P  
 400 POOKS HILL RD BETHESDA MD 20014  
 CAFFERTY MD, JOHN P GS  
 116 BUSTLETON AVE PHILADELPHIA PA 19152  
 CAHEY MD, JAMES F US  
 ESELEY MANOR JACKSONVILLE FL 32223  
 CALLION MD, LUTHER L FP  
 00 BETHLEHEM PIKE PHILADELPHIA PA 19118  
 CARRON MD, DANL J OBG  
 9 GLENDALE RD UPPER DARBY PA 19082  
 CAULEY MD, FRANCIS P OBG  
 225 MAGEE AVE PHILADELPHIA PA 19149  
 CLENANAN MD, JOHN L R  
 1 E CHESTNUT HILL AVE PHILADELPHIA PA 19118  
 CLENANAN MD, WILLIAM U FP  
 29 BAYVIEW DR SARASOTA FL 33577  
 CLOSKEY MD, JOS F PTH  
 66 W BRYN MAWR AVE LANSDOWNE PA 19050  
 MCCLOSKEY MD, RICHARD V IM  
 5TH & REED STS PHILADELPHIA PA 19147  
 MCCONNELL MD, EDWARD L OBG  
 2342 S BROAD ST PHILADELPHIA PA 19145  
 MCCORMICK MD, JOHN L GS  
 1016 MARRIOR RD DREXEL HILL PA 19026  
 MCCOY MD, CATHERINE F FP  
 1891 REVERE ROAD SOUTHAMPTON PA 18966  
 MCCracken MD, STEWART IM  
 33 E CHESTNUT HILL AVE PHILADELPHIA PA 19118  
 MCCREA MD, LOHRAIN E U  
 PO BOX 1439 PINEHURST NC 28374  
 MCCUNE MD, WALLACE G IM  
 666 E PENN ST PHILADELPHIA PA 19144  
 MCCURDY MD, DINO E IM  
 822 WILDMAN ARMS SWARTHMORE PA 19081  
 MCCURDY MD, RICHARD R IM  
 211 SYKES LN WALLINGFORD PA 19086  
 MCANIEL JR MD, EVERETT S OBG  
 212 E WAVERLY RD WYNCOTE PA 19095  
 MCDEMITT MD, JOHN R IM  
 1627 S BROAD ST PHILADELPHIA PA 19148  
 MCDONALD MD, DONALD J FP  
 611 FOSTER RD CHELTENHAM PA 19012  
 MCDONALD MD, PHILLIP R OPH  
 LANKENAU MED BLDG PHILADELPHIA PA 19151  
 MCDONNELL MD, WILLIAM V PTH  
 WEST JERSEY HOSP VOORHEES NJ 08043  
 MCDONOUGH MD, MICHAEL T IM  
 TEMPLE UNIV HOSP PHILADELPHIA PA 19140  
 MCELROY MD, ROBT C OBG  
 133 S 36TH ST PHILADELPHIA PA 19104  
 MCEVILLY MD, JAMES P P  
 10880 CRESTMONT AVE PHILADELPHIA PA 19154  
 MCFADDEN MD, WM M PD  
 1187 E WASHINGTON LANE PHILADELPHIA PA 19138  
 MCFARLAND MD, MALCOLM D IM  
 7701 LOUISE LN PHILADELPHIA PA 19118  
 MCGEARY MD, JOS D IM  
 111 N BROAD ST PHILADELPHIA PA 19107  
 MCGEEHE MD, EDWARD H IM  
 JEFFERSON MED COLLEGE PHILADELPHIA PA 19107  
 MCGINNIS MD, FRANCIS T GS  
 6910 MARKET ST UPPER DARBY PA 19082  
 MCGLAMERY MD, MURIEL E N  
 AEMC N DIVISION PHILADELPHIA PA 19141  
 MCGRAM MD, THOS E IM  
 207 65TH AVE PHILADELPHIA PA 19126  
 MCGREEVEY MD, JOHN R R  
 2025 WILLIAMSBURG RD HUNTINGDON VLY PA 19006  
 MCGRUDER MD, EWART G FP  
 237 WOOD ST BRISTOL PA 19007  
 MCGUIGAN MD, THOMAS M FP  
 5203 BURTON ST PHILADELPHIA PA 19124  
 MCHENRY DO, JOHN J FP  
 2601 PARKWAY APT 645 PHILADELPHIA PA 19130  
 MCINTYRE MD, ROSEMARY E IM  
 7373 RIDGE AVE 236 PHILADELPHIA PA 19128  
 MCKENNA MD, ERNEST L OTO  
 418 E LANCASTER AVE WAYNE PA 19087  
 MCKEOWN JR MD, JOHN J GS  
 935 CEDAR GROVE RD WYNNWOOD PA 19096  
 MCLAUGHLIN JR MD, GUY W PD  
 7226 CASTOR AVE PHILADELPHIA PA 19149  
 MCLAUGHLIN MD, EDWARD D GS  
 3112 GARNET MINE RD BOOTHWYN PA 19061  
 MCLAUGHLIN MD, GEO E IM  
 666 E PENN ST PHILADELPHIA PA 19144  
 MCLAUGHLIN MD, JAMES S IM  
 1349 W PIKE ST PHILADELPHIA PA 19140  
 MCMICKEN MD, WM H IM  
 11410 BUSTLETON AVE PHILADELPHIA PA 19116  
 MCNEIL-JACOBI MD, ATHOLE G AN  
 MED COLL OF PA ANES PHILADELPHIA PA 19129  
 MCNEILL JR MD, ROBT J FP  
 4024 S WARNER RD LAFAYETTE HILL PA 19444  
 MCPEAK MD, VINCENT J OBG  
 8014 BYRHOE AVE PHILADELPHIA PA 19111  
 MCSHERRY MD, ROBT T AN  
 200 LAWRENCE LA WAYNE PA 19087  
 MCSTRAVOG MD, LAWRENCE J OTO  
 5057 SYLVIA RD DREXEL HILL PA 19026  
 MEBANE JR MD, WM N PD  
 8811 GERMANTOWN AVE PHILADELPHIA PA 19118  
 MECHANICK MD, PHILIP P IM  
 215 CLWYD RD BALA-CYNWYD PA 19004  
 MEDIANO MD, WILFREDO R R  
 237 HEMLOCK RD WYNNWOOD PA 19096  
 MEDOFF MD, JOS IM  
 2 DECKER SQ BALA CYNWYD PA 19004  
 MEDVENE MD, MORTON M PRM  
 218 N EASTON RD APT F7 GLENSIDE PA 19038  
 MEHEAN MD, JOHN J IM  
 THE BENSON JENKINTOWN PA 19046  
 MEHTA MD, TUSHAR B FP  
 17 S 60TH ST PHILADELPHIA PA 19139  
 MELNICK MD, JOS L OBG  
 1152 N 63D ST PHILADELPHIA PA 19151  
 MELTZER MD, LAWRENCE E IM  
 51 N39TH ST PHILADELPHIA PA 19104  
 MEMON MD, NAZIR A IM  
 JEFF HOSP 11TH & WALNUT PHILADELPHIA PA 19107  
 MENDELL MD, THEODORE H IM  
 226 W RITTENHOUSE SQ 220 PHILADELPHIA PA 19103  
 MENDELSON MD, MYER P  
 111 N 49TH ST PHILADELPHIA PA 19139  
 MENDELSSOHN MD, EDWIN GS  
 1303 W TABOR RD PHILADELPHIA PA 19141  
 MENIN MD, RICHARD A IM  
 404 OLD FARM RD WYNCOTE PA 19095  
 MENIN MD, WM IM  
 1351 TABOR RD PHILADELPHIA PA 19141  
 MENNELL MD, JOHN M PM  
 VA HOSP 150 HUIR RD MARTINEZ CA 94553  
 MERANZE MD, DAVID R PTH  
 PELHAM PARK APTS 412 PHILADELPHIA PA 19119  
 MERKIN MD, ALVIN AN  
 42 ST JAMES CT PHILADELPHIA PA 19106  
 MERLIN MD, ALBERT A FP  
 7141 ELMWOOD AVE PHILADELPHIA PA 19142  
 MERSCHER MD, WALTER F FP  
 1120 EASTON ST ROSLYN PA 19001  
 MERSKY MD, STEVEN A U  
 1832 DELANCEY PLACE PHILADELPHIA PA 19103  
 MESETE MD, A FRANCIS IM  
 753 BURNLEY CIR SPRINGFIELD PA 19064  
 MESSORI MD, DIVO A IM  
 1000 E ABINGTON AVE PHILADELPHIA PA 19118  
 METTLER JR MD, FRED A R  
 U OF N M CANCER CTR ALBUQUERQUE N M 87131  
 METZGER MD, PAUL A FP  
 1104 COTTMAN ST PHILADELPHIA PA 19111  
 MEYER MD, HAROLD PD  
 AEMC-DIV OF PED PHILADELPHIA PA 19141  
 MEYERS MD, ROBERT W P  
 4524 FOREST PARK BLVD ST LOUIS MO 63108  
 MEZGER MD, HANS J IM  
 1505 MAYFAIR HOUSE PHILADELPHIA PA 19144  
 MEZZANOTTE MD, JOHN J IM  
 STENTINMERMAID LA ST 1G PHILADELPHIA PA 19118  
 MICEK MD, EDWARD W GS  
 245 N BROAD ST PHILADELPHIA PA 19107  
 MICELI MD, SILVIO U  
 620 SPRUCE LN VILLANOVA PA 19085  
 MICHAELSON MD, CAROLYN Z FP  
 6805 LINCOLN DR PHILADELPHIA PA 19119  
 MICHAILE MD, KENNETH I OPH  
 578 GEN PATTERSON DR GLENSIDE PA 19038  
 MICHALS MD, TIMOTHY J P  
 7008 GREENHILL RD PHILADELPHIA PA 19151  
 MICHELSON MD, JOSEPH B OPH  
 2991 SCHOOLHOUSE LA PHILADELPHIA PA 19144  
 MICHAELIAN MD, DIRAN O OTO  
 1025 WALNUT ST PHILADELPHIA PA 19107  
 MIKELBERG MD, ROSE R PD  
 1709 SPRUCE ST PHILADELPHIA PA 19103  
 MIKHAEL MD, GIRGIS OBG  
 3400 SPRUCE ST PHILADELPHIA PA 19104  
 MIKUTA MD, JOHN J OBG  
 3400 SPRUCE ST PHILADELPHIA PA 19104  
 MILLER DO, JEROME FP  
 5103 WHITAKER AVE PHILADELPHIA PA 19124  
 MILLER MD, ALLEN C IM  
 209 RITTENHOUSE CLARDG APT PHILADELPHIA PA 19103  
 MILLER MD, ARMAND J FP  
 FOXCROFT APTS 104 JENKINTOWN PA 19046  
 MILLER MD, BENJ H IM  
 1601 WALNUT ST PHILADELPHIA PA 19102  
 MILLER MD, BERNARD J GS  
 666 E PENN ST PHILADELPHIA PA 19144  
 MILLER MD, C JOSEPH IM  
 2385 CHELTENHAM AVE PHILADELPHIA PA 19150  
 MILLER MD, DAVID FP  
 8550 N W 17TH PL PLANTATION FL 33222  
 MILLER MD, GLADYS M IM  
 3423 W COULTER ST PHILADELPHIA PA 19129  
 MILLER MD, HUGH M IM  
 BOX 352 HIGHLAND PRK CL LAKE WALES FL 33853  
 MILLER MD, JEROME IM  
 191 PRESIDENTIAL APTS BALA CYNWYD PA 19001  
 MILLER MD, MALCOLM W IM  
 230 LANKENAU MED BLDG PHILADELPHIA PA 19151  
 MILLER MD, RUSSEL F R  
 WASHINGTON LANE ELKINS PARK PA 19117  
 MILLER MD, T GRIER IM  
 1801 JFK BLVD #2906 PHILADELPHIA PA 19103  
 MILLER MD, WALLACE T R  
 3105 COULTER ST PHILADELPHIA PA 19129  
 MILLS JR MD, LEWIS C IM  
 230 N BROAD ST PHILADELPHIA PA 19102  
 MILNER MD, RALPH S OPH  
 3401 N BROAD ST PHILADELPHIA PA 19141  
 MILON MD, CHAS F IM  
 829 SPRUCE ST PHILADELPHIA PA 19107  
 MILSTEIN MD, DAVID FP  
 7342 GREEN HILL RD PHILADELPHIA PA 19151  
 MIMS III MD, JAMES L OPH  
 1227 WINSTON WAY CHERRY HILL NJ 08034  
 MINEHART MD, JOHN R GS  
 615 E ALLEGHENY AVE PHILADELPHIA PA 19134  
 MINERVA MD, FELICISMA B AN  
 60 E TOWNSHIP LINE RD ELKINS PARK PA 19117  
 MINTON MD, RUSSELL F R  
 MORGAN HS STENTINMERMAID PHILADELPHIA PA 19118  
 MISHKIN MD, MARK M R  
 3400 SPRUCE ST PHILADELPHIA PA 19104  
 MISSETT JR MD, JOS V OBG  
 SAUNDERS HS LANCASTER-CITY L PHILADELPHIA PA 19151  
 MITCHELL MD, ROBT M OBG  
 807 SPRUCE ST PHILADELPHIA PA 19107  
 MITROO MD, NEETA AN  
 230 NORTH BROAD ST PHILADELPHIA PA 19102  
 MITTENDORF MD, STEPHEN E U  
 2233 WALLACE ST PHILADELPHIA PA 19130  
 MIURA MD, KAREN K IM  
 1810 S RITTENHOUSE SQ PHILADELPHIA PA 19103  
 MOGHADAM MD, ABDOL-NABI IM  
 191 PRESIDENTIAL BLVD BALA CYNWYD PA 19004  
 MOGIL MD, ROBT A GS  
 1001 CITY AVE PHILADELPHIA PA 19151  
 MOHIUDDIN MD, MOHAMMED R  
 14 PAPER MILL RD CHERRY HILL NJ 08003  
 MOLINA MD, LETICIA K PD  
 1318 PINE ST PHILADELPHIA 19107  
 MOLL MD, GEO A FP  
 510 WEST AVE JENKINTOWN PA 19046  
 MONHEIT MD, RICHARD S IM  
 1000 SHARPLESS RD PHILADELPHIA PA 19126  
 MONTGOMERY MD, BRUCE B OBG  
 1405 SPRING MILL GLADWYNE PA 19035  
 MONTGOMERY MD, HUGH IM  
 932 MERION SQ RD GLADWYNE PA 19035



PHILADELPHIA

MONTGOMERY MD, JOHN B	OBG	NAIDOFF MD, MICHAEL A	OPH	NOZNESKY MD, NATHAN M	GS
130 S 9TH ST PHILADELPHIA PA 19107		235 CHAMOUNIX RD ST DAVIDS PA 19087		US8 MIDWAY CU A-41 FPO SAN FRAN CA 96601	TS
MONTGOMERY MD, THADDEUS L	OBG	NAKHGEVANY MD, KARIM B	GS	NUNEZ MD, LUIS E	TS
255 S 17TH ST 2 FL PHILADELPHIA PA 19103		7402 MILL ROAD PHILADELPHIA PA 19128		960 SUSQUEHANNA RD RYDAL PA 19046	
MOORE JR MD, SAM L	IM	NAKHJAVAN MD, FRED K	FP	NUSBAUM MD, MOREY	GS
1600 ARCH ST PHILADELPHIA PA 19103		YORK & TABOR RDS PHILADELPHIA PA 19141		GRAD HOSP-UNIV OF PA PHILADELPHIA PA 19146	R
MOORE MD, FRANK	R	NALBANIAN MD, MICHEL S	R	NUSSBAUM MD, JOE	R
9 DUTCH DR HOLLAND PA 18966		1223 HAGYSFORD RD NARBERTH PA 19072		501 WYNCOTE HOUSE WYNCOTE PA 19095	
MOORE MD, JAY R	IM	NAPPI MD, DOMINIC F	ORS	NME MD, KHN M	AN
5 WASHINGTON SQ APT 310 PHILADELPHIA PA 19106		1421 S BROAD ST PHILADELPHIA PA 19147		E PENN & E MISTER STS PHILADELPHIA PA 19144	
MOORE MD, JOHN R	ORS	NARDINI MD, RENATO J	ORS	OAKS JR MD, WILBUR W	IM
3701 N BROAD ST PHILADELPHIA PA 19140		248 S 21ST ST PHILADELPHIA PA 19103		230 N BROAD ST PHILADELPHIA PA 19102	P
MOORE MD, MATTHEW T	N	NASH MD, MARGARET J	FP	OBRIEN MD, WM R	P
1813 DELANCEY PLACE PHILADELPHIA PA 19103		998 S RUSSELL ST YORK PA 17402		111 N 49TH ST PHILADELPHIA PA 19139	IM
MORALES MD, DIEGO	PM	NASO MD, FRANCIS	PM	OCCONELL MD, FRED H	IM
12 ST & TABOR RD PHILADELPHIA PA 19140		1025 WALNUT ST PHILADELPHIA PA 19107		PROV MUT 4601 W MKT ST PHILADELPHIA PA 19139	PD
MORALES MD, JOSE O	IM	NASSIRI-RAHIMI MD, CYRUS	AN	OCCONELL MD, ROSE R	PD
RD 1 EYESBORO RD MT LAUREL N J 08057		8815 GERMANTOWN AVE PHILADELPHIA PA 19118		4352 PECHEIN ST PHILADELPHIA PA 19128	OBG
MORANI MD, ALMA D	PS	NAST MD, PHILIP R	IM	OCCONELL MD, WILLIAM A	OBG
3665 MIDVALE AVE PHILADELPHIA PA 19129		933 HAVERFORD RD BRYN MAWR PA 19010		8708 GERMANTOWN AVE PHILADELPHIA PA 19118	AN
MORENO MD, CARLOS	PTH	NASUTI MD, FLOYD T	PD	OCCONOR MD, MAUREEN E	AN
130 W ESSEX AVE LANSDOWNE PA 19050		2501 S 21ST ST PHILADELPHIA PA 19145		1225 CENTENNIAL RD NARBERTH PA 19072	FP
MORENO MD, MISAEL A	FP	NATARAJAN MD, GANGAIAH	IM	OFFNER MD, THEODORE W	FP
7532 TWELVE OAKS BLVD TAMPA FL 33614		MTNEVLY RDS APT 218 MELROSE PRK PA 19126		725 BYBERRY RD PHILADELPHIA PA 19116	OPH
MORGAN MD, A JAMES	P	NATHAN MD, ROBT J	P	OH MD, KONG T	OPH
8TH & LOCUST STS PHILADELPHIA PA 19107		314 N BROAD ST PHILADELPHIA PA 19102		5001 FRANKFORD AVE PHILADELPHIA PA 19124	OBG
MORGAN MD, HARRY E	R	NATHANSON MD, DONALD L	P	OH MD, SUNG K	OBG
STONEY RUN APTS 39E MAPLE SHADE NJ 08052		255 S 17TH ST 2403 PHILADELPHIA PA 19103		OHARA MD, ALBERT E	R
MORGANROTH MD, JOEL	IM	NATHANSON MD, JULIET E	FP	1640 MONK RD GLADWYNE PA 19035	AN
1344 VALLEY ROAD VILLANOVA PA 19085		2048 PINE ST PHILADELPHIA PA 19103		OJEDA MD, VIRGINIA L	AN
MORRIS MD, I PAUL	PD	NAZARI MD, AHMAD	OBG	4111 FOUNTAIN GREEN LAFAYETTE HL PA 19444	OTO
1939 CHELTENHAM AVE PHILADELPHIA PA 19117		3910 POWELTON AVE #303 PHILADELPHIA PA 19104		OKEEFE MD, JOHN J	ORS
MORRISON MD, CAROL A	IM	NEDURIAN MD, VRAM S	FP	130 S 9TH ST PHILADELPHIA PA 19107	ORS
51 NORTH 39TH ST PHILADELPHIA PA 19104		5467 PINE ST PHILADELPHIA PA 19143		OKIN MD, E MICHAEL	GS
MOSES MD, MELVIN L	IM	NEFF MD, GEO R	FP	10101 ACADEMY RD PHILADELPHIA PA 19114	GS
113 HARROGATE RD PHILADELPHIA PA 19151		140 E GORGAS LANE PHILADELPHIA PA 19119		OLEARCHYK MD, ANDREW S	GS
MOSKAL MD, JOS P	AN	NEIGH MD, JOHN L	AN	5020 N 11TH ST PHILADELPHIA PA 19141	PTH
773 ARDEN RD JENKINTOWN PA 19046		520 FAIRFAX RD DREXEL HILL PA 19026		OLEN MD, ELSE	PTH
MOSS DO, HERBERT	FP	NEILSON MD, NEILON	IM	247 ST JOSEPHS WAY PHILADELPHIA PA 19106	R
7724 LYCOMING AVE MELROSE PARK PA 19126		PRESIDENTIAL APTS D314 PHILADELPHIA PA 19131		OLKEN MD, MARK D	R
MOSS MD, EDWARD R	FP	NELSON MD, ELEANOR C	AN	ABINGTON MEM HOSP ABINGTON PA 19001	NS
6268 ALGARD ST PHILADELPHIA PA 19135		315 MC CLEAGHAN MILL R WYNNWOOD PA 19096		OLSEN MD, AXEL K	IM
MOSS MD, NORMAN H	GS	NELSON MD, GUY M	IM	230 N BROAD ST PHILADELPHIA PA 19102	IM
1335 W TABOR RD PHILADELPHIA PA 19141		106 CHESHIRE DR PENNLN PA 19422		OMALLEY MD, KEVIN B	P
MOYER MD, DWIGHT L	PM	NELSON MD, WALDO E	PD	3150 TOWNSHIP LINE DREXEL HILL PA 19026	IM
723 OAK TERR CT AMBLER PA 19002		NEMEZ MD, ALBERT	FP	ONEILL MD, HUGH	TS
MUCKLE MD, CRAIG W	OBG	7001 KINDRED ST PHILADELPHIA PA 19149		441 LANKENAU MED BLDG PHILADELPHIA PA 19151	TS
1200 SPRING MILL RD VILLANOVA PA 19085		NEMIR JR MD, PAUL	GS	ONEILL MD, THOMAS J	IM
MUELLER MD, EMMA C	OPH	GRAD HOSP UNIV OF PA PHILADELPHIA PA 19146		110 CENTENIAL BLDG PHILADELPHIA PA 19125	IM
9985 SIERRA AVE FONTANA CA 92335		NEMIROFF MD, RICHARD L	OBG	ORA MD, CARMEN S	FP
MULBERGER MD, ROBT D	OPH	1521 LOCUST ST PHILADELPHIA PA 19102		MEDICAL COLLEGE OF PA PHILADELPHIA PA 19129	FP
1930 CHESTNUT ST PHILADELPHIA PA 19103		NEMSER MD, SONDR A	OBG	ORDER MD, ALBERT A	FP
MULDOWER MD, MILTON E	IM	1919 CHESTNUT ST PHILADELPHIA PA 19103		1201 SOMERVILLE AVE PHILADELPHIA PA 19141	FP
THE BENSON-EAST JENKINTOWN PA 19046		NEUBAUER MD, RICHARD A	IM	ORIENTE MD, MICHAEL A	FP
MULHERN MD, CHARLES B	R	4001 N OCEAN DR FT LAUDERDALE FL 33308		918 CATHARINE ST PHILADELPHIA PA 19147	OTO
3400 SPRUCE ST DPT RAD PHILADELPHIA PA 19104		NEUVAYS MD, HERBERT J	OPH	ORIOORDAN MD, JOE P	FP
MULHOLLAND MD, S GRANT	U	1930 CHESTNUT ST PHILADELPHIA PA 19103		8020 CASTOR AVE PHILADELPHIA PA 19152	FP
3400 SPRUCE ST PHILADELPHIA PA 19146		NEWBERG MD, AARON N	PD	ORMAN MD, J MORTON	FP
MULLEN MD, JAMES L	GS	NORHEAST MED CTR 14 PHILADELPHIA PA 19114		CEDARBROOK HILL APTS WYNCOTE PA 19095	P
1000 RAVDIN INST PHILADELPHIA PA 19104		NEWMAN MD, ANDREW	ORS	ORNE MD, MARTIN T	IM
MULLER MD, ALFONS J	PM	1331 E WYOMING AVE PHILADELPHIA PA 19124		111 N 49TH ST PHILADELPHIA PA 19139	P
304 W GODFREY AVE PHILADELPHIA PA 19120		NEWMAN MD, BENJ E	IM	ORNSTEEN MD, ABRAHAM M	P
MUNDTH MD, ELDRED D	TS	720 MANATAMNA RD PHILADELPHIA PA 19128		2007 DELANCEY PL PHILADELPHIA PA 19103	N
230 N BROAD ST RM 6311 PHILADELPHIA PA 19102		NEWMAN MD, LEROY	PD	ORR MD, LINDA S	P
MUNIZ MD, HERMINIO	GS	7525 CASTOR AVE PHILADELPHIA PA 19152		130 S 9TH ST PHILADELPHIA PA 19107	P
301 S 8TH ST PHILADELPHIA PA 19107		NEWMAN MD, LEWIS L	AN	ORR MD, PAUL R	GS
MUNOZ MD, MARTIN	AN	2401 PENNA AVE 4E-51 PHILADELPHIA PA 19130		ONE BALA AVE BALA CYNWYD PA 19004	OTO
1175 DILWORTH CIR HUNTINGDN VLY PA 19006		NGAU MD, CURTIS A	GS	5735 RIDGE AVE PHILADELPHIA PA 19128	IM
MURDOCK MD, MORTON G	R	BROOK AMC F&S HOUSTON SAN ANTONIO TX 78234		OSCAR MD, ALVIN D	IM
344 SINKLER RD WYNCOTE PA 19095		NTBBELINK MD, DONALD W	N	538 SUSSEX RD WYNNWOOD PA 19096	IM
MURPHEY MD, HENRY S	OTO	MERCK SHARP & DOME WEST POINT PA 19486		OSCHELL MD, WM J	IM
3810 THE OAK RD PHILADELPHIA PA 19129		NICASTRO MD, GENNARO C	OTO	FRIENDS HOSP RSVLT ADAM PHILADELPHIA PA 19124	IM
MURPHY MD, BARBARA J	NS	3018 N 25TH ST PHILADELPHIA PA 19132		OSLICK MD, THEODORE	IM
44 LINWOOD AVE ARDMORE PA 19003		NICHOLAS MD, LESLIE	D	HAHNEMANN HOSP PHILADELPHIA PA 19102	OBG
MURPHY MD, EDWARD J	OBG	1521 LOCUST ST PHILADELPHIA PA 19102		OSORIO MD, EMMAUEL P	NS
1229 ASHBRIDGE RD ROSEMONT PA 19010		NICHOLSON MD, JESSE T	ORS	5245 OXFORD RD PHILADELPHIA PA 19124	R
MURPHY MD, JAMES P	P	419 S 19TH ST PHILADELPHIA PA 19146		OSTERHOLM MD, JEWELL L	IM
2901 WELSH RD APT 307 PHILADELPHIA PA 19152		NICU MD, NAJIA L	PTH	167 OLD EAGLE SCHOOL RD WAYNE PA 19087	IM
MURPHY MD, JOHN J	U	JEANES HOSP PHILADELPHIA PA 19111		OSTRUM MD, BERNARD J	FP
3400 SPRUCE ST PHILADELPHIA PA 19104		NIED MD, WALTER S	OPH	2412 N 52ND ST PHILADELPHIA PA 19131	FP
MURPHY MD, RICHARD J	FP	P O BOX 9873 PHILADELPHIA PA 19140		OTOLEW MD, THOS F	IM
1 BALA AVE BALA CYNWYD PA 19004		NIEDELMAN MD, MEYER L	D	OTTENBERG MD, DONALD J	IM
MURPHY MD, SCOTT	IM	1507 MED ARTS BLDG PHILADELPHIA PA 19102		EAGLEVILLE HOSP EAGLEVILLE PA 19408	IM
104 WYNNDEALE RD NARBERTH PA 19072		NISENBAUM MD, LEONARD	IM	OVERLEES MD, JOANNE	IM
MURPHY MD, THOS W	P	314 COTTMAN ST JENKINTOWN PA 19046		5555 WISSAHICKON AVE PHILADELPHIA PA 19144	US
44 LINWOOD AVE ARDMORE PA 19003		NIMBKAR MD, NARYAN V	GS	PABLO MD, GIL E	FP
MURR III MD, GEORGE A	GS	EPISCOPAL HOSP PHILADELPHIA PA 19125		420 VERNON RD JENKINTOWN PA 19046	AN
1611 S BROAD ST PHILADELPHIA PA 19148		NIMBKAR MD, NEELA N	AN	3302 N BROAD ST PHILADELPHIA PA 19140	AN
MURRAY MD, AUSTIN P	OPH	51 N 39TH STREET PHILADELPHIA PA 19104		PADGET MD, EDWARD S	IM
1930 CHESTNUT ST PHILADELPHIA PA 19103		NIMOITYN MD, BENJ S	IM	1207 ADDISON ST PHILADELPHIA PA 19147	IM
MURTAGH MD, FREDERICK	NS	4603 N 11TH ST PHILADELPHIA PA 19140		PADIS MD, NICHOLAS	AN
210 WHITE 3400 SPRUCE S PHILADELPHIA PA 19104		NISENBAUM MD, HARVEY L	R	303-304 LANKENAU MED BL PHILADELPHIA PA 19151	AN
MUTCHNIK MD, NORMAN	GS	1001 CITY AVE WA 907 PHILADELPHIA PA 19151		PADOLINA MD, RUBY M	GS
9964 PRESIDENT ST PHILADELPHIA PA 19115		NISSENBAUM MD, GERALD A	R	230 NORTH BROAD ST PHILADELPHIA PA 19102	GS
MYERS MD, ABRAHAM	ORS	750 S 3RD ST PHILADELPHIA PA 19147		PADULA MD, ANTHONY M	IM
2401 PENNA AVE PHILADELPHIA PA 19130		NOBEL MD, GOLDA R	FP	8815 GERMANTOWN AVE PHILADELPHIA PA 19118	PRM
MYERS MD, DAVID	OTO	2006 DELANCEY ST PHILADELPHIA PA 19103		147 FISHER RD JENKINTOWN PA 19046	P
MYERS MD, RICHARD N	GS	NOBEL MD, JOEL J	GS	PALM MD, CHARLES H	IM
233 LANKENAU MED BLDG PHILADELPHIA PA 19151		5200 BUTLER PIKE PLYMOUTH MTG PA 19462		6616 EMLEN PHILADELPHIA PA 19118	ORS
NABUT MD, SOPHIA H	US	NOBLE MD, NATHAN M	FP	8821 CARLISLE RD WYNDMOOR PA 19118	PRM
3939 CONSHOHOCKEN AVE PHILADELPHIA PA 19131		7 MACARTHUR BLVD APT704 WESTMONT NJ 08108		809 WESTDALE AVE SWARTHMORE PA 19081	FP
NACHOD MD, GRACE R	OPH	NOBLE MD, PAUL H	TS	PANDOLFI MD, FRANK J	FP
3024 W QUEEN LA APT A2A PHILADELPHIA PA 19129		130 S 9TH ST PHILADELPHIA PA 19107		1822 BROAD ST PHILADELPHIA PA 19145	FP
NADEL MD, MARCELL-BERNH	FP	NOONE MD, R BARRETT	PS	PANETTIERI MD, REYNOLD A	FP
1930 CHESTNUT ST 106 PHILADELPHIA PA 19103		498 MILLBROOK RD DEVON PA 19333		830 SOLLY AVE PHILADELPHIA PA 19111	IM
NAGAKAWA MD, BUNICHI	GS	NORRIS MD, CHAS M	OTO	TH 115 GREEN VALLEY PITTSBURGH PA 15220	OPH
230 NORTH BROAD ST PHILADELPHIA PA 19102		3401 N BROAD ST PHILADELPHIA PA 19140		PAO MD, DAVID S	OPH
NAGLE JR MD, FRANK O	OPH	NORRIS MD, ROBT F	PTH	1568 WOODBOURNE RD LEVITTOWN PA 19057	
2 PENN CENTER PLZ RM 60 PHILADELPHIA PA 19102		430 COLEBROOK LN BRYN MAWR PA 19010			
NAMAS MD, FREDERICK J	GS	NOSHENY MD, STANLEY Z	IM		
3007 MIDVALE AVE PHILADELPHIA PA 19129		1335 W TABOR RD PHILADELPHIA PA 19141			
NAIDE MD, DAVID	IM	NOVICKI MD, ZENON F	FP		
2034 SPRUCE ST PHILADELPHIA PA 19103		813 S 3RD ST PHILADELPHIA PA 19147			
NAIDE MD, MEYER	IM	NOWOLANSKI MD, JOSEPH F	FP		
2034 SPRUCE ST PHILADELPHIA PA 19103		20 LODGES LN BALA CYNWYD PA 19004			



PARADOWSKI MD, FRANK W FP  
 2566 E ALLEGHENY AVE PHILADELPHIA PA 19134  
 PARAMESWARAN MD, R IM  
 EINSTEIN MED CTR PHILADELPHIA PA 19141  
 PARISH MD, LAWRENCE C D  
 1601 WALNUT ST STE 724 PHILADELPHIA PA 19102  
 PARK MD, CHAN H R  
 JEFFERSON MED COL & HOS PHILADELPHIA PA 19107  
 PARK MD, CHONG H IM  
 309 CURTIS DR WYNCOTE PA 19095  
 PARK MD, GUY K GS  
 763 GLEN RD JENKINTOWN PA 19046  
 PARK MD, HEE-OK OBG  
 1025 WALNUT ST RM 300 PHILADELPHIA PA 19107  
 PARK MD, HYUNG K AN  
 8815 GERMANTOWN AVE PHILADELPHIA PA 19118  
 PARKER 3RD MD, EDWARD A FP  
 151 WOOD ST CALIFORNIA PA 15419  
 PARKER MD, JANET A R  
 3134 W COULTER ST PHILADELPHIA PA 19129  
 PARR MD, JUSTIN L PTH  
 339 S 4TH ST PHILADELPHIA PA 19106  
 PARRY MD, CAROLYN E R  
 PENNA HOSP RAD DEPT PHILADELPHIA PA 19107  
 PARRY MD, H FRAZER PM  
 1513 RACE ST PHILADELPHIA PA 19102  
 PASDAR MD, HOMAYOON TS  
 3910 POWELTON AVE 202 PHILADELPHIA PA 19104  
 ASHMAN MD, DAVID R ORS  
 86 MCFADDEN DR HUNTINGDON VLY PA 19006  
 PASKIN MD, DAVID L GS  
 239 S 3RD ST PHILADELPHIA PA 19106  
 ASQUARELLO MD, PATRICK S IM  
 5555 MISSAHICKON AVE PHILADELPHIA PA 19144  
 ATEL MD, MANUBHAI R GS  
 2718 HOLME AVE PHILADELPHIA PA 19152  
 ATEL MD, PRAVIN C AN  
 APT B-111 2932 HANNAH A NORRISTOWN PA 19003  
 ATTERTSON MD, JOHN C P  
 RD 2 FREEHOLD NJ 07728  
 ATTERTSON MD, JOHN R IM  
 16 N CONCORD AVE HAVERTOWN PA 19083  
 ATTERTSON MD, ROBT J IM  
 666 E PENN ST PHILADELPHIA PA 19144  
 AUCIA MD, ALFREDO L AN  
 726 DARBY PAOLI RD NENTOWN SQ PA 19073  
 AUL MD, ALBERT J FP  
 7505 CASTOR AVE PHILADELPHIA PA 19152  
 AUL MD, ANTHONY R IM  
 614 E DURHAM ST PHILADELPHIA PA 19119  
 AUL MD, CHAMPA PTH  
 1194 DICKINSON DR YARLEY PA 19067  
 AUL MD, GERSON S OBG  
 1323 N TABOR RD PHILADELPHIA PA 19141  
 AUL MD, PHYLLIS O IM  
 1710 WOODLAND RD ABINGTON PA 19001  
 AYLDES MD, CONSTANTINOS A GS  
 111 WALNUT AVE KIRKWOOD NJ 08043  
 JAXON MD, NEWLIN F OBG  
 205 N BROAD ST PHILADELPHIA PA 19107  
 AYNE MD, FRANKLIN L OBG  
 1240 BEECH HILL RD WYNEWOOD PA 19096  
 EARGE MD, ALEXANDER E GS  
 1420 RACE ST PHILADELPHIA PA 19102  
 EARLSTINE MD, BEATRICE IM  
 1109 ANSLEY AVE MELROSE PARK PA 19126  
 EARSON MD, DIANE E P  
 5 OLD OAKS RD ROSEMONT PA 19010  
 EARSON MD, MANUEL W P  
 111 N 49TH ST PHILADELPHIA PA 19139  
 EDROTTY JR MD, FRANCIS W GS  
 3040 ROOSEVELT BLVD PHILADELPHIA PA 19152  
 ELOSI MD, LOUIS M OTO  
 1530 S BROAD ST PHILADELPHIA PA 19146  
 ELSZYNSKI MD, EUGENE E FP  
 5959 MORROCKS ST PHILADELPHIA PA 19149  
 ELTIER MD, HUBERT C OS  
 MERCK SHARPS&DOHME WEST POINT PA 19486  
 ENDERGRASS MD, EUGENE P R  
 128 OWEN RD WYNEWOOD PA 19096  
 ENNELL JR MD, EDGAR L GS  
 105 E GOWEN AVE PHILADELPHIA PA 19129  
 ENNES MD, EDWARD L FP  
 99 MAYFAIR ST PHILADELPHIA PA 19120  
 ENNEYS MD, EDITH T P  
 332 WINDING WAY MERION STA PA 19066  
 ENNEYS MD, RAYMOND IM  
 130 N BROAD ST PHILADELPHIA PA 19102  
 ENNOCK MD, RONALD S IM  
 116 N BROAD ST PHILADELPHIA PA 19102  
 ENROD MD, DALE S PS  
 01 S 8TH STREET PHILADELPHIA PA 19106  
 REYZ-TAMAYO MD, ROBERT R  
 DYOLA U HOSP RAD THER MAYWOOD IL 60153  
 RIS MD, LEON A OBG  
 601 WALNUT ST PHILADELPHIA PA 19103  
 RLMAN MD, ABRAHAM P  
 900 ROOSEVELT BLVD PHILADELPHIA PA 19115  
 RLMAN MD, HENRY H D  
 930 CHESTNUT ST PHILADELPHIA PA 19103  
 RLOFF MD, LEONARD J GS  
 389 OVERBROOK AVE PHILADELPHIA PA 19151  
 RLOFF MD, MILTON H FP  
 RIEDEN BLDG YORK-TABOR PHILADELPHIA PA 19141  
 RRIN MD, GEO H P  
 HILADELPHIA GEN HOSP PHILADELPHIA PA 19104  
 RRINE MD, JANE E P  
 25 EMERSON RD HUNTINGDN VLY PA 19006  
 RROTT MD, SANTLE L FP  
 839 CHALFONT DR PHILADELPHIA PA 19154  
 RSING MD, DAN H PRM  
 741 PEACH TREE LN NORRISTOWN PA 19401  
 RSING MD, KATHRYN C P  
 741 PEACH TREE LN NORRISTOWN PA 19401  
 RSKY MD, ABRAH M OTO  
 201 PARKWAY PHILADELPHIA PA 19130  
 PETTIT MD, HORACE IM  
 123 KENNEDY LN BRYN MAWR PA 19010  
 PETTIT MD, MARY D OBG  
 606 PEMBROKE RD BRYN MAWR PA 19010  
 PFEIFFER MD, MILDRED C PRM  
 358 VALLEY RD MERION STA PA 19066  
 PHEASANT MD, THOMAS R OPH  
 1026 LARCHMONT AVE HAVERTOWN PA 19083  
 PHILLIPS MD, DAVID J FP  
 30 W PENN ST PHILADELPHIA PA 19144  
 PHILLIPS MD, WILLIAM A P  
 60 MEADOWBROOK DR PRINCETON NJ 08540  
 PICK MD, ERNEST J R  
 NORTH EAST MED CTR PHILADELPHIA PA 19114  
 PICKERING MD, HAROLD C AN  
 ROXBRO MED BLD 5735 RDG PHILADELPHIA PA 19128  
 PICKERING MD, JOHN FP  
 1929 E ALLEGHENY AVE PHILADELPHIA PA 19134  
 PIERRO MD, ALFONSO L FP  
 1814 S BROAD ST PHILADELPHIA PA 19145  
 PIKE MD, ANNE H OBG  
 5555 MISSAHICKON AVE PHILADELPHIA PA 19144  
 PILLSBURY MD, DONALD M D  
 1019 GREAT SPRINGS RD ROSEMONT PA 19010  
 PINTIMALLI MD, JOS T FP  
 3101 COTTMAN AVE PHILADELPHIA PA 19149  
 PIRO MD, FRANK A R  
 1480 JOEL DR AMBLER PA 19002  
 PISANO MD, DANL J R  
 129 AZALEA WAY FLOURTOWN PA 19031  
 PIWOT MD, SEYMOUR FP  
 656 FOXCROFT RD PHILADELPHIA PA 19117  
 PLATT MD, RUTH M FP  
 441 LYCEUM AVE PHILADELPHIA PA 19128  
 PLOTKIN MD, STANLEY A PD  
 36TH & SPRUCE ST PHILADELPHIA PA 19104  
 PODELL MD, MORRIS J FP  
 1633 W GIRARD AVE PHILADELPHIA PA 19130  
 POINSARD MD, PAUL J P  
 2123 DELANCEY ST PHILADELPHIA PA 19103  
 POLAKOFF 2ND MD, PEDRO NS  
 931 HUNTINGDON PIKE HUNTINGDN VLY PA 19006  
 POLAN MD, SIMON P  
 275 S 19TH ST PHILADELPHIA PA 19103  
 POLCINO MD, SAML C FP  
 619 E ALLEGHENY AVE PHILADELPHIA PA 19134  
 POLEVOY MD, POMEROY E FP  
 7641 WOODCREST AVE PHILADELPHIA PA 19151  
 POLIN MD, EDWARD B IM  
 7810 OLD YORK RD ELKINS PARK PA 19117  
 POLIN MD, JOEL I OBG  
 8361 GLEN RD ELKINS PARK PA 19117  
 POLTSHOOK MD, ROBT D P  
 111 N 49TH ST PHILADELPHIA PA 19139  
 POLK MD, LEWIS D PD  
 500 MUNICIPAL SVS BLDG PHILADELPHIA PA 19107  
 POLLACK MD, HOWARD M R  
 531 ASHMEAD RD CHELTENHAM PA 19012  
 POMPIZZI MD, ERMIN D FP  
 5735 RIDGE AVE PHILADELPHIA PA 19128  
 PONTARELLI MD, DOMENIC J OBG  
 1801 KENNEDY BVD APT 51 PHILADELPHIA PA 19103  
 POPKY MD, GEORGE L R  
 3134 W COULTER ST PHILADELPHIA PA 19129  
 PORRECA MD, GEO A OBG  
 1843 S BROAD ST PHILADELPHIA PA 19148  
 PORTER MD, MARY M PTH  
 350 WALNUT AVE WAYNE PA 19087  
 PORTNER MD, JAY H GS  
 60 E TOWNSHIP LINE PHILADELPHIA PA 19117  
 POSATKO MD, ROBT J OBG  
 5735 RIDGE AVE STE 105 PHILADELPHIA PA 19128  
 POTISCH MD, WILLIAM P OTO  
 1 CHILDRENS CTR PHILADELPHIA PA 19101  
 POTTASH MD, RUBEN R  
 211 BARCLAY BLDG BALA-CYNNYO PA 19004  
 POULSHOCK DO, MILTON J FP  
 6239 RISING SUN AVE PHILADELPHIA PA 19111  
 POWELL MD, EDWIN J ORS  
 245 N BROAD ST PHILADELPHIA PA 19107  
 POWERS JR MD, NORTHERN L GS  
 4117 PASADENA BLVD PASADENA TX 77503  
 POWERS MD, WILLIAM E R  
 925 CHESTNUT ST PHILADELPHIA PA 19107  
 PRADHAN MD, RAMESH S R  
 FRANKFORD HOSPITAL PHILADELPHIA PA 19124  
 PRALL MD, ROBT C P  
 231 HAMILTON RD MERION STA PA 19066  
 PRASASVINICHAI MD, SRIPRAYOON R  
 HAHNEMANN MED COL PHILADELPHIA PA 19102  
 PRATT MD, LINDSAY L OTO  
 COOPER MED CTR OTO CAMDEN NJ 08103  
 PREHATNY MD, JOHN R GS  
 402 PENN RD WYNEWOOD PA 19096  
 PRESCOD MD, HORACE J P  
 304 BAILY RD YEADON PA 19050  
 PRESSMAN MD, MAURIE D P  
 1000 LEOPARD ST RYDAL PA 19046  
 PRESSMAN MD, ROBT S IM  
 170 W OLNEY AVE PHILADELPHIA PA 19120  
 PREUCEL MD, ROBT W OBG  
 3400 SPRUCE ST PHILADELPHIA PA 19104  
 PRICE JR MD, HENRY L AN  
 230 N BROAD ST PHILADELPHIA PA 19102  
 PRICE MD, JOSEPH W FP  
 514 E SEDGWICK ST PHILADELPHIA PA 19119  
 PRICE MD, RAPHAEL I GS  
 705 W CARPENTER LN PHILADELPHIA PA 19119  
 PRIMIANO MD, JOHN OBG  
 1016 COTTMAN AVE PHILADELPHIA PA 19111  
 PROMISH MD, DAVID S AN  
 1901 KENNEDY BLVD PHILADELPHIA PA 19103  
 PRYOR MD, CHAS A OTO  
 BOX 164A TELFORD PA 18969  
 PUGH MD, JAMES E IM  
 614 CHURCH LANE YEADON PA 19050  
 PUGLISI MD, ANTHONY S ORS  
 1335 TABOR RD PHILADELPHIA PA 19141  
 PUGLISI MD, VINCENT FP  
 1813 S 13TH ST PHILADELPHIA PA 19148  
 PUTNAM MD, RICHARD C IM  
 LANCASTER-CITY LINE PHILADELPHIA PA 19151  
 QUALLS MD, DONALD M ORS  
 216 LANKENAU MED BLDG PHILADELPHIA PA 19151  
 QUATTRONE MD, PAUL C R  
 5000 OVERBROOK AVE PHILADELPHIA PA 19131  
 RABINOWITZ MD, HOWARD K PD  
 113 ELKINS RD CHERRY HILL N J 08034  
 RABINOWITZ MD, ISAAC FP  
 4136 GIRARD AVE PHILADELPHIA PA 19104  
 RABSON MD, MOSES ORS  
 1133 ASHBORNE RD CHELTENHAM PA 19012  
 RACCIATO MD, PETER J OPH  
 2024 BN J RUSSELL CIR ELKINS PARK PA 19117  
 RACKOW MD, LAWRENCE L IM  
 LIXEMILN PK & GREENWD WYNCOTE PA 19095  
 RABDILL MD, SAML X PD  
 7043 ELMWOOD AVE PHILADELPHIA PA 19142  
 RABDILL MD, SIDNEY G OPH  
 1919 CHESTNUT ST PHILADELPHIA PA 19103  
 RAFFENSPERGER MD, BRUCE W OBG  
 717 BETHLEHEM PK PHILADELPHIA PA 19118  
 RAGGI MD, FIORA P  
 102 W MANHEIM ST PHILADELPHIA PA 19144  
 RAINES MD, HERBERT S FP  
 6897 N 19TH ST PHILADELPHIA PA 19126  
 RAJA MD, MOHO IM  
 YORK & TABOR RDS PHILADELPHIA PA 19141  
 RAJARATHNAM MD, EMMA P PD  
 9250 VEREE RD PHILADELPHIA PA 19115  
 RAKOFF MD, ABRAHAM E OS  
 1801 JFK BLVD APT 2712 PHILADELPHIA PA 19103  
 RALPH MD, NATHAN IM  
 826 DEERFIELD LANE BRYN MAWR PA 19010  
 RALSTON MD, EDGAR L ORS  
 3400 SPRUCE ST PHILADELPHIA PA 19104  
 RAMBO MD, VICTOR C OPH  
 6101 N MORRIS ST APT 71 PHILADELPHIA PA 19144  
 RANDALL MD, PETER PS  
 3400 SPRUCE ST PHILADELPHIA PA 19104  
 RANGARATHNAM MD, CANDADAI S PD  
 1025 WALNUT ST PHILADELPHIA PA 19107  
 RAPHAELY MD, RUSSELL C AN  
 CHILDRENS HOSP PHILADELPHIA PA 19104  
 RASANSKY MD, HARRY W IM  
 333 E CITY A IL 40 BALA CYNWYD PA 19004  
 RASCOE JR MD, ROBT R OBG  
 3400 SPRUCE ST PHILADELPHIA PA 19104  
 RASHKIS MD, HAROLD A P  
 ELKINS PK HOUSE STE105A ELKINS PARK PA 19117  
 RAUER MD, FLORA H FP  
 5030 OXFORD AVE PHILADELPHIA PA 19124  
 RAUER MD, LESTER PTH  
 5030 OXFORD AVE PHILADELPHIA PA 19124  
 RAYVIN MD, ELIZABETH G US  
 3400 SPRUCE ST STE 1000 PHILADELPHIA PA 19104  
 REARDON MD, MARY R AN  
 3401 N BROAD ST PHILADELPHIA PA 19140  
 REBER MD, JACOB OPH  
 14 E NEWFIELD WAY BALA CYNWYD PA 19004  
 REICIK MD, HALIT AN  
 267 PERRY ST PHILADELPHIA PA 19117  
 REDDY MD, JOHN R OTO  
 330 S 9TH ST STE 1250 PHILADELPHIA PA 19107  
 REED MD, CHARLES R PD  
 8001 ROOSEVELT BLVD 301 PHILADELPHIA PA 19152  
 REED MD, PETER W R  
 1521 FAIRWAY DR LIMA OH 45805  
 REES MD, DAVID B FP  
 667 DODDS LANE GLADWYNE PA 19035  
 REESE MD, WALTER D OBG  
 2200 WASHINGTON LN HUNTINGDN VLY PA 19006  
 REESE MD, WARREN S OPH  
 2118 LOCUST ST PHILADELPHIA PA 19103  
 REISBER MD, DAVID E IM  
 6000 GREENE ST PHILADELPHIA PA 19144  
 REICHE MD, FREDERICK A GS  
 3401 N BROAD ST PHILADELPHIA PA 19140  
 REITER MD, DAVID OTO  
 HAGYSFORD RD #417-N PENN VALLEY PA 19072  
 RELMAN MD, ARNOLD S IM  
 10 SHATTUCK ST BOSTON MA 02115  
 RENZI MD, ANTHONY M R  
 116 FAIRVIEW RD NARBERTH PA 19072  
 RESNICK MD, ALBERT B P  
 7764 MELLON RD WYNCOTE PA 19095  
 RESNICK MD, EDWARD J ORS  
 3401 N BROAD ST PHILADELPHIA PA 19140  
 RESNICK MD, GEO J FP  
 2236 S 20TH ST PHILADELPHIA PA 19145  
 RESURRECCION MD, ROSARIO AN  
 1347 HOLCOMB HUNTINGDON VLY PA 19006  
 REX MD, RICHARD O FP  
 10 E CHESTNUT HILL AVE PHILADELPHIA PA 19118  
 REYNOLDS MD, CHESTER PRM  
 448 104TH ST STONE HARBOR NJ 08247  
 REZNAK MD, STEPHEN E N  
 1243 WYNGATE RD WYNEWOOD PA 19096  
 RHODS JR MD, JONATHAN E TS  
 3300 HENRY AVE PHILADELPHIA PA 19129  
 RHODS MD, DONALD V IM  
 8619 GERMANTOWN AVE PHILADELPHIA PA 19119  
 RHODS MD, JONATHAN E GS  
 131 W WALNUT LN PHILADELPHIA PA 19144  
 RHODS MD, REBECCA M US  
 3374 ORANGE ST HOLLYWOOD FL 33021  
 RICHARDS MD, CARLETON C FP  
 1929 CHRISTIAN ST PHILADELPHIA PA 19146  
 RICHARDSON MD, FRANCIS L PD  
 9637 BUSTLETON AVE PHILADELPHIA PA 19115  
 RICHARDSON MD, GEO A OTO  
 1532 OVERINGTON ST PHILADELPHIA PA 19124



# PHILADELPHIA

<p>           RICHMAN MD, MORTON W OPH            10101 ACADEMY RD PHILADELPHIA PA 19114            RIEHS MD, JULES A GS            422 ASHBORNE PHILADELPHIA PA 19117            RIES MD, ANTHONY N FP            4838 N 5TH ST PHILADELPHIA PA 19120            RIGBERG MD, ISAAC H OBG            4336 PICCADILLY RD PHOENIX AZ 85018            RIGG MD, L ISOBEL P            1015 CHESTNUT #1013 PHILADELPHIA PA 19107            RILEY MD, CYRIL A FP            302 N 41ST ST PHILADELPHIA PA 19104            RISTIN MD, NORMAN R            GRADUATE HOSP DEPT RAD PHILADELPHIA PA 19146            RITCHIE 3RD MD, JOHN C P            1930 CHESTNUT ST PHILADELPHIA PA 19103            RITCHIE MD, DAVID J R            PENNSYLVANIA HOSP PHILADELPHIA PA 19107            RITTER MD, CHAS W AN            1212 WAKELING ST PHILADELPHIA PA 19124            RITTER MD, JOS A PD            1034 BRYN MAWR AVE NARBERTH PA 19072            RIZZUTO MD, PAUL A FP            9789 VEREE RD PHILADELPHIA PA 19115            ROACH MD, MICHAEL B ORS            7950 HENRY AVE APT 24C PHILADELPHIA PA 19128            ROBBINS MD, ROBT R            3401 N BROAD ST PHILADELPHIA PA 19140            ROBBINS MD, WM S P            10 PRES BLVD S STE 200B BALA CYNWYD PA 19004            ROBERTS MD, BROOKE GS            3400 SPRUCE ST PHILADELPHIA PA 19104            ROBERTS MD, DEAN W PD            235 N 15TH ST PHILADELPHIA PA 19102            ROBERTS MD, JOAN M OBG            717 BETHLEHEM PIKE PHILADELPHIA PA 19118            ROBERTS MD, JOHN M GS            8815 GERMANTOWN AVE PHILADELPHIA PA 19118            ROBERTSON MD, HUGH GS            10101 KINGSWOOD SUN CITY AZ 85351            ROBERTSON MD, JOHN M GS            1335-49 TABOR RD PHILADELPHIA PA 19141            ROBINSON JR MD, JAMES J FP            403 SENTNER ST PHILADELPHIA PA 19120            ROBINSON MD, FREDERICK A IM            1900 GARRETT RD LANSDOWNE PA 19050            ROBINSON MD, JAMES H GS            5900 SPRUCE ST PHILADELPHIA PA 19139            ROBINSON MD, LOUIS C US            1919 CHESTNUT ST PHILADELPHIA PA 19103            ROBINSON MD, MARTIN H P            1335 E CARDEZA ST PHILADELPHIA PA 19119            ROBINSON MD, NATHANIEL M IM            5229 SPRUCE ST PHILADELPHIA PA 19139            ROBINSON MD, WM P OPH            4101 TYSON AVE PHILADELPHIA PA 19135            ROBY MD, ROSS P            228 W WASHINGTON LANE PHILADELPHIA PA 19144            ROCCO MD, NICHOLAS J IM            2202 S BROAD ST PHILADELPHIA PA 19145            RODELICO MD, JOSEPH M P            2216 S BROAD ST PHILADELPHIA PA 19145            RODGERS MD, ALLAN F US            BLACK HAWK SHP CTR DOWNINGTOWN PA 19335            RODGERS MD, JOS F IM            275 S 19TH ST PHILADELPHIA PA 19103            ROGERS MD, CLAUDE R PM            161 HIGHLAND CIR BALA CYNWYD PA 19004            ROGERS MD, JAMES F U            5300 CEDAR AVE PHILADELPHIA PA 19143            ROGERS MD, WM C FP            1822 W DIAMOND ST PHILADELPHIA PA 19121            ROITMAN MD, HARRY B OBG            463 N HIGHLAND AVE MERION PA 19066            ROMAN MD, LAURIAN IM            228 OLD LANCASTER RD MERION PA 19066            ROMANOW MD, PETER W ORS            BOX 69 FAIRLESS HILLS PA 19030            RONIS MD, MAX L OTO            4145 TIMBER LA PHILADELPHIA PA 19144            ROGUE MD, RICHARD M OBG            3658 FRANKFORD AVE PHILADELPHIA PA 19134            ROSATO MD, ERNEST F GS            VA HOSP UNIV &amp; WOLND PHILADELPHIA PA 19104            ROSCOE MD, CONSTANTINE PD            7226 CASTOR AVE PHILADELPHIA PA 19149            ROSE MD, EDWARD IM            426 OWEN RD WYNNWOOD PA 19096            ROSE MD, ELIZABETH K PRM            426 OWENS RD WYNNWOOD PA 19096            ROSE MD, ISADORE IM            6000 W OXFORD ST PHILADELPHIA PA 19151            ROSE MD, LESLIE I IM            230 NORTH BROAD ST PHILADELPHIA PA 19102            ROSE MD, S ZIRA FP            2200 W COLUMBIA AVE PHILADELPHIA PA 19121            ROSEMAN MD, JAMES M GS            HOSP OF U OF PA 287 PHILADELPHIA PA 19104            ROSEMOND MD, GEO P GS            3401 N BROAD ST PHILADELPHIA PA 19140            ROSEN MD, DAVID IM            2950 DISSTON ST PHILADELPHIA PA 19149            ROSEN MD, JACOB C R            916 WARWICK APTS ATLANTIC CITY NJ 08401            ROSEN MD, JOS H R            470 BALLYTORE RD WYNNWOOD PA 19096            ROSEN MD, MARVIN I OBG            CEDARBROOK HILL APTS WYNCOTE PA 19095            ROSEN MD, RHODA OBG            1101 VALLEY RD MELROSE PRK PA 19126            ROSENBAUM JR MD, LEON FP            CEDARBROOK HILL APTS WYNCOTE PA 19095            ROSENBAUM MD, ARMAND L GS            1335 W TABOR RD PHILADELPHIA PA 19141            ROSENBAUM MD, JERRY L IM            1630 FAWN LANE HUNTINGDON VLY PA 19006         </p>	<p>           ROSENBERG MD, IRVING CRS            6800 C CASTOR AVE PHILADELPHIA PA 19149            ROSENBERG MD, MORTON PD            8823 PATTON RD PHILADELPHIA PA 19118            ROSENBERG MD, PAUL E D            1015 CORN CRIB DR HUNTINGDON VLY PA 19006            ROSENBERG MD, PHILIP IM            1919 CHESTNUT ST PHILADELPHIA PA 19103            ROSENBERG MD, RANDY M N            1500 LOCUST ST APT 2718 PHILADELPHIA PA 19102            ROSENKRANTZ MD, HARVEY R            3991 CROWN PT DR APT 31 SAN DIEGO CA 92109            ROSENOW JR MD, EDWARD C IM            1901 WALNUT ST PHILADELPHIA PA 19103            ROSENSTEIN MD, GLADYS IM            1600 S JOYCE ST B-1510 ARLINGTON VA 22202            ROSENSTEIN MD, HERMAN IM            1600 S JOYCE ST B-1510 ARLINGTON VA 22202            ROSENTHAL MD, DAVID E IM            YORKMEETINGHOUSE RDS ELKINS PARK PA 19117            ROSENZWEIG MD, MAX FP            800 S 57TH ST PHILADELPHIA PA 19143            ROSENER MD, ISADOR K FP            257 WILTSHIRE RD WYNNWOOD PA 19096            ROSS MD, HARRIS A FP            8109 PENNHILL RD ELKINS PARK PA 19117            ROSS MD, DONALD C P            4951 MCKEAN AVE PHILADELPHIA PA 19144            ROSS MD, JOHN J OBG            1626 SHERWOOD RD RYDAL PA 19046            ROSS MD, THOMAS H D            3801 CONSHOHOCKEN AV 40 PHILADELPHIA PA 19131            ROSSMI MD, RALPH A FP            6245 ELMWOOD AVE PHILADELPHIA PA 19142            ROSSMAN MD, BERNARD S IM            5 OLD LANCASTER RD BALA-CYNWYD PA 19004            ROSSMAN MD, RONALD E IM            250 S 18TH ST APT 601 PHILADELPHIA PA 19103            ROTH MD, JAMES L IM            639 MONTGOMERY SCHOOL L WYNNWOOD PA 19096            ROTHSCHILD DO, OSCAR F FP            2858 N 5TH ST PHILADELPHIA PA 19133            ROTMKOPF MD, BRAD M IM            312 BOK RD WYNCOTE PA 19095            ROTMKOPF MD, HENRY FP            6231 OLD YORK RD PHILADELPHIA PA 19141            ROTHMAN MD, MAURICE M IM            1901 JFK BLVD #2504 PHILADELPHIA PA 19103            ROTHMAN MD, RICHARD H ORS            8TH &amp; SPRUCE STS PHILADELPHIA PA 19107            ROTKO MD, BERNARD B IM            60 E TOWNSHIP LINE RD PHILADELPHIA PA 19117            ROTTENBERG DO, LOUIS FP            1631 FAWN LANE HUNTINGDON VLY PA 19006            ROUSE MD, PAUL V U            7032 TORRESDALE AVE PHILADELPHIA PA 19135            ROVERUD MD, ELEANOR PTH            ST ANTHONY HOSP CARROLL IA 51401            ROYNER MD, HAROLD GS            1930 CHESTNUT ST PHILADELPHIA PA 19103            ROYNO MD, HERBERT FP            1510 OAK CREEK DR 303 PALO ALTO CA 94304            ROWLEY MD, RICHARD S OPH            505 SHELBOURNE HAVERTOWN PA 19083            ROWMAN MD, LEO FP            211 E WYOMING AVE PHILADELPHIA PA 19120            ROXBY JR MD, JOHN B D            215 VASSAR AVE SWARTHMORE PA 19081            ROXBY MD, BRUCE S IM            TEMPLE U HLTH SVS PHILADELPHIA PA 19122            ROY MD, ROBT H R            51 N 39TH ST PHILADELPHIA PA 19104            RUBIN MD, ALAN OBG            1905 SPRUCE ST PHILADELPHIA PA 19103            RUBIN MD, HARRY FP            1114 S PARK TOWNE PL PHILADELPHIA PA 19130            RUBIN MD, I EDWARD OPH            255 S 17TH ST SUITE 150 PHILADELPHIA PA 19103            RUBIN MD, JEROME J FP            1332 DEVEREAUX AVE PHILADELPHIA PA 19111            RUBIN MD, MARC R IM            602 WASHINGTON SQ SO PHILADELPHIA PA 19106            RUBIN MD, S BRUCE OBG            2311 COTMAN AVE PHILADELPHIA PA 19144            RUBINSTEIN MD, PERCY M FP            4045 BALTIMORE AVE PHILADELPHIA PA 19104            RUDMAN MD, I ELLIS IM            7300 GERMANTOWN AVE PHILADELPHIA PA 19119            RUDNICK MD, HERMAN D P            6806 CASTOR AVE PHILADELPHIA PA 19149            RUDOLPH MD, JOS P            270 WILTSHIRE PHILADELPHIA PA 19151            RUETSCHLIN MD, JAMES H FP            5150 LEIPER ST PHILADELPHIA PA 19124            RUGART MD, KARL F OBG            811 SPRUCE ST PHILADELPHIA PA 19107            RUGEL MD, STANLEY J FP            700 W ROOSEVELT BLVD PHILADELPHIA PA 19140            RUNK MD, LORENZO N            2301 S BROAD ST PHILADELPHIA PA 19148            RUPP MD, JOS J IM            1025 WALNUT ST PHILADELPHIA PA 19107            RUSH MD, ALEXANDER IM            210 W WASHINGTON SQ PHILADELPHIA PA 19106            RUSH MD, IRVING A OTO            C 410 PRESIDENTIAL APTS PHILADELPHIA PA 19131            RUTBERG MD, FRANKLIN L OTO            20 CONSHOHOCKEN RD BALA CYNWYD PA 19004            RUTBERG MD, JACK IM            61 HIGHLAND AVE MIDDLETOWN NY 10940            RUTTENBERG DO, NORMAN R            2231 N STONERIDGE LN VILLANOVA PA 19085            RUTTENBERG MD, BERTRAM A P            315 BERKELEY RD MERION PA 19066            RUTTER MD, WM A P            425 WISTER RD WYNNWOOD PA 19096         </p>	<p>           RYAN MD, CHARLES S IM            1608 WALNUT ST PHILADELPHIA PA 19103            RYAN MD, DELLA M FP            237 WASHINGTON ST HAVERTOWN PA 19083            RYAN MD, HELEN M US            B-308 CEDARBROOK HILL WYNCOTE PA 19095            RYAN MD, JAMES J P            PRESIDENTIAL APT D120 PHILADELPHIA PA 19131            RYNES MD, SAML E IM            334 S 21ST ST PHILADELPHIA PA 19103            SABANAYAGAM MD, PONNAMPALAM TS            230 N BROAD ST PHILADELPHIA PA 19102            SACHS MD, MARVIN L IM            3400 SPRUCE ST PHILADELPHIA PA 19104            SACKETT MD, CHAS F IM            EPISCOPAL HOSPITAL PHILADELPHIA PA 19125            SACKNEY MD, MAURICE S IM            8350 ROOSEVELT BLVD PHILADELPHIA PA 19152            SACKS MD, CHAS L GS            118 ROYAL AVE WYNCOTE PA 19095            SADWIN MD, ARNOLD P            275 S 19TH ST PHILADELPHIA PA 19103            SAGER MD, ETHEL P            CARRIER CLINIC BOX 147 BELLE MEAD NJ 08502            SALA MD, LUIS E GS            PA HOSP 8TH &amp; SPRUCE PHILADELPHIA PA 19107            SALAK MD, WASLY W GS            5205 N BROAD ST PHILADELPHIA PA 19141            SALAMA MD, RAMSIS H PM            515 W CHELTEN AVE APT20 PHILADELPHIA PA 19144            SALANON MD, PAUL FP            25 CENTRAL AVE CHELTENHAM PA 19012            SALEH MD, AHMED N PTH            6301 HARDIN RD CORNWELLS HTS PA 19020            SALEM MD, ANTHONY W ORS            1 FAIRWAY PLAZA STE 201 HUNTINGDON VLY PA 190            SALES MD, IRVING J FP            237 OLD LANCASTER RD BALA-CYNWYD PA 19004            SALES MD, PHOENIX M OBG            783 LILAC DR ROYAL PALM BCH FL 33411            SALNER MD, NATHAN P R            6812 CASTOR AVE PHILADELPHIA PA 19149            SALVO MD, PAUL J FP            1830 S BROAD ST PHILADELPHIA PA 19145            SAMITZ MD, M HARRISS D            1715 PINE ST PHILADELPHIA PA 19103            SAMPATHACHAR MD, KAKKADASAM R AN            400 GYPSY LANE #617 PHILADELPHIA PA 19144            SAMPSON MD, DAVID A R            100 CHURCH RD ARDMORE PA 19003            SAMPSON MD, WM C FP            6824 QUINCY ST PHILADELPHIA PA 19119            SAMSON MD, BIENVENIDO T GS            FOX CHASE MED CTR PHILADELPHIA PA 19111            SAMUELS MD, SIDNEY S OTO            704 FOXCROFT SQ APTS JENKINTOWN PA 19046            SANDERS MD, FRANCIS A FP            5912 RIDGE AVE PHILADELPHIA PA 19128            SANDO MD, RALPH S OPH            BOX 610 HAVERTOWN PA 19083            SANTILLI MD, THOS F IM            3200 COTMAN AVE PHILADELPHIA PA 19149            SANTOYO-STEIN MD, MARIA C AN            410 W 10TH AVE COLUMBUS OH 43210            SARAGOVIC MD, ARMAND A R            3882 CONSHOHOCKEN AVE PHILADELPHIA PA 19131            SARIN MD, LOV K OPH            LANCASTER &amp; CITY LINE A PHILADELPHIA PA 1915            SARMIENTO HERRERA MD, LORELITA S AN            1904 COUNTRY CLUB CT CHERRY HILL NJ 08003            SARSHIK MD, MILTON PD            527 FOXCROFT SQ APTS JENKINTOWN PA 19046            SASTRY MD, DASIKI M TS            8116 BUS TELON AVE PHILADELPHIA PA 19152            SATALOFF MD, JOSEPH OTO            26 OVERHILL RD CYNWYD PA 19004            SATINSKY MD, JONATHAN D IM            LANKENAU MED BLDG PHILADELPHIA PA 19151            SATINSKY MD, VICTOR P IM            230 N BROAD ST PHILADELPHIA PA 19102            SATILARO MD, ANTHONY J AN            1919 CHESTNUT ST APT270 PHILADELPHIA PA 1910            SAUCO MD, M CONCEPCION OBG            ANDORRA SHOPPING CTR PHILADELPHIA PA 19128            SAUL MD, LEON J P            275 HIGHLAND AVE MEDIA PA 19063            SAUL MD, RICHARD B P            427 OLD GULPH RD NARBERTH PA 19072            SAVACOOOL MD, JACOB W IM            146 W TULPEHOCKEN ST PHILADELPHIA PA 19144            SAVINO MD, PETER J OPH            1803 HOPKINSON HOUSE PHILADELPHIA PA 19106            SAYEN MD, JOHN J IM            3600 SPRUCE ST PHILADELPHIA PA 19104            SCARF MD, MAXWELL IM            1919 CHESTNUT ST PHILADELPHIA PA 19103            SCARPA MD, HARRY C IM            1186 E PHIL ELLENA PHILADELPHIA PA 19150            SCHAEFFER MD, FRANCES C OBG            2108 PENNA AVE FT WASHINGTON PA 19034            SCHAFFER MD, BURTON R            PARTOWNE APT W-1405 PHILADELPHIA PA 19130            SCHAFFER MD, DAVID B PD            1 CHILDRENS CT PHILADELPHIA PA 19104            SCHAFFER MD, DAVID W AN            NAZARETH HOSP PHILADELPHIA PA 19152            SCHAFFZIN MD, LAWRENCE US            5001 FRANKFORD AVE PHILADELPHIA PA 19124            SCHALLER MD, ABRAHAM L FP            5331 LEBANON AVE PHILADELPHIA PA 19131            SCHALLER MD, JAMES A OBG            8001 ROOSEVELT BLVD 204 PHILADELPHIA PA 1915            SCHAMBERG MD, IRA L D            ELKINS PARK HOUSE ELKINS PARK PA 19117            SCHATZ MD, NORMAN J N            130 S 9TH ST PHILADELPHIA PA 19107         </p>
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## PHILADELPHIA

EMER MD, R SCOTT		SCHWARZ MD, GABRIEL A	N	SHAW JR MD, DANL L	US
HERITAGE LN VALLEY FORGE PA 19481		3001 B GARRETT RD DREXELHILL PA 19026		702 KNOX RD VILLANOVA PA 19085	
SCHIELE MD, HAROLD G	OPH	SCHWARZ MD, HENRY P	PTH	SHAW MD, RALPH A	IM
51 N 39TH ST PHILADELPHIA PA 19104		226 W RITTENHOUSE SQ PHILADELPHIA PA 19103		HAHNEMANN HOSP PHILADELPHIA PA 19102	
SCHENCK MD, HARRY P	OTO	SCHWARZSCHILD MD, WALTER	OS	SHAWLAK MD, PAUL D	OPH
1235 WYNGATE ROAD WYNNWOOD PA 19096		PENN MUTUAL 6TH & WALNU PHILADELPHIA PA 19172		6751 AKRON ST PHILADELPHIA PA 19149	
SCHERER MD, HENRY	IM	SCHWEGMAN MD, CLETUS W	GS	SHEA MD, FRANCIS J	R
28 LEVERING CIRCLE BALA CYNWYD PA 19004		3400 SPRUCE ST PHILADELPHIA PA 19104		3401 N BROAD ST PHILADELPHIA PA 19140	
SCHIELE MD, HERBERT	P	SCOTT MD, EARL S	PRM	SHEARBURN MD, EDWIN W	GS
1640 PINE ST PHILADELPHIA PA 19103		3018 MARKET ST PHILADELPHIA PA 19104		306 LANKENAU MED BLDG PHILADELPHIA PA 19151	
SCHIFALACQUA MD, PHILIP A	OTO	SCOTT MD, HENRY	FP	SHECHTER MD, FREDERICK R	IM
474 KENWOOD RD DREXEL HILL PA 19026		1727 W ERIE AVE PHILADELPHIA PA 19140		NO 2 DECKER SQ 1-L-40 BALA CYNWYD PA 19004	
SCHILLER MD, HERBERT M	FP	SCOTT MD, JOHN P	PD	SHEER MD, GEORGE W	R
311 HAWS LANE PHILADELPHIA PA 19118		737 S LATCHES LANE MERION STA PA 19066		327 N WASH AVE 201-6 SCRANTON PA 18503	
SCHIMERT MD, ARND P	R	SCOTT MD, MICHAEL	NS	SHEETS MD, EVERETT O	FP
2 BALA CYNWYD PLZA IL 4 BALA CYNWYD PA 19004		3401 N BROAD ST PHILADELPHIA PA 19140		3158 COTTMAN AVE PHILADELPHIA PA 19149	
SCHIMMEL MD, NELSON H	IM	SEBOK MD, MARIANNE	IM	SHELLEY MD, WALTER B	D
196 RENSSELAER RD ESSEX FALLS NJ 07021		7902 KNOX RD PHILADELPHIA PA 19118		3400 SPRUCE ST PHILADELPHIA PA 19104	
SCHLAFF MD, SHELDON	IM	SEGAL MD, ASHER	FP	SHENKIN MD, HENRY A	NS
211 EDGEHILL RD MERION STA PA 19066		6161 CHESTNUT ST PHILADELPHIA PA 19139		265 ST JOSEPHS WAY PHILADELPHIA PA 19106	
SCHLAFF MD, ZACKERY	IM	SEGAL MD, BERNARD L	IM	SHERMAN MD, BRUCE P	R
6737 HARBINSON AVE PHILADELPHIA PA 19149		1320 RACE ST PHILADELPHIA PA 19107		1413 REDWOOD LN WYNCOTE PA 19095	
SCHLEIFER MD, CHARLES R	IM	SEGAL MD, HYMAN I	IM	SHERMAN MD, M JACKSON	FP
LANKENAU HOSP PHILADELPHIA PA 19151		4 E OVERHILL RD BALA CYNWYD PA 19004		904 MARKET ST MARCUS HOOK PA 19061	
SCHLESS MD, GUY L	IM	SEGAL MD, LOUIS	FP	SHERRY MD, SOL	IM
829 SPRUCE ST PHILADELPHIA PA 19107		3031 SEDGWICK ST NW 104 WASHINGTON DC 20008		3400 N BROAD ST PHILADELPHIA PA 19140	
SCHLESSEL MD, RICHARD B	P	SEGIN MD, ROBT S		SHIELDS JR MD, RICHARD A	FP
7701 DORCAS ST PHILADELPHIA PA 19111		9795 VERRER RD PHILADELPHIA PA 19115		371 GREEN LANE PHILADELPHIA PA 19128	
SCHLEZINGER MD, NATHAN S	N	SEIDEL MD, RAYMOND E	FP	SHIELDS MD, JERRY A	OPH
130 S 9TH ST PHILADELPHIA PA 19107		1801 PORTER ST PHILADELPHIA PA 19145		1601 SPRING GARDEN ST PHILADELPHIA PA 19130	
SCHLOSSER MD, WOODROW D	OTO	SEIDEN MD, JOS A	FP	SHIGEOKA MD, EDWARD H	GS
2401 PENNA AVE PHILADELPHIA PA 19130		PARK TOWN W-1611 BF PKW PHILADELPHIA PA 19130		1648 DILLON RD MAPLE GLEN PA 19002	
SCHMAIER MD, ALVIN H	IM	SEIFERT MD, GEO L	OBG	SHIN MD, GRACE E	AN
320 S 2ND ST PHILADELPHIA PA 19106		325 TENNIS AVE ANDALUSIA PA 19020		2042 HORACE AVE ABINGTON PA 19001	
SCHMIDT JR MD, ERWIN R	ORS	SEITCHIK MD, MURRAY A	PS	SHINNICK DO, JAMES P	IM
3400 SPRUCE ST PHILADELPHIA PA 19104		1335 TABOR RD 106 PHILADELPHIA PA 19141		HAHNEMANN MED COLLEGE PHILADELPHIA PA 19102	
SCHMITT MD, ALBRECHT	OBG	SELHAT MD, JORJ F	OS	SHIREY MD, ELAINE D	AN
STAFFORD HOUSE STE 118 PHILADELPHIA PA 19144		210 HUNTINGDON PARK PHILADELPHIA PA 19111		510 WILLIAMS RD WYNNWOOD PA 19096	
SCHMUKLER DO, ANITA G	P	SELICKMAN MD, MITCHELL A	FP	SHLANSKY MD, ELLIOTT	IM
203 SYCAMORE AVE MERION STA PA 19066		1320 SOMERVILLE AVE PHILADELPHIA PA 19141		302 S 19TH ST PHILADELPHIA PA 19103	
SCHNALL MD, CHAS	IM	SELLERS MD, ALFRED M	IM	SHLOMCHIK MD, SEYMOUR	ORS
7516 CITY LINE AVE PHILADELPHIA PA 19151		718 ARLINGTON RD NAMBERTH PA 19072		8509 BUSTLETON AVE PHILADELPHIA PA 19152	
SCHNALL MD, DAVID J	PD	SELTZER MD, ALBERT P	OTO	SHMOKLER MD, LEON	FP
3896 PINE ST HUNTINGDON VLY PA 19006		2104 SPRUCE ST PHILADELPHIA PA 19103		7201 LARGE ST PHILADELPHIA PA 19149	
SCHNALL MD, NATHAN	OBG	SELTZER MD, BENJ	OPH	SHOBER MD, JOHN J	FP
7310 CASTOR AVE PHILADELPHIA PA 19152		193 W CHEW ST PHILADELPHIA PA 19120		132 BETHLEHEM PIKE PHILADELPHIA PA 19118	
SCHNAUFER MD, LOUISE	PD	SELTZER MD, MAURICE	FP	SHORE DO, ERIC E	FP
CHILDRENS HOSP PHILADELPHIA PA 19104		2020 E RHAWN ST PHILADELPHIA PA 19152		7516 CITY AVE STE 5 PHILADELPHIA PA 19151	
SCHNEEBERG MD, ARTHUR L	U	SEMBROT MD, WM B	IM	SHORE MD, SEYMOUR M	IM
SUITE 202 1335 TABOR RD PHILADELPHIA PA 19141		6725 RIDGE AVE PHILADELPHIA PA 19128		834 E UPSAL ST PHILADELPHIA PA 19119	
SCHNEEBERG MD, J MYRON	U	SEMICHS 3RD MD, CHAS W	US	SHOUP MD, GEO D	U
SUITE 202 1335 TABOR RD PHILADELPHIA PA 19141		1010 ELDORADO AVE CLEARWATER BCH FL 33515		121 W WALNUT LANE PHILADELPHIA PA 19144	
SCHNEEBERG MD, NORMAN G	IM	SENA MD, FRANK W	AN	SHRAGER MD, JOS D	D
191 PRES BLVD STE					



PHILADELPHIA

SIMMONS MD, VAUGHAN P	PRM	SOMMARIPA MD, AMORY M	IM	STEINBERG MD, NATHAN	FP
904 CLINTON ST PHILADELPHIA PA 19107		717 BETHLEHEM PIKE PHILADELPHIA PA 19118		745 S 3RD ST PHILADELPHIA PA 19147	
SIMON MD, JOS M	FP	SOMMER MD, MAX J	FP	STEINBERG MD, SAML	FP
211 ROYAL POINCIANA WAY PALM BEACH FL 33480		1015 PORTER ST PHILADELPHIA PA 19148		713 FOXCROFT SQ APTS JENKINTOWN PA 19046	
SIMON MD, WM H	ORS	SONES MD, MAURICE	IM	STEINBERG MD, STANFORD M	IM
1936 SPRUCE ST PHILADELPHIA PA 19103		7056 GERMANTOWN AVE PHILADELPHIA PA 19119		2206 DELANCEY ST PHILADELPHIA PA 19103	
SIMONS MD, HOWARD M	D	SONG MD, MICHAELA C	AN	STEINBERG MD, STANLEY B	R
314 MARVIN RD ELKINS PARK PA 19117		8100 FENTON RD LAVEROCK PA 19118		406 ACADEMY CIRCLE MERION STA PA 19066	
SIMPSON MD, JOS M	FP	SONG MD, YUNG-DOO	IM	STEINGARD MD, JOS J	FP
2391 HICKORY RD PLYMOUTH MTNG PA 19462		8100 FENTON ST LAVEROCK PA 19118		2601 S 12TH ST PHILADELPHIA PA 19148	
SINGER MD, IRVIN	FP	SONI MD, VINEY	IM	STEINMETZ 3R MD, CHAS G	OPH
6190 RISING SUN AVE PHILADELPHIA PA 19111		314 COTTMAN ST JENKINTOWN PA 19046		4606 SPRUCE ST PHILADELPHIA PA 19139	
SINGH MD, GURCHARAN	P	SONNE MD, JOHN C	P	STEMMLER MD, EDWARD J	IM
11TH ST & TABOR RD PHILADELPHIA PA 19141		214 W MAIN ST MOORESTOWN NJ 08057		UNIV OF PA SCH OF MED PHILADELPHIA PA 19174	
SINHA MD, RAMANANDA	PM	SONNEBORN MD, DUANE G	IM	STEPHENSON MD, RUTH	US
AEMC N YORK & TABOR RD PHILADELPHIA PA 19141		1425 BEECH AVE PHILADELPHIA PA 19126		CEADAR PT BLDG106 APT 9 STUART FL 33494	
SIRKEN MD, JOS G	OTO	SOOHO MD, ALAN M	P	STEPPACHER MD, LESTER G	GS
1930 CHESTNUT ST STE 40 PHILADELPHIA PA 19103		C314 774 PROVIDENCE RD ALDAN PA 19108		155 WILLOW DR LEVITTOWN PA 19054	
SVITIZ MD, FRANK H	OBG	SOSETT MD, JEFFREY S	FP	STEPPACHER MD, ROBT C	P
1335 TABOR RD PHILADELPHIA PA 19141		921 BRIARWOOD APTS CORNWELLS HGTS PA 19020		EASTERN PA PSY INST PHILADELPHIA PA 19129	
SVITIZ MD, JAY M	OBG	SOSS DO, MURRAY C	FP	STERLING MD, MARY P	FP
1335 TABOR ROAD PHILADELPHIA PA 19141		7600 WOODBINE AVE PHILADELPHIA PA 19151		4237 BALTIMORE AVE PHILADELPHIA PA 19104	
SVITIZ MD, MARTA E	OPH	SOULEN MD, RENATE L	R	STERN MD, ALAN L	FP
2301 N BROAD ST PHILADELPHIA PA 19148		514 WOODBINE AVE NARBERTH PA 19072		636 PINE ST PHILADELPHIA PA 19107	
SKLAROFF MD, DAVID M	R	SOUHERAI MD, SIMON	PTH	STERN MD, BERTHOLD M	FP
5500 OLD YORK RD PHILADELPHIA PA 19141		WEST JERSEY HOSP CAMDEN NJ 08101		6400 N PARK AVE PHILADELPHIA PA 19126	
SKROMA MD, STANLEY J	IM	SOUTHARD MD, MARTHA E	R	STERN MD, JOAN G	P
5108 TORRESDALE AVE PHILADELPHIA PA 19124		JEFFERSON MED COLL HOSP PHILADELPHIA PA 19107		6100 HENRY AVE PHILADELPHIA PA 19128	
SKVERSKY MD, NORMAN J	IM	SOVETSKY DO, CHARLES L	R	STERN MD, LILLIAN M	R
6810 CASTOR AVE PHILADELPHIA PA 19149		904 SENSOR RD YARDLY PA 19067		1134 WOODBINE AVE NARBERTH PA 19072	
SLAP MD, JOS M	P	SPEATH MD, GEO L	OPH	STERN MD, GWEN K	OPH
533 HEATH RD MERION PA 19066		1601 SPRING GARDEN ST PHILADELPHIA PA 19130		LATCHES LANE APT 615 MERION PA 19066	
SLAVIN MD, JAMES W	PS	SPEATH MD, PHILIP C	OPH	STEVENS JR MD, JOHN M	P
8001 ROOSEVELT BLVD 203 PHILADELPHIA PA 19152		1930 CHESTNUT ST PHILADELPHIA PA 19103		111 N 49TH ST PHILADELPHIA PA 19139	
SLIPYAN MD, PHILIP	OBG	SPAGNA MD, PASCHAL M	TS	STEVENS MD, LLOYD M	GS
9E COR 13TH WALNUT 100 PHILADELPHIA PA 19107		EPISCOPAL HOSP PHILADELPHIA PA 19125		3910 POWELTON AVE PHILADELPHIA PA 19104	
SLOANE MD, HENRY O	OPH	SPARK MD, ISADORE	P	STEWART DDS, JAMES D	OS
2401 PENNA AVE 2824 PHILADELPHIA PA 19130		7810 OLD YORK RD PHILADELPHIA PA 19117		SJ MED CTR RT 70 E GATE CHERRY HILL N J 08034	
SLOANE MD, NORMAN G	IM	SPARKMAN JR MD, THORNE	IM	STEWART MD, WAYNE	PRM
255 S 17TH ST PHILADELPHIA PA 19103		251 MALONEY BLDG HOSP U PHILADELPHIA PA 19104		530 E SWEDSFORD RD 344 WAYNE PA 19087	
SLOANE MD, PAUL	P	SPECTER MD, JACOB	GS	STEWART MD, WM P	FP
3 GRAPEVINE RD GLOUCESTER MA 01930		5601 N BROAD ST PHILADELPHIA PA 19141		1038 BRIDGE ST PHILADELPHIA PA 19124	
SLOTTICK MD, VICTOR B	OS	SPECTOR MD, MARTIN	OTO	STIFFEL MD, ARTHUR	GS
312 MELROSE RD MERION PA 19066		2136 LOCUST ST PHILADELPHIA PA 19103		1107 E ERIE AVE PHILADELPHIA PA 19124	
SMALLWOOD MD, JOHN T	IM	SPELLER MD, J FINTON	U	STIFFEL MD, JERRY	GS
885 N EASTON RD #181 GLENSIDE PA 19038		245 N BROAD ST SUITE 30 PHILADELPHIA PA 19107		GERMANTOWN HSP MED OFF 8D PHILADELPHIA PA 19144	
SMITH JR MD, EDGAR C	FP	SPIEGEL MD, ERNEST A	N	STOLOFF MD, IRWIN L	IM
537 S 46TH ST PHILADELPHIA PA 19143		6807 LAWNTON AVE PHILADELPHIA PA 19126		130 S 9TH ST STE 1520 PHILADELPHIA PA 19107	
SMITH MD, A MITCHELL	IM	SPITZ MD, EUGENE B	NS	STONER MD, EMERY K	PM
1521 LOCUST ST PHILADELPHIA PA 19102		32 S MORTON AVE MORTON PA 19070		BOX 940 A JARVIS RD SICKLERVILLE NJ 08081	
SMITH MD, ARTHUR E	IM	SPITZ MD, LAWRENCE K	IM	STOREY MD, PATRICK B	IM
419 S 19TH ST PHILADELPHIA PA 19146		HEALTH EVAL CTR U OF PA PHILADELPHIA PA 19104		SCHOOL OF MED RM 235 G- PHILADELPHIA PA 19174	
SMITH MD, AUSTIN T	OTO	SPITZER MD, STANLEY	IM	STOTE MD, ROBT M	IM
382 LAKESIDE RD WYNNWOOD PA 19096		1333 RACE ST PHILADELPHIA PA 19107		51 N 39TH ST PHILADELPHIA PA 19104	
SMITH MD, DAVID S	PD	SPLENDIDO MD, JOS A	IM	STRANG MD, JOHN E	IM
4012 PRIMROSE RD PHILADELPHIA PA 19114		608 M CLIVEDEN ST PHILADELPHIA PA 19119		864 COUNTY LINE RD BRYN MAWR PA 19010	
SMITH MD, GLEN T	IM	SPRAQUE MD, GEO S	P	STRATTON MD, HENRY A	FP
2651 LENAPE RD PHILADELPHIA PA 19131		2200 BEN FRANKLIN PKWY PHILADELPHIA PA 19130		1706 W DIAMOND ST PHILADELPHIA PA 19121	
SMITH MD, J SHEPARD	OPH	SPRATT DO, DAVID M	FP	STRAUS MD, JOS F	FP
7600 STENTON AVE #60 PHILADELPHIA PA 19118		10101 ACADEMY RD PHILADELPHIA PA 19114		7848 MONTGOMERY AVE ELKINS PARK PA 19117	
SMITH MD, JAMES M	IM	SROUJ MD, MAURICE N	GS	STRAMITZ MD, JOS G	GS
12 S FRANKLIN ST LAMBERTVILLE NJ 08530		CHILDRENS HOSP PHILADELPHIA PA 19104		CENTRAL & SHELWIRE PHILADELPHIA PA 19111	
SMITH MD, KAIGHN	OBG	STAAS JR MD, WILLIAM E	PM	STRAX MD, THOS E	PM
LANKENAU MED BLDG ST 41 PHILADELPHIA PA 19151		323 MIMOS, DR CHERRY HILL N J 08034		7703 CHAPEL RD PHILADELPHIA PA 19141	
SMITH MD, LAUREN H	P	STACK MD, WM T	IM	STRENGE MD, HENRY J	AN
349 MILLBANK RD BRYN MAWR PA 19010		900 E WESTMORELAND PHILADELPHIA PA 19134		3401 N BROAD ST PHILADELPHIA PA 19140	
SMITH MD, ORA R	P	STAHLGREN MD, LEROY H	GS	STRICKLAND MD, S CLYDE	IM
638 PANAMA ST PHILADELPHIA PA 19106		EPISCOPAL HOSP PHILADELPHIA PA 19125		7 PRINCETON RD WAYNE PA 19087	
SMUKLER MD, NATHAN M	IM	STANTON JR MD, JOHN J	FP	STRIMEL JR MD, WILLIAM H	PTH
7810 LINDEN RD PHILADELPHIA PA 19118		1522 W LINDLEY AVE PHILADELPHIA PA 19141		GERMANTOWN HOSPITAL PHILADELPHIA PA 19144	
MULLENS MD, STANTON N	TS	STANTON MD, ROBT M	P	STRITTMATTER MD, ISIDOR T	FP
130 S 9TH ST STE 1930 PHILADELPHIA PA 19107		1601 WALNUT ST PHILADELPHIA PA 19103		909 N 6TH ST PHILADELPHIA PA 19123	
SNOW JR MD, JAMES B	OTO	STAROSCIK MD, RUDOLF N	GS	STRONG DO, FRANKLIN D	IM
3400 SPRUCE ST PHILADELPHIA PA 19104		135 FISHER RD JENKINTOWN PA 19046		7400 HAVERFORD AVE APT0 PHILADELPHIA PA 19151	
SNYDER MD, DAVID A	FP	STARR MD, ISAAC	IM	STRONG III MD, MICHAEL D	TS
3743 LANKENAU RD PHILADELPHIA PA 19131		505 CRESHEIM VLY RD PHILADELPHIA PA 19118		TEMPLE HEALTH SCI CTR PHILADELPHIA PA 19140	
SNYDER MD, DEWEY A	FP	STARRELS MD, MICHAEL E	OPH	STRONG MD, GEO H	U
530 FOLCROFT AVE FOLCROFT PA 19032		ONE ABINGTON PLAZA #204 JENKINTOWN PA 19046		255 S 17TH ST PHILADELPHIA PA 19103	
SNYDER MD, KERMAN	FP	STARRELS MD, SIDNEY H	P	STROUP MD, GOODELL	FP
5949 PINE ST PHILADELPHIA PA 19143		6309 VENTNOR AVE VENTNOR N J 08406		825 DOVER RD PHILADELPHIA PA 19151	
SNYDMAN MD, LEONARD	FP	STARUNKO MD, BASILIO	AN	STUBBS MD, G WINSTON	OPH
2134 N MANCOCK ST PHILADELPHIA PA 19122		1727 SHERWOOD CIRCLE VILLANOVA PA 19085		530 E MT AIRY AVE PHILADELPHIA PA 19119	
SODEMAN MD, WILLIAM A	IM	STAUB MD, ALICE W	IM	STUDDIFORD MD, JAMES S	IM
4049 W BRANDCROFT ST TOLEDO OH 43606		7301 SHELBOURNE ST PHILADELPHIA PA 19111		717 BETHLEHEM PK PHILADELPHIA PA 19118	
SOPPE MD, ALVIN H	IM	STAYMAN JR MD, JOS M	GS	STUPNIKER MD, SONIA	FP
1930 CHESTNUT ST PHILADELPHIA PA 19103		8815 GERMANTOWN AVE PHILADELPHIA PA 19118		STE 103 TABOR RD PRK AV PHILADELPHIA PA 19141	
SOPFER MD, MARVIN	FP	STEIKER MD, DANL D	PD	STURGIS MD, KATHARINE R	IM
P O BOX 14326 PHILADELPHIA PA 19115		1939 CHELTENHAM AVE PHILADELPHIA PA 19117		349 NISTER RD WYNNWOOD PA 19096	
SOKALCHUK MD, ANDREW	IM	STEIN MD, BERNARD B	FP	STURTEVANT MD, CHARLES N	FP
11410 BUSTLETON AVE PHILADELPHIA PA 19116		2065 N 63RD ST PHILADELPHIA PA 19151		35 TALBOT ROAD BRAINTREE MA 02184	
SOKOLOFF MD, MARTIN J	IM	STEIN MD, FRANKLIN M	FP	STUTMAN MD, FRED A	FP
310 S 16TH ST PHILADELPHIA PA 19102		9300 FRANKFORD AVE PHILADELPHIA PA 19114		3501 NEWBERRY RD PHILADELPHIA PA 19154	
SOLI MD, SOLEIMAN M	OBG	STEIN MD, GEO N	R	SU MD, CHAO C	AN
12200 ACADEMY RD PHILADELPHIA PA 19154		544 HOWE RD MERION STA PA 19066		8835 GERMANTOWN AVE PHILADELPHIA PA 19118	
SOLIMAN MD, MANAL D	GS	STEIN MD, HERBERT	ORS	SUANLARM MD, CHINTANA	IM
FINSTERRE APTS V-182 LINDENHOLD N J 08021		10101 ACADEMY RD PHILADELPHIA PA 19114		938 MEADOWBROOK DR HUNTINGDN VLY PA 19006	
SOLISH MD, LAWRENCE	U	STEIN MD, HYMEN D	GS	SUOHERAKRAILAS MD, WITDON	OBG
1335 TABOR RD PHILADELPHIA PA 19141		1680 HUNTINGDON PK 206 HUNTINGDN VLY PA 19006		MED COLL OF PA DEPT OBG PHILADELPHIA PA 19129	
SOLIT MD, ROBT M	GS	STEIN MD, IRVIN	ORS	SUFIAN MD, SHEKEEB	GS
130 S 9TH ST PHILADELPHIA PA 19107		1936 SPRUCE ST PHILADELPHIA PA 19103		230 N BROAD ST PHILADELPHIA PA 19102	
SOLL MD, DAVID B	OPH	STEIN MD, MARTIN	FP	SUGARMAN MD, SAML	IM
5001 FRANKFORD AVE PHILADELPHIA PA 19124		629 PINE ST PHILADELPHIA PA 19106		2114 SPRUCE ST PHILADELPHIA PA 19103	
SOLNICK MD, PAUL B	IM	STEIN MD, NATALIO	AN	SUGIURA MD, HENRY T	PTH
1900 SPRUCE ST PHILADELPHIA PA 19103		METHODIST HOSP - ANES PHILADELPHIA PA 19148		PRESBYTERIAN HOSP PHILADELPHIA PA 19104	
SOLOMON MD, JACK L	P	STEIN MD, RAYMOND O	ORS	SUGIURA MD, SUMIKO M	FP
1500 FLATROCK RD NARBERTH PA 19072		269 S 19TH ST PHILADELPHIA PA 19103		R D 2 PHOENIXVILLE PA 19460	
SOLOW MD, EDWARD A	IM	STEIN MD, SAML C	IM	SULLIVAN MD, WM H	FP
5250 VALLEY FORGE DR 21 ALEXANDRIA VA 22304		1919 CHESTNUT ST #1207 PHILADELPHIA PA 19103		17 N 57TH ST PHILADELPHIA PA 19139	
SOLTROFF MD, JACK G	FP	STEIN MD, SEYMOUR	OBG	SULTZ DO, MARVIN E	US
3133 KENSINGTON AVE PHILADELPHIA PA 19134		220 S 16TH ST 11TH FL PHILADELPHIA PA 19102		3131 FRANKFORD AVE PHILADELPHIA PA 19134	
SOMERS MD, HERBERT J	OBG	STEINBERG DO, FRANK	PD	SUNDERMAN MD, F WILLIAM	PTH
1307 W TABOR RD PHILADELPHIA PA 19141		8236 GERMANTOWN AVE PHILADELPHIA PA 19118		1833 DELANCEY PL PHILADELPHIA PA 19103	
SOMERS MD, LAURENCE A	GS	STEINBERG MD, ARTHUR	IM	SURYANARAYANA MD, B V	IM
10 ANDORRA HILL LAFAYETTE HL PA 19444		2132 DELANCEY PL PHILADELPHIA PA 19103		33 E CHESTNUT HILL AVE PHILADELPHIA PA 19118	
SOMERS MD, ROBT G	GS	STEINBERG MD, MARVIN E	ORS	SUSSMAN MD, MARCEL S	OBG
1335 49 W TABOR ROAD PHILADELPHIA PA 19141		HOSP UNIV OF PA PHILADELPHIA PA 19104		1919 CHESTNUT ST PHILADELPHIA PA 19103	



SUTNICK MD, ALTON I IM  
2135 ST JAMES PL PHILADELPHIA PA 19103 N  
SWAMI MD, R KUMAR N  
750 GERMANTOWN PIKE LAFAYETTE HL PA 19444  
SWARTZ MD, CHAS D IM  
HAHNEMANN HOSP PHILADELPHIA PA 19102  
SYLVESTER MD, HANS M FP  
6600 RISING SUN AVE PHILADELPHIA PA 19111  
SYMS MD, CHAS A IM  
1246 E CHELTONHAM AVE PHILADELPHIA PA 19124  
SZAL MD, JOS J OBG  
3457 ENGLEWOOD ST PHILADELPHIA PA 19149  
SZAYNA MD, STANLEY FP  
2101 SHELMIER AVE PHILADELPHIA PA 19152  
TACHDJIAN MD, VAHAKEN IM  
1147 MORRIS RD WYNNWOOD PA 19096  
TAEFFNER MD, JOHN H N  
APT E 4 259 W JOHNSON S PHILADELPHIA PA 19144  
TAGGART MD, HAROLD A US  
ROSEMONT PLAZA APT 522 ROSEMONT PA 19010  
TAKEDA MD, HISAO PTH  
344 VALLEY RD MERION PA 19066  
TALBOT JR MD, TIMOTHY R IM  
7701 BURHOLME AVE PHILADELPHIA PA 19111  
ALSANIA MD, SURYAKANT J GS  
5555 NISSAHICKON AVE PHILADELPHIA PA 19144  
TAN MD, MYRNA M AN  
541-C1 BELLS CT ANDALUSIA PA 19020  
TANCOR MD, BENITO OBG  
7996 OXFORD AVE PHILADELPHIA PA 19111  
TANNENBAUM MD, PHILIP J IM  
1500 SPRING GARDEN ST PHILADELPHIA PA 19130  
TARROW MD, ARTHUR B AN  
1025 WALNUT ST PHILADELPHIA PA 19107  
TASMAN MD, WM S OPH  
187 E EVERGREEN AVE PHILADELPHIA PA 19118  
TAUBER MD, ROBERT OBG  
412 VALLEY RD HAVERTOWN PA 19083  
TAUBER MD, STANLEY A FP  
6737 HARBISON AVE PHILADELPHIA PA 19149  
TAYAO TESORO MD, ALICIA C OBG  
3300 HENRY AVE PHILADELPHIA PA 19129  
TAYLOR MD, ANN G OBG  
515 W CHELTON AV AP 150 PHILADELPHIA PA 19144  
TAYLOR MD, DANL B U  
2241 FEDERAL ST PHILADELPHIA PA 19146  
TAYLOR MD, JAMES E P  
111 N 49TH ST PHILADELPHIA PA 19139  
TEAHAN MD, ROSCOE W GS  
1606 RAVENSWOOD WAY CHERRY HILL NJ 08003  
TEMELES MD, LAWRENCE P  
111 PRESIDENTIAL BLVD BALA CYNWYD PA 19004  
TEMPLETON MD, JOHN Y GS  
130 S 9TH ST PHILADELPHIA PA 19107  
TEPLICK MD, JOS G R  
419 N STERLING RD ELKINS PARK PA 19117  
TEPLITZKY MD, ARTHUR L FP  
9225 FRANKFORD AVE PHILADELPHIA PA 19114  
TEPPER MD, MAURICE C FP  
125 MONTGOMERY AVE BALA-CYNWYD PA 19004  
TEUFEL MD, SEVERIN PTH  
1606 MT PLEASANT RD VILLANOVA PA 19085  
THEODOOS MD, PETER A IM  
1930 CHESTNUT ST PHILADELPHIA PA 19103  
THOMAS JR MD, JOHN W GS  
5900 SPRUCE ST PHILADELPHIA PA 19139  
THOMAS MD, CARMEN C D  
1930 CHESTNUT ST PHILADELPHIA PA 19103  
THOMAS MD, EUGENE L GS  
144 MOREDON RD PHILADELPHIA PA 19115  
THOMAS MD, HARRY L GS  
5555 NISSAHICKON AVE PHILADELPHIA PA 19144  
THOMPSON MD, CHAS M IM  
UNIV & WOODLAND AVES PHILADELPHIA PA 19104  
THOMAS MD, MARCEL A GS  
2308 E ALLEGHENY AVE PHILADELPHIA PA 19134  
THORNTON MD, J MONROE US  
204 CAMBRIDGE APTS PHILADELPHIA PA 19144  
THOROUGHGOOD MD, WM C PS  
245 N BROAD ST PHILADELPHIA PA 19107  
THORP MD, T RAMSEY OPH  
7014 CLEARVIEW ST PHILADELPHIA PA 19119  
THORWARTH MD, WM T R  
8835 GERMANTOWN AVE PHILADELPHIA PA 19118  
THRESHER MD, OLIVER S OBG  
5211 OXFORD AVE PHILADELPHIA PA 19124  
TICKNER MD, LOUIS FP  
4 CLINTON AVE MERCHANTVILLE NJ 08109  
TIGER MD, MELVYN E IM  
8118 OLD YORK RD ELKINS PARK PA 19117  
TILLER MD, JOHN J FP  
416 W DUNCANNON AVE PHILADELPHIA PA 19120  
TILMAN JR MD, JOS M OPH  
434 W LINDLEY AVE PHILADELPHIA PA 19120  
TIN MD, AURORA D PD  
5501 GREENE ST PHILADELPHIA PA 19144  
TINSMAN MD, J HERBERT FP  
1134 WAKELING ST PHILADELPHIA PA 19124  
IRACCHIA MD, JOS FP  
9610 FRANKFORD AVE PHILADELPHIA PA 19114  
ITTON MD, BARRY S OBG  
3300 HENRY AVE PHILADELPHIA PA 19129  
ITUS MD, LABOROE IM  
6312 CHEW AVE PHILADELPHIA PA 19138  
JOHN MD, JAMES Y OBG  
5015 SCHUYLER ST PHILADELPHIA PA 19144  
JOLIA MD, JOS U  
3400 N BROAD ST PHILADELPHIA PA 19140  
OLAND 3RD MD, JOS J ORS  
3946 GRANT AVE PHILADELPHIA PA 19114  
OLAND MD, JOSEPH C OPH  
5927 N 5TH ST PHILADELPHIA PA 19120  
OLAT MD, PRATIMA OPH  
216 N BROAD ST PHILADELPHIA PA 19102  
OLLETT MD, CHARLES A GS  
700 NE 37 OKLA CITY OK 73105  
TONDREAU MD, RODERICK L R  
523 OLD GULPH RD BRYN MAWR PA 19010  
TONG MD, SHIU Y P  
2814 CHELFIELD ST PHILADELPHIA PA 19136  
TONKONOW MD, WM IM  
7002 N 12TH ST PHILADELPHIA PA 19126  
TONSEY MD, HABIB GS  
641 WHITER RD HORSHAM PA 19044  
TOOVEY MD, EDNA W US  
3500 MOUNTAIN ST MONTREAL QUE CANADA  
TORG MD, JOS S ORS  
401 CONESTOGA RD ST DAVIDS PA 19087  
TORI MD, LEANDER P U  
1825 S BROAD ST PHILADELPHIA PA 19148  
TORNAY MD, ANTHONY S N  
179 RENNARD ST PHILADELPHIA PA 19116  
TORRES MD, VICTOR L U  
121 W WALNUT LA PHILADELPHIA PA 19144  
TOURISH MD, WM J GS  
1124 WOODMONT RD GLADWYNE PA 19035  
TOURTELLOTT MD, CHARLES D IM  
TEMPLE UNIV HOSP PHILADELPHIA PA 19140  
TOWNES MD, HOWARD E FP  
220 W COULTER ST PHILADELPHIA PA 19144  
TRATNIK MD, LEK P  
972 LAVERA LANE WARMINSTER PA 18974  
TRAUM MD, RONALD E OBG  
829 SPRUCE ST PHILADELPHIA PA 19107  
TRIBIT JR MD, CHAS B FP  
5327 LARGE ST PHILADELPHIA PA 19124  
TRIESTER MD, ARTHUR N IM  
275 S 19TH ST PHILADELPHIA PA 19103  
TROMBETTA MD, FIORE F FP  
2431 S 13TH ST PHILADELPHIA PA 19148  
TROMMER MD, PHILIP R IM  
258 S 18TH ST PHILADELPHIA PA 19103  
TRONCELLITI MD, MARIO V AN  
2142 COUNTY LINE RD ARDMORE PA 19003  
TROPEA JR MD, FRANK GS  
501 MULBERRY LA HAVERFORD PA 19041  
TROUT MD, ROBT G TS  
3910 POWELTON AVE 202 PHILADELPHIA PA 19104  
TROYAN MD, BEATRICE P OBG  
2401 PA AV APT 7C44 PHILADELPHIA PA 19130  
TRUEMAN MD, ROBT H OPH  
2101 CHESTNUT ST PHILADELPHIA PA 19103  
TRUEX MD, RAYMOND C NS  
2600 N LAWRENCE ST PHILADELPHIA PA 19133  
TRUITT JR MD, R MARSHALL IM  
6400 WISSAHICKON AVE PHILADELPHIA PA 19119  
TSE MD, ROSE L IM  
130 E LEVERING MILL RD BALA-CYNWYD PA 19004  
TUCKER MD, JOHN A OS  
230 N BROAD ST PHILADELPHIA PA 19102  
TUCKMAN MD, DAVID J D  
10890 BUSTLETON STE209 PHILADELPHIA PA 19116  
TUDDENHAM MD, WM J R  
PENNSYLVANIA HOSP PHILADELPHIA PA 19107  
TUFT MD, LOUIS IM  
1530 LOCUST ST PHILADELPHIA PA 19102  
TULSKY MD, EMANUEL G R  
8331 HIGH SCHOOL RD PHILADELPHIA PA 19117  
TUMEN MD, HENRY J IM  
1830 RITTENHOUSE SQ PHILADELPHIA PA 19103  
TUNG MD, RU-LIN K PTH  
8835 GERMANTOWN AVE PHILADELPHIA PA 19118  
TURNAN MD, CHRISTOPHER OBG  
1245 HIGHLAND AV STE 20 ABINGTON PA 19001  
TURNER DO, DONALD E FP  
400 REGINA ST PHILADELPHIA PA 19116  
TURNER DO, MELVIN L FP  
3400 SPRUCE ST RAD DEPT PHILADELPHIA PA 19104  
TURNER MD, LINTON M FP  
16 BAY RD OCEAN CITY NJ 08226  
TURSI MD, JOS J FP  
100 WESTBROOK RD FEASTERVILLE PA 19048  
TWARDY MD, BERNADETTE E PM  
6492 DREXEL RD PHILADELPHIA PA 19151  
TWER MD, HARRIS OPH  
7900 BUSTLETON AVE PHILADELPHIA PA 19152  
TYSON MD, R ROBERT GS  
3401 N BROAD ST PHILADELPHIA PA 19140  
UDELL MD, LOUIS OS  
4540 COTTMAN AVE PHILADELPHIA PA 19135  
UHLE MD, CHAS A U  
1005 WESTOVER RD WILMINGTON DE 19807  
ULANSKI MD, BENJAMIN PM  
7912 SERPENTINE LN PHILADELPHIA PA 19117  
ULIN MD, ALEXANDER M GS  
1208 CHERMAR LN NARBERTH PA 19072  
ULUS MD, AHMET P  
13011 STEVENS RD PHILADELPHIA PA 19116  
URBACH MD, JOHN R IM  
422 MED ARTS BLDG PHILADELPHIA PA 19102  
URICCHIO MD, JOS F IM  
2 BALA CYNWYD PZ 25 BALA CYNWYD PA 19004  
VACCARO MD, V MICHAEL P  
THE WYNCOTE HOUSE WYNCOTE PA 19095  
VACHARAT MD, NIBONDH OPH  
EPISCOPAL HOSP PHILADELPHIA PA 19125  
VACHRANUKUNTI MD, THEERASAKDI PM  
1901 FOSTER RD HATFIELD PA 19040  
VAIDYA MD, KALPANA A IM  
51 N 39TH ST PHILADELPHIA PA 19104  
VALENTINE MD, JEROME D FP  
8302 OLD YORK RD STE 4 ELKINS PARK PA 19117  
VANLOND MD, EMILY L OTO  
4705 DISSTON ST PHILADELPHIA PA 19135  
VARADARAJAN MD, SUSHILA PTH  
107 WEATHERVANE DR CHERRY HILL NJ 08002  
VARANO MD, NICHOLAS R U  
511 BALLYTORE RD WYNNWOOD PA 19096  
VARDARO MD, LINA OBG  
6500 N THIRD ST PHILADELPHIA PA 19126  
VARKER MD, MARY D FP  
604 SUSSEX RD WYNNWOOD PA 19096  
VASSALLUZZO MD, PASQUALE D US  
1112 MACCADE BLVD WOODLYN PA 19094  
VASSALOTTI MD, STEPHEN B OBG  
8001 ROOSEVELT BLVD 204 PHILADELPHIA PA 19152  
VAUGHAN 3RD MD, VICTOR C PD  
2600 N LAWRENCE ST PHILADELPHIA PA 19133  
VAUGHN JR MD, ARTHUR R OPH  
5329 RISING SUN AVE PHILADELPHIA PA 19120  
VAZUKA MD, JEAN T P  
1227 GORDON RD BOX 528 JENKINTOWN PA 19046  
VERA MD, LUIS F GS  
12601 CHILTON RD PHILADELPHIA PA 19154  
VERNICK MD, JEROME J GS  
1025 WALNUT ST RM 607 PHILADELPHIA PA 19148  
VERNOSE MD, GERARD V OTO  
1907 S BROAD ST PHILADELPHIA PA 19148  
VICTORIA MD, NENITA V PD  
1609 S 5TH ST PHILADELPHIA PA 19148  
VINNER MD, EDWARD D IM  
333 S 8TH ST PHILADELPHIA PA 19106  
VIOLA MD, PAUL R P  
15 W HAMPTON RD PHILADELPHIA PA 19118  
VISCHER MD, THOS J IM  
5903 GREENE ST PHILADELPHIA PA 19144  
VOCI MD, GERARDO IM  
1405 WASHINGTON LN RYDAL PA 19046  
VOEGELIN MD, ADRIAN W OBG  
3002 FOX LA PHILADELPHIA PA 19144  
VOGEL MD, HAROLD B NS  
1025 WALNUT ST PHILADELPHIA PA 19107  
VOGIN MD, EUGENE E FP  
9768 SUSAN RD PHILADELPHIA PA 19115  
VUCICEVIC MD, ZARKO M OPH  
1 BERKSHIRE DR WALLINGFORD PA 19086  
WADDINGTON MD, ARTHUR W OBG  
654 MORENO ROAD PENN VALLEY PA 19072  
WAGENHEIM MD, HARRY H OS  
2401 PENNA AVE 1 A 9 PHILADELPHIA PA 19130  
WAGENHEIM MD, HELEN S P  
2401 PENNA AVE STE1A9 PHILADELPHIA PA 19130  
WAGMAN MD, ALBERT D N  
1245 HIGHLAND AVE ABINGTON PA 19001  
WAGNER JR MD, FREDERICK B GS  
800 CHAUNCEY RD NARBERTH PA 19072  
WAGNER MD, DAVID K GS  
3300 HENRY AVE PHILADELPHIA PA 19129  
WAGNER MD, JOS A IM  
733 HAVERFORD RD BRYN MAWR PA 19010  
WAGNER MD, SEYMOUR OTO  
1411 HAGYFORD RD NARBERTH PA 19072  
WAINER MD, AMOS S OBG  
255 S 17TH ST PHILADELPHIA PA 19103  
WALDMAN MD, JOS OPH  
1930 CHESTNUT ST PHILADELPHIA PA 19103  
WALDRON MD, JEROME M IM  
EVERGREEN TOWERS PHILADELPHIA PA 19115  
WALINSKY MD, PAUL IM  
1025 WALNUT ST PHILADELPHIA PA 19107  
WALKER JR MD, LEROY L IM  
2308 E ALLEGHENY AVE PHILADELPHIA PA 19134  
WALKER MD, BARRY R IM  
MYETH LAB INC BX 8299 PHILADELPHIA PA 19101  
WALKER MD, HERBERT I P  
THE BENSON EAST RM 202B JENKINTOWN PA 19046  
WALKER MD, JAMES M FP  
1500 LOCUST ST APT 4220 PHILADELPHIA PA 19102  
WALKER MD, M LORENZO FP  
5703 W GIRARD AVE PHILADELPHIA PA 19131  
WALKER MD, WM J FP  
DEVON MANOR LANC PK DEVON PA 19333  
WALLACE MD, HERBERT W TS  
GRAD HOSP U OF PA SURG PHILADELPHIA PA 19146  
WALLACH MD, EDWARD E OBG  
807 SPRUCE ST PHILADELPHIA PA 19107  
WALLACK MD, ARMAND A IM  
402 QUEEN ANNE RD CHERRY HILL NJ 08003  
WALLEN MD, ALBERT D FP  
4960 N 9TH ST PHILADELPHIA PA 19141  
WALLNER DO, PAUL E R  
230 N BROAD ST PHILADELPHIA PA 19102  
WALLNER DO, ROBERT J R  
2635 ASPEN ST PHILADELPHIA PA 19130  
WALSH MD, JOHN J IM  
117 56TH ST SEA ISLE CITY NJ 08243  
WAPNER MD, PAUL M OBG  
1325 W TABOR RD PHILADELPHIA PA 19141  
WARD MD, GEO W PD  
1512 W GIRARD AVE PHILADELPHIA PA 19130  
WARD MD, MORTON IM  
2950 DISSTON ST PHILADELPHIA PA 19149  
WARNER MD, HOWARD F IM  
345 LARCHWOOD RD SPRINGFIELD PA 19064  
WARNER MD, SILAS L P  
111 N 49TH ST PHILADELPHIA PA 19139  
WARRICK JR MD, WM H FP  
124 W RITTENHOUSE ST PHILADELPHIA PA 19144  
WASHICK MD, FRANK A OTO  
1815 CATHEDRAL RD HUNTINGDON VLY PA 19006  
WASHINGTON MD, BUFORD S OPH  
2408 N 32ND ST PHILADELPHIA PA 19132  
WASSERMAN MD, THEODORE W P  
424 PINE ST PHILADELPHIA PA 19106  
WATANABE MD, RICHARD K IM  
2816 LIMEKILN PIKE GLENSIDE PA 19038  
WATERHOUSE MD, ROBT P IM  
SUITE 211 STAFFORD HOUS PHILADELPHIA PA 19144  
WATERS DO, PATRICK T FP  
437 TWINING FORD RD RICHBORO PA 18954  
WATKINS MD, E LLOYD OBG  
1000 GARDENS PKWAY OCEAN CITY NJ 08226  
WATSON MD, ALAN D D  
3322 N BROAD ST PHILADELPHIA PA 19140  
WAUGH MD, ELIZABETH S OBG  
348 GREEN LANE PHILADELPHIA PA 19128



WAXMAN MD, HERBERT S IM  
 TEMPLE UNIV HOSP PHILADELPHIA PA 19140  
 WEAR JR MD, ROLAND F IM  
 CAMELL SOUP CO CAMDEN N J 08101  
 WEBB MD, HENRY P FP  
 700 GILHAM ST PHILADELPHIA PA 19111  
 WEBBER MD, JOHN B ORS  
 230 N BROAD ST PHILADELPHIA PA 19102  
 WEBER MD, JOHN I IM  
 7254 HORROCKS ST PHILADELPHIA PA 19149  
 WEBER MD, MARTIN R OPH  
 4240 ELMERTON AVE HARRISBURG PA 17109  
 WEIN MD, ALAN J U  
 3400 SPRUCE ST STE W310 PHILADELPHIA PA 19104  
 WEINBERG MD, ETHEL M AN  
 432 WISTER RD WYNNWOOD PA 19096  
 WEINBERG MD, SAUL A P  
 432 WISTER RD WYNNWOOD PA 19096  
 WEINBERGER MD, EMANUEL M IM  
 4536 OLD YORK RD PHILADELPHIA PA 19140  
 WEINBLATT MD, HOWARD B OBG  
 1014 CLAIRE AVE HUNTINGDON VLY PA 19006  
 WEINER MD, HERMAN L OPH  
 808 S W 8TH AVE BOYNTON BCH FL 33435  
 WEINER MD, JACK D  
 1325 W TABOR RD PHILADELPHIA PA 19141  
 WEINER MD, LEON J IM  
 10125 VERREE RD PHILADELPHIA PA 19116  
 WEINER MD, NORMAN D P  
 FRIENDS HOSP RSVLT&ADAM PHILADELPHIA PA 19124  
 WEINGRAD MD, ALAN D FP  
 333 S 18TH ST PHILADELPHIA PA 19103  
 WEINSTEIN MD, GEO L OBG  
 255 S 17TH ST PHILADELPHIA PA 19103  
 WEINSTEIN MD, JACK H P  
 320 MEADOW LA MERION PA 19066  
 WEINSTEIN MD, JACK L FP  
 2415 N 33RD ST PHILADELPHIA PA 19132  
 WEINSTEIN MD, SAUL F GS  
 1420 RACE ST PHILADELPHIA PA 19102  
 WEINSTEIN MD, STANLEY IM  
 SUITE 101 8220 CASTOR A PHILADELPHIA PA 19141  
 WEINSTOCK MD, ROBT M FP  
 515 WEST CHELTEN PHILADELPHIA PA 19144  
 WEISBERG MD, MARTIN OBG  
 35 CARTER LANE ELKINS PARK PA 19117  
 WEISBERG MD, PAUL B IM  
 731 SPRUCE ST PHILADELPHIA PA 19106  
 WEISS JR MD, WM IM  
 39122 NETHERFIELD RD PHILADELPHIA PA 19129  
 WEISS MD, CHAS PTH  
 412 W MT AIRY AVE PHILADELPHIA PA 19119  
 WEISS MD, EDWARD D CRS  
 5579 N PARK AVE PHILADELPHIA PA 19141  
 WEISS MD, GEOFFREY R IM  
 226 GLEN PLACE ELKINS PARK PA 19117  
 WEISS MD, JEFFREY C PD  
 11 E LEVERING MILL RD BALA CYNWYD PA 19004  
 WEISS MD, LAURENCE B P  
 7450 OLD YORK RD PHILADELPHIA PA 19126  
 WEISS MD, SIDNEY OPH  
 2037 LOCUST ST PHILADELPHIA PA 19103  
 WEISSMAN MD, MARCUS I R  
 4605 N BROAD ST PHILADELPHIA PA 19140  
 WELCH MD, ROBERT A P  
 420 S DIXIE HWY CORAL GABLES FL 33146  
 WELLENBACH MD, BURTON L OBG  
 1601 WALNUT ST STE 215 PHILADELPHIA PA 19102  
 WELLMER MD, WILLIAM F R  
 PO BX 8085 ROANOKE VA 24014  
 WELLS MD, HARRIET V P  
 111 N 49TH ST PHILADELPHIA PA 19139  
 WELSH JR MD, ALBERT E FP  
 4265 PAUL ST PHILADELPHIA PA 19124  
 WELSH MD, JOHN J OTO  
 179 WASHINGTON LN JENKINTOWN PA 19046  
 WELSH MD, LOUIS W OTO  
 179 WASHINGTON LA JENKINTOWN PA 19046  
 WELTY MD, JACK W IM  
 MONTGOMERY AVE-OWEN RD WYNNWOOD PA 19096  
 WENGER MD, SIDNEY U P  
 D-129 PRESIDENTIAL APTS PHILADELPHIA PA 19131  
 WENTZ MD, CLARKSON R  
 390TH & POWELTON AVE PHILADELPHIA PA 19104  
 WERTHAN MD, MERYLEE E NS  
 5049 OXFORD AVE PHILADELPHIA PA 19124  
 WESSLE MD, ISADORE J R  
 1307 SPRUCE ST PHILADELPHIA PA 19107  
 WEXLAR MD, IRVING B R  
 2023 DELANCEY PL PHILADELPHIA PA 19103  
 WEXLER MD, HARRY R  
 W1 CONSHOHOCKEN STATE R BALA CYNWYD PA 19004  
 WHELAN MD, WM F US  
 259 W JOHNSON ST PHILADELPHIA PA 19144  
 WHITAKER MD, LINTON A PS  
 382 PENN RD WYNNWOOD PA 19096  
 WHITCOMB MD, CLARENCE A US  
 100 W WALNUT LANE PHILADELPHIA PA 19144  
 WHITE MD, DAVID M GS  
 5601 N BROAD ST PHILADELPHIA PA 19141  
 WHITE MD, MAXWELL F FP  
 350 GREEN LANE PHILADELPHIA PA 19128  
 WHITELEY MD, WM H NS  
 1015 CHESTNUT ST PHILADELPHIA PA 19107  
 WIDER MD, SAUL PD  
 359 SPRING VALLEY LN SPRINGFIELD PA 19064  
 WIDERMAN MD, ARNOLD H PD  
 6818 CASTOR AVE PHILADELPHIA PA 19149  
 WIECK MD, EDWIN E FP  
 1231 FOULKROD ST PHILADELPHIA PA 19124  
 WIEDER JR MD, HENRY S ORS  
 829 SPRUCE ST PHILADELPHIA PA 19107  
 WIENER MD, JACOB IM  
 2408 S 5TH ST PHILADELPHIA PA 19148  
 WIGHT MD, SUSAN C PD  
 LTL PRINCESS HOME PORT ST THOMAS VI 00801

WIKLER MD, LOUIS A PD  
 1158 OLD YORK RD ABINGTON PA 19001  
 WILCOEN MD, BENJ F OBG  
 1224 GILBERT ROAD MEADOWBROOK PA 19046  
 WILF MD, HAROLD OTO  
 6905 CASTOR AVE PHILADELPHIA PA 19149  
 WILKERSON MD, DONALD K P  
 3701 CONSHOHOCKEN AVE PHILADELPHIA PA 19131  
 WILLAUER MD, GEO J GS  
 6129 GREENE ST PHILADELPHIA PA 19144  
 WILLIAMS MD, F MARIAN OBG  
 129 W UPSAL ST PHILADELPHIA PA 19119  
 WILLIAMS MD, GLENN L OBG  
 4122 KOTTLER DR LAFAYETTE HILL PA 19444  
 WILLIAMS MD, JOHN C PD  
 512 AUBURN AVE PHILADELPHIA PA 19118  
 WILLIAMS MD, KIRKLEY R TS  
 309 EDGEHILL BLDG WAYNE PA 19087  
 WILLIAMSON MD, ERNEST G GS  
 6353 WOODBINE AVE PHILADELPHIA PA 19151  
 WILSON MD, GEO M FP  
 5735 RIDGE AVE PHILADELPHIA PA 19128  
 WILSON MD, JOHN F D  
 2013 DELANCEY ST PHILADELPHIA PA 19103  
 WILSON MD, WM W P  
 561 FAIRTHORNE AVE PHILADELPHIA PA 19128  
 WINEBURGH MD, GEORGE S IM  
 10043 FERNDAL ST PHILADELPHIA PA 19116  
 WINEGRAD DO, LEONARD AN  
 27 EDGEWOOD RD CHELTENHAM PA 19012  
 WINHELD MD, EDWARD B OBG  
 1807 DELANCEY ST PHILADELPHIA PA 19103  
 WINKLE MD, RICHARD J GS  
 8350 ROOSEVELT BLVD PHILADELPHIA PA 19115  
 WINLOCK MD, RACHEL M P  
 MCCALLUM & MT AIRY STS PHILADELPHIA PA 19119  
 WINN MD, HAROLD P  
 601 CONSHOHOCKEN STATE R NARBERTH PA 19072  
 WINSON MD, SAHL G OBG  
 255 S 17TH ST PHILADELPHIA PA 19103  
 WINSTON MD, JOS M R  
 JEANES HOSP PHILADELPHIA PA 19111  
 WINSTON MD, LINDLEY M P  
 619 S WARREN ST MALVERN PA 19355  
 WIRTS JR MD, C WILNER IM  
 2017 DELANCEY PL PHILADELPHIA PA 19103  
 WITKOWSKI MD, JOS A D  
 3501 RYAN AVE PHILADELPHIA PA 19136  
 WITTMAN MD, PAUL C D  
 1172 N 63RD ST PHILADELPHIA PA 19151  
 WOHL MD, GEO T R  
 1227 REMINGTON RD WYNNWOOD PA 19096  
 WOHL MD, MILTON A ORS  
 1305 W TABOR RD PHILADELPHIA PA 19141  
 WOJTYNICH MD, MYKOLA FP  
 5102 N BROAD ST PHILADELPHIA PA 19141  
 WOLCOFF MD, FRANK E FP  
 ROXBOROUGH AVE-PECHIN S PHILADELPHIA PA 19128  
 WOLDOW MD, ASHER IM  
 1319 TABOR RD PHILADELPHIA PA 19141  
 WOLDOW MD, IRVING OS  
 HILL HOUSE APT 326 HUNTINGDON VLY PA 19006  
 WOLF JR MD, JOHN H ORS  
 1414 WASHINGTON LN RYDAL PA 19046  
 WOLF MD, LEWIS R OPH  
 3474 FRANKFORD AVE PHILADELPHIA PA 19134  
 WOLFE MD, SIDNEY M IM  
 921 W CHELTENHAM AVE PHILADELPHIA PA 19126  
 WOLFERTH JR MD, CHAS C GS  
 2401 PENNA AVE STE2C45 PHILADELPHIA PA 19130  
 WOLFSON MD, ALLAN B IM  
 51 N 39TH ST PHILADELPHIA PA 19104  
 WOLFSON MD, ROBT J OTO  
 1920 CHESTNUT ST STE 70 PHILADELPHIA PA 19103  
 WOLGIN MD, WM U  
 1512 SPRUCE ST PHILADELPHIA PA 19102  
 WOLKOWICZ MD, MICHAEL I OPH  
 2022 SPRUCE ST PHILADELPHIA PA 19103  
 WOLLMAN MD, HARRY AN  
 430 RIGHTERS MILL RD NARBERTH PA 19072  
 WOLMAN MD, IRVING J PD  
 7704 WOODLAWN AVE MELROSE PARK PA 19126  
 WOLOSHIN MD, HENRY J R  
 3401 N BROAD ST PHILADELPHIA PA 19140  
 WONG MD, JAMES S FP  
 965 N 5TH ST PHILADELPHIA PA 19123  
 WONG MD, MING Y GS  
 3885 PINE PL HUNTINGDON VLY PA 19006  
 WONG MD, YORK Y PM  
 MO88 HOSPITAL PHILADELPHIA PA 19141  
 WOOD JR MD, HORATIO C US  
 BEAN ROAD CENTER HARBOR NH 03226  
 WOOD MD, FRANCIS C IM  
 3400 SPRUCE ST PHILADELPHIA PA 19104  
 WOOD MD, MARGARET G D  
 6386 CHURCH RD PHILADELPHIA PA 19151  
 WOOD MD, MELVIN N NS  
 1013 TWINING RD DRESHER PA 19025  
 WOODRUFF MD, CHAS L R  
 9265 GERMANTOWN AVE PHILADELPHIA PA 19118  
 WOODWARD MD, DAVID A PD  
 111 N 49TH ST PHILADELPHIA PA 19139  
 WRIGHT MD, LANCE S P  
 617 ZOLLINGER WAY MERION STA PA 19066  
 WRIGHT MD, SAMUEL P  
 111 N 49TH ST PHILADELPHIA PA 19139  
 WRIGLEY MD, MICHAEL S IM  
 P O BOX 583 VALLEY FORGE PA 19481  
 WURTELE MD, LESTER H R  
 826 PARDEE LN WYNCOTE PA 19095  
 YALLA MD, SUMITRA S PTH  
 WEST PARK HOSP PHILADELPHIA PA 19144  
 YANOFF MD, MYRON OPH  
 701 W ALLENS LN PHILADELPHIA PA 19119  
 YANOVSKI MD, ALEXANDER G P  
 5501 GREEN ST PHILADELPHIA PA 19144

YARROW MD, MORRIS W IM  
 FOXGROFT SQ APTS #111 JENKINTOWN PA 19046  
 YAZDANFAR MD, SHAHRIAR IM  
 AEMC YORK & TABOR RDS PHILADELPHIA PA 19141  
 YEUTTER MD, CHAS H FP  
 1701 HARRISON ST PHILADELPHIA PA 19124  
 YONG MD, ARLENE IM  
 2201 BRYN MAWR AVE #315 PHILADELPHIA PA 19131  
 YOO MD, HYUN S P  
 MHC ROOSEVELT&ADAMS PHILADELPHIA PA 19124  
 YOUNG MD, GERALDINE P OS  
 7615 MOUNTAIN AVE PHILADELPHIA PA 19117  
 YOUNG MD, IRVING PTH  
 EINSTEIN MED CTR N DIV PHILADELPHIA PA 19141  
 YOUNIS MD, MOHAMMED T GS  
 1318 SEACREST DRIVE CORONA DEL MAR CA 92625  
 YU MD, SHAO P  
 1807 BAYNARD RD WILMINGTON DE 19802  
 YUN MD, DANL D IM  
 60 E TOWNSHIP LINE RD PHILADELPHIA PA 19117  
 ZAGER MD, RUTH P P  
 237 HAMILTON RD MERION STA PA 19066  
 ZAKRESKI MD, MATTHEW J OBG  
 8815 GERMANTOWN AVE PHILADELPHIA PA 19118  
 ZAMORA MD, DANILO D U  
 800 COTTMAN AVE #B263 PHILADELPHIA PA 19111  
 ZAMOSTIEN MD, BERNARD B FP  
 1335 TABOR RD STE 303 PHILADELPHIA PA 19141  
 ZAPPACOSTA MD, FRANK H FP  
 1315 S BROAD ST PHILADELPHIA PA 19147  
 ZASLOW MD, JERRY GS  
 60 E TOWNSHIP LINE ELKINS PARK PA 19117  
 ZATUCHNI MD, JACOB IM  
 EPISCOPAL HOSP PHILADELPHIA PA 19125  
 ZECCA MD, RALPH J IM  
 11013 KNIGHTS RD PHILADELPHIA PA 19154  
 ZECCARDI MD, JOSEPH A PD  
 1717 PINE ST PHILADELPHIA PA 19103  
 ZEGLEN MD, ARTHUR F FP  
 2015 WELSH RD PHILADELPHIA PA 19115  
 ZEIGERMAN MD, JOS H OBG  
 2105 SPRUCE ST PHILADELPHIA PA 19103  
 ZEIT MD, ROBERT M R  
 1128 SEAGULL LANE CHERRY HILL N J 08003  
 ZELLIS DO, JOSEPH FP  
 637 SPRUCE ST PHILADELPHIA PA 19106  
 ZELUCK MD, MARTIN OBG  
 1405 KINGS HWY E CHERRY HILL NJ 08034  
 ZEMBLE DO, HERBERT FP  
 10101 ACADEMY RD PHILADELPHIA PA 19114  
 ZERITSKY MD, SAHL A N  
 4701 PINE ST C-2 PHILADELPHIA PA 19143  
 ZERVOS MD, DENIS G R  
 LANGDON CHELTENHAM STS PHILADELPHIA PA 19124  
 ZIEGLER MD, MORITZ M GS  
 1011 CARROLL RD PHILADELPHIA PA 19151  
 ZIGERMAN DO, HERBERT L FP  
 3002 HOLME AVE PHILADELPHIA PA 19136  
 ZIMMERMAN MD, ROBT A R  
 4624 HAZEL AVE PHILADELPHIA PA 19143  
 ZIMRING MD, DAVID OBG  
 3817 VENTOR AVE ATLANTIC CITY NJ 08401  
 ZINSER MD, HARRY F IM  
 GRAD HOSP-UNIV OF PA PHILADELPHIA PA 19146  
 ZISERMAN MD, ABRAHAM J OBG  
 3450 S OCEAN BLVD PALM BEACH FL 33480  
 ZISSERMAN MD, LOUIS IM  
 5254 OXFORD AVE PHILADELPHIA PA 19124  
 ZOLFAGHARI MD, ROKNEDIN GS  
 2081 MADISON RD HUNTINGDON VLY PA 19006  
 ZUBROW MD, SIDNEY N IM  
 722 SPRUCE ST PHILADELPHIA PA 19106  
 ZWEIF MD, JACOB H FP  
 1425 SNYDER AVE PHILADELPHIA PA 19145  
 ZWEIF MD, HELEN Z PD  
 5501 GREENE ST PHILADELPHIA PA 19144  
 ZWERLING MD, ISRAEL P  
 230 N BROAD ST PHILADELPHIA PA 19102

## Potter County

BACKES MD, CELSO L OBG  
 CHARLES COLE MEM HOSP COUDERSPORT PA 16915  
 BLEWETT MD, CHARLES H IM  
 CHARLES COLE MEM HOSP COUDERSPORT PA 16915  
 BRIGGS DO, JACKIE H FP  
 1 ACADEMY ST ULYSSES PA 16948  
 CALLAHAN DO, MICHAEL E FP  
 RD #1 GALETON PA 16922  
 CRUZ JR MD, MUISES B GS  
 COLE MEMORIAL HOSP COUDERSPORT PA 16915  
 CUTRY MD, JOSEPH J R  
 359 N MAIN ST WELLSVILLE NY 14895  
 DONALESKI MD, ALFRED F CRS  
 505 OAK ST COUDERSPORT PA 16915  
 GEORGETSON MD, JAMES M FP  
 MAIN ST GALETON PA 16922  
 HANG MD, NGOC N GS  
 75 ACADEMY ST SHINGLEHOUSE PA 16748  
 MOSCH MD, GEO C FP  
 207 CARTEE ST BOX 72 COUDERSPORT PA 16915  
 MOSCH MD, HERMAN C AN  
 8 ALLEGANY AVE COUDERSPORT PA 16915  
 POORE MD, GEO C U  
 MAPLEVIEW HEALTH CTR COUDERSPORT PA 16915  
 RATANAWONGSA MD, BOONLUA OPH  
 COLE MEMORIAL HOSP COUDERSPORT PA 16915  
 RATANAWONGSA MD, RATANA N PTH  
 CHARLES COLE MEM HOSP COUDERSPORT PA 16915  
 VILLA MD, FRANCISCO B PD  
 202 MILL ST COUDERSPORT PA 16915



WAGNER MD, ROBERT E IM  
709 N WEST ST COUDERSPORT PA 16915  
WONGPAKDEE MD, SUBSAN GS  
1007 S MAIN ST COUDERSPORT PA 16915

## Schuylkill County

ANDERSON MD, VICTOR C FP  
127 W MAIN ST GIRARDVILLE PA 17935  
AYDIN MD, KEMALATTIN GS  
42 E RIDGE ST COALDALE PA 18218  
BANE MD, DENIS M IM  
300 S CENTRE ST POTTSVILLE PA 17901  
BARCLAY MD, CLAYTON C R  
POTTSVILLE HOSP POTTSVILLE PA 17901  
BASHORE MD, R GUY FP  
101 FRONT ST MINERSVILLE PA 17954  
BAUZON MD, NARCISO C FP  
R D 2 TAMAQUA PA 18252  
BIGLETE MD, LEON T IM  
LOCUST MT STATE HOSP SHENANDOAH PA 17976  
BINDIE MD, RICHARD P PTH  
150 AVENUE D SCHUYLKILL HVN PA 17972  
BIZUP MD, THOS J FP  
NEW RINGGOLD PA 17960  
BOHNENBLUST MD, WALTER R R  
POTTSVILLE HOSP POTTSVILLE PA 17901  
BOYSEN MD, HOMER W FP  
238 W PINE ST MAHANAY CITY PA 17948  
CANFIELD MD, JOHN J FP  
259 PIKE ST PORT CARBON PA 17965  
CHADAGA MD, PANDESWANAM R  
86 SHERWOOD RD POTTSVILLE PA 17901  
CHOUNG MD, SHUNG S FP  
241 S MAIN ST PINE GROVE PA 17963  
COLMENARES MD, RUPEERTO F PTH  
GOOD SAMARITAN HOSP POTTSVILLE PA 17901  
CONNOLLY DO, WILLIAM S R  
BOX 18 LANDINGVILLE PA 17942  
CONRAD MD, JOE E R  
R D 2 HEGINS PA 17938  
COOPER MD, HAROLD B FP  
199 DOCK ST SCHUYLK HVN PA 17972  
CROLEY MD, JAMES T PD  
1055 DOUGLASS RD ORWIGSBURG PA 17961  
CUBLER MD, EDWARD W FP  
119 AVENUE B SCHUYLK HVN PA 17972  
CURRY MD, THOMAS A PD  
40 E BACON ST POTTSVILLE PA 17901  
DANKMYER MD, FREDERICK L OPH  
419 W MARKET ST POTTSVILLE PA 17901  
DARKES MD, WM F FP  
ORWIGSBURG PA 17961  
DAVIS MD, J LAMAR FP  
604 CENTRE ST ASHLAND PA 17921  
DELP MD, CHAS W FP  
38 N 2ND ST ST CLAIR PA 17970  
DINICOLA MD, ARTHUR N FP  
28 SUNBURY ST MINERSVILLE PA 17954  
DIRNBERGER DO, THOMAS J FP  
617 E BROAD ST TAMAQUA PA 18252  
DONNELLY MD, KENNETH L FP  
323 E CENTER ST MAHANAY CITY PA 17948  
DORASAVAGE MD, WM C GS  
700 MAHANTONGO ST POTTSVILLE PA 17901  
DOUGHERTY MD, FRANCIS M PD  
606 W MARKET ST POTTSVILLE PA 17901  
DZUREK MD, WM V R  
810 RARING DRIVE ORWIGSBURG PA 17961  
ESQUIVEL MD, HECTOR F GS  
CRESSWELL GARDENS R D 1 ASHLAND PA 17921  
FEGLEY MD, N ALBERT FP  
612 W MARKET ST POTTSVILLE PA 17901  
FENTON MD, IVOR D US  
520 E CENTER ST MAHANAY CITY PA 17948  
FEUDALE MD, RICHARD F FP  
419 MC KNIGHT ST GORDON PA 17936  
FISCHER MD, ROLF H GS  
305 MAHANTONGO ST POTTSVILLE PA 17901  
FLANIGAN JR MD, JOHN L GS  
301 MAHANTONGO ST POTTSVILLE PA 17901  
FOLLWEILER MD, ROBERT A OPH  
226 N UNION ST HAVRE DE GRACE MD 21078  
FRABLE MD, DEAN G IM  
9 CRESTVIEW ST POTTSVILLE PA 17901  
GABRIEL MD, LOUIS T GS  
125 W FRACK ST FRACKVILLE PA 17931  
GLENNEY MD, WILTON R IM  
302 MAHANTONGO BOX 479 POTTSVILLE PA 17901  
GONZALEZ MD, HUMBERTO J P  
1944 MAHANTONGO ST POTTSVILLE PA 17901  
GREEN MD, ROY C AN  
150 W MAIN STREET GIRARDVILLE PA 17935  
HALE MD, THOS K FP  
117 W FRACK ST FRACKVILLE PA 17931  
HARRING MD, MAYNARD L FP  
105 MAIN ST VALLEY VIEW PA 17983  
HEISTAND MD, LANDIS C ORS  
309 W MARKET ST POTTSVILLE PA 17901  
HOBBS MD, JOS H FP  
215 W MAHANTONGO ST POTTSVILLE PA 17901  
HOBBS MD, ROBT E PTH  
POTTSVILLE HOSP POTTSVILLE PA 17901  
HOLLAND MD, MARK P PD  
27 S CATAMISSA ST MAHANAY CITY PA 17948  
HU MD, WEI-TZER FP  
19 S MAIN ST SHENANDOAH PA 17976  
HUSAIN MD, ABID M FP  
438 SUNBURY ST MINERSVILLE PA 17954  
JACEY MD, SIGMUND M OTO  
211 E BROAD ST TAMAQUA PA 18252

KAZLAUSKAS MD, ALBERT J P  
302-3 THOMPSON BLDG POTTSVILLE PA 17901  
KO MD, CHAN S FP  
1801 MAHANTONGO ST POTTSVILLE PA 17901  
LADD MD, MICHAEL OBG  
300 S CENTRE ST POTTSVILLE PA 17901  
LAND MD, ALFRED J FP  
304 SUNBURY ST MINERSVILLE PA 17954  
LEAL MD, GUMERSINDU R FP  
P O BOX 1271 POTTSVILLE PA 17901  
LEE MD, JANGWOO OBG  
1651 HOWARD AVE POTTSVILLE PA 17901  
LEE MD, WON Y FP  
100 WALNUT ST PINE GROVE PA 17963  
LIN MD, CHING H OBG  
221 MAHANTONGO ST POTTSVILLE PA 17901  
LING MD, CHAS C GS  
7TH & W MARKET ST POTTSVILLE PA 17901  
LIZAK MD, GABRIEL M FP  
415 W MARKET ST POTTSVILLE PA 17901  
LONGARINI MD, AMILCAR E IM  
508 W MARKET ST POTTSVILLE PA 17901  
LUSCHINSKY MD, WALTER GS  
16 W MAIN ST RINGTOWN PA 17967  
LYONS MD, RALPH FP  
8 CHESTNUT ST CRESSONA PA 17929  
MALICK MD, DONALD V FP  
618 E MAIN ST HEGINS PA 17938  
MALISHAUCKI MD, MAKY G FP  
239 W BROAD ST TAMAQUA PA 18252  
MALISHAUCKI MD, THUS J FP  
239 W BROAD ST TAMAQUA PA 18252  
MARCONIS MD, JOS T U  
413 W MARKET ST POTTSVILLE PA 17901  
MARSHALL MD, DAVID S IM  
214 W MARKET ST POTTSVILLE PA 17901  
MARSHALL MD, HELEN L OS  
1023 MAHANTONGO ST POTTSVILLE PA 17901  
MATHUR MD, KAILASH R  
73 SHERWOOD RD POTTSVILLE PA 17901  
MAURER MD, ROGER E R  
R1 BOX 241 MILROY PA 17063  
MC LAUGHLIN MD, THOS F FP  
221 E BROAD ST TAMAQUA PA 18252  
MELNICOVE MD, SIDNEY FP  
281 S MAIN ST PINE GROVE PA 17963  
MIKA MD, JOHN J FP  
216 S MAIN SHENANDUAH PA 17976  
MILLER MD, ANTON M OPH  
143 N SECOND ST ST CLAIR PA 17970  
MILLER MD, CHAS W FP  
37 S BALLIET ST FRACKVILLE PA 17931  
MILLER MD, RICHARD E OBG  
242 E BROAD ST TAMAQUA PA 18252  
MODARRESS MD, JOHN GS  
7TH & W MARKET STS POTTSVILLE PA 17901  
MOLL MD, FRANCIS K IM  
309 MAHANTONGO ST POTTSVILLE PA 17901  
MOYER MD, WARREN F FP  
AUBURN PA 17922  
MUNIR MD, MUHAMMAD IM  
410 W MARKET ST POTTSVILLE PA 17901  
NEVERTIS MD, MATTHEW A FP  
30 N BALLIET ST FRACKVILLE PA 17931  
NICHOLLS MD, JOAN E P  
1003 CENTER ST ASHLAND PA 17921  
NICHOLLS MD, RICHARD H GS  
1003 CENTER ST ASHLAND PA 17921  
OLMES MD, FRANK S FP  
116 CENTER SQ ORWIGSBURG PA 17961  
PERLOSKI MD, LEO FP  
WASHINGTON ST MIDDLEPORT PA 17953  
PLATT MD, BENJ B IM  
410 W MARKET ST POTTSVILLE PA 17901  
PRESCOTT MD, WM D IM  
181 S TULPEHOCKEN ST PINE GROVE PA 17963  
PRESTILEO MD, FRANK G FP  
801 W MARKET ST POTTSVILLE PA 17901  
PRISTAS MD, MICHAEL S FP  
602 W MARKET ST POTTSVILLE PA 17901  
RASHID MD, ABDUL IM  
410 W MARKET ST POTTSVILLE PA 17901  
RAVITZ MD, GERALD A U  
413 W MARKET ST POTTSVILLE PA 17901  
REITZ MD, MELVIN L FP  
VALLEY VIEW PA 17983  
RICCHIUTI MD, AMERIGO G OTO  
335 CENTER ST MAHANAY CITY PA 17948  
RICCHIUTI MD, JOS F D  
307 W MARKET ST POTTSVILLE PA 17901  
RISHMILLER MD, ROSS W IM  
214 W MARKET ST POTTSVILLE PA 17901  
RITTER MD, THOS J GS  
407 W MARKET ST POTTSVILLE PA 17901  
ROMEIKI MD, MARY M FP  
14 N JARDIN ST SHENANDOAH PA 17976  
RUBRIGHT MD, HERBERT C FP  
MED ARTS BLDG SCHUYLK HVN PA 17972  
RUSSO MD, JOHN F PTH  
GOOD SAMARITAN HOSP POTTSVILLE PA 17901  
RYSCAVAGE MD, EDWARD T FP  
100 S 2ND ST ST CLAIR PA 17970  
SAFAR-ALI MD, MUHAMMAD FP  
395 W MAIN ST RINGTOWN PA 17967  
SCHLITZER MD, WM H FP  
319 W MARKET ST POTTSVILLE PA 17901  
SCHWALM MD, LESLIE J FP  
1323 MAHANTONGO ST POTTSVILLE PA 17901  
SCICCHITANO MD, LEON P GS  
7TH & W MARKET ST POTTSVILLE PA 17901  
SCICCHITANO MD, ROMUALDO R GS  
R D 1 ASHLAND PA 17921  
SHULTZ MD, LEWIS D FP  
109 JACKSON ST PORT CARBON PA 17965  
SIMS DO, LEWIS J FP  
211 W MARKET ST ORWIGSBURG PA 17961

SLATON MD, STEPHEN S GS  
715 CENTRE ST ASHLAND PA 17921  
STANULONIS MD, STANLEY W IM  
25 N JARDIN ST SHENANDOAH PA 17976  
SWEENEY MD, J RUSSELL FP  
15 N 18TH ST APT 1C ALLENTOWN PA 18104  
TANANIS MD, LEONARD J OPH  
610 W MARKET ST POTTSVILLE PA 17901  
TIHANSKY MD, THEODORE B GS  
MED ARTS BLDG SCHUYLKILL HVN PA 17972  
TOMLIN MD, JOS G IM  
17 S MAIN ST SHENANDOAH PA 17976  
WAMHAB MD, ABDUL GS  
CRESSONA MALL RD 3 POTTSVILLE PA 17901  
WALL MD, NORMAN M IM  
300 S CENTRE ST POTTSVILLE PA 17901  
WALTERS MD, WM H FP  
614 MAHANTONGO ST POTTSVILLE PA 17901  
WEBER MD, JOSEPH A IM  
918 CENTER ST ASHLAND PA 17921  
YANKOSKY MD, JEAN A FP  
109 PIKE ST PORT CARBON PA 17965  
ZAKHARY MD, GEU S OTO  
300 S CENTER ST POTTSVILLE PA 17901  
ZEITLIN MD, WARREN M IM  
300 S CENTRE ST POTTSVILLE PA 17901  
ZWERLING MD, HERMANN FP  
100 E MAIN ST SCHUYLKILL HVN PA 17972

## Somerset County

CHAVES MD, FERNANDO AN  
225 S CENTER AVE SOMERSET PA 15501  
CUBE MD, HENRY M NS  
SOMERSET COMM HOSP SOMERSET PA 15501  
DEVRIES MD, JAN R FP  
305 STONYCREEK ST BOSWELL PA 15531  
GRAY MD, JERRY L IM  
WINDBER MED BLDG WINDBER PA 15963  
HAUPT MD, EARL U FP  
401 S CENTER AVE SOMERSET PA 15501  
HAY MD, HAROLD S FP  
867 W MAIN ST SOMERSET PA 15501  
JACOBS MD, ROBT V GS  
203 E PATRIOT ST SOMERSET PA 15501  
JAYABOSE MD, SOMASUNDARAM PD  
107 EAST CHURCH ST SOMERSET PA 15501  
KILLIUS MD, JAMES L FP  
314 DIAMOND ST BERLIN PA 15530  
KLOSE MD, PAUL L FP  
P O BOX 196 BERLIN PA 15530  
KORNS MD, MILLER J FP  
168 W UNION ST SOMERSET PA 15501  
LIMCUANDO MD, EMILIANO D GS  
133 E CHURCH ST SOMERSET PA 15501  
MCKEE MD, WAYNE O GS  
453 W PATRIOT ST SOMERSET PA 15501  
MORRIS MD, ELEANOR G FP  
R D 4 BOX 231 SOMERSET PA 15501  
MUSSEY JR MD, HAROLD E GS  
105 W CHURCH ST SOMERSET PA 15501  
ORLIDGE MD, ARTHUR E FP  
BOX 98 SHANKSVILLE PA 15560  
PELL III MD, EDWARD N GS  
RD 1 BOX 136 SOMERSET PA 15501  
POGGI DO, ALFRED J FP  
HICKORY HOLLOW RD RD 3 SOMERSET PA 15501  
PRICE MD, EDWIN M FP  
612 LOGAN PL CONFLUENCE PA 15424  
RICE MD, ALFRED C R  
SOMERSET COMMUNITY HOSP SOMERSET PA 15501  
ROCK MD, LEONARD L FP  
209 NORTH ST MEYERSDALE PA 15552  
RUMBAUGH MD, ROSS S GS  
131 MEYERS AVE MEYERSDALE PA 15552  
RYAN MD, WM C P  
589 W UNION ST SOMERSET PA 15501  
SANTOS MD, RODOLFO R GS  
320 NORTH ST MEYERSDALE PA 15552  
SOLOSKO MD, ALEXANDER GS  
MEYERSDALE COM HOSP MEYERSDALE PA 15552  
SWANSIGER MD, ROBERT J FP  
WINDBER HOSPITAL WINDBER PA 15963  
TENSUN JR MD, LEONARDO S IM  
MARY ST SOMERSET PA 15501  
WATTERSON MD, SAML G FP  
CONEMAUGH VLY MEM HOSP JOHNSTOWN PA 15901  
WONG MD, ALBERT OBG  
162 E SANNER ST SOMERSET PA 15501  
WOODSLAYER MD, PAUL R FP  
208 SHERMAN ST MEYERSDALE PA 15552

## Susquehanna County

BENNETT MD, RAYMOND L FP  
1 GROW AVE MONTROSE PA 18801  
BERTSCH MD, ALBERT M GS  
1 GROW AVE MONTROSE PA 18801  
CAVENDER MD, JOHN C FP  
HOP BOTTOM PA 18824  
DAVIS MD, RAYMOND C FP  
107 ERIE AVE SUSQUEHANNA PA 18847  
GRACE MD, JAMES J FP  
27 S MAIN ST MONTROSE PA 18801  
KERR MD, PAUL B FP  
1 GROW AVE MONTROSE PA 18801



LUTZ MD, EDGAR H FP  
2305 IYV RD OCEANSIDE CA 92054  
MARKARIAN MD, MICHAEL FP  
220 MAIN ST HALLSTEAD PA 18822  
MCCLURE MD, JAMES E OBG  
216 SIDE WINDER SAWYER AFB MI 49843  
MILLER MD, JAMES M IM  
78 CHURCH ST MONROSE PA 18801  
RENTFRO MD, JOELLE E FP  
210 JACKSON AVE SUSQUEHANNA PA 18849  
SHELLY MD, ROBT M PD  
THOMPSON PA 18465  
WATROUS JR MD, JOSEPH B OBG  
31 LINCOLN AVE MONROSE PA 18801

## Tioga County

BACHMAN MD, WM H FP  
25 WALNUT ST WELLSBORO PA 16901  
BAIR MD, ROBT C GS  
48 PEARL ST WELLSBORO PA 16901  
BOWERS MD, ROBERT M GS  
R D 3 WELLSBORO PA 16901  
BUTLER MD, ANNE K FP  
5 EAST AVE WELLSBORO PA 16901  
CALLENBERGER MD, RONALD W ORS  
SOLDIERS & SAILORS HOSP WELLSBORO PA 16901  
COOLIDGE MD, WM A FP  
R D 1 WELLSBORO PA 16901  
DALE II MD, LEONARD E R  
SOLDIERS & SAILORS HOSP WELLSBORO PA 16901  
DAVIES MD, THOS E GS  
48 PEARL ST WELLSBORO PA 16901  
DAVIS MD, MURRAY C R  
13 BERNART ST WELLSBORO PA 16901  
DRAKE JR MD, WILLARD M U  
29 WALNUT WELLSBORO PA 16901  
DUSINBERRE MD, ROBERT Y US  
BOX 370 YANKEETOWN FL 32698  
ERMAV MD, PRESTON M FP  
25 WALNUT ST WELLSBORO PA 16901  
GILLUM MD, DAVID F FP  
114 EAST AVE WELLSBORO PA 16901  
LAIRD MD, ARCHIBALD OPH  
12 MAIN ST WELLSBORO PA 16901  
LARSON MD, ELEANOR PD  
217 MAIN ST ELKLAND PA 16920  
MEIKLE MD, GROVER A FP  
9 WEST ST GALETON PA 16922  
MONTAGUE MD, JAMES W FP  
N WILLIAMSON RD BLOSSBURG PA 16912  
MOORE MD, JOS J FP  
35 N MAIN ST MANSFIELD PA 16933  
REICH MD, WM P PTH  
SOLDIERS & SAILORS HOSP WELLSBORO PA 16901  
SANFORD MD, ROBT S FP  
12 N MAIN ST MANSFIELD PA 16933  
THOMAS MD, F ARDELL IM  
24 WALNUT ST WELLSBORO PA 16901  
TRESKOTT MD, ALFRED P R  
18 WEST AVE WELLSBORO PA 16901  
WEBSTER MD, LANE H FP  
WALNUT ST WELLSBORO PA 16901  
WIGERT MD, WALTER S P  
520 RUAM BLOSSBURG PA 16912  
WILLIAMS MD, HARRY FP  
222 W MAIN ST ELKLAND PA 16920  
WILSON MD, JAMES L FP  
25 WALNUT ST WELLSBORO PA 16901

## Union County

ANTONIO MD, MELVIN Q GS  
3 HOSPITAL DR LEWISBURG PA 17837  
ARBOGAST JR MD, JOHN W OBG  
3 HOSPITAL DR LEWISBURG PA 17837  
ARBOGAST SR MD, JOHN W FP  
COLLEGE PARK LEWISBURG PA 17837  
BETZ MD, LOUIS H OPH  
3 HOSPITAL DR LEWISBURG PA 17837  
DAVIS MD, SIDNEY D  
48 WALNUT ST MILTON PA 17847  
DEER MD, FREDERICK S IM  
STATE SCHOOL-HOSP LAURELTON PA 17835  
DIX JR MD, ROBT C FP  
131 BROADWAY MILTON PA 17847  
DONOVAN JR MD, JOHN A ORS  
3 HOSPITAL DR LEWISBURG PA 17837  
EVANS MD, HAROLD H FP  
422 MARKET ST MIFFLINBURG PA 17844  
FAIRWEATHER MD, JACK L OBG  
129 MARKET ST LEWISBURG PA 17837  
FELEPPA MD, VIRGINIA B IM  
R D 6 DANVILLE PA 17821  
GINSBURG MD, JOHN L FP  
134 S 16TH ST LEWISBURG PA 17837  
GRAY MD, DAVID W GS  
1717 MARKET ST LEWISBURG PA 17837  
HOYLE MD, J PRESTON PD  
226 S 3RD ST LEWISBURG PA 17837  
KRONER MD, LAWRENCE R P  
3 HOSPITAL DR LEWISBURG PA 17837  
MALCOLM JR MD, JOHN A PTH  
RD 1 SUNBURY PA 17801

MUSSER MD, WM T FP  
100 CHESTNUT ST MIFFLINBURG PA 17844  
PERSHING JR MD, AMOS V FP  
508 MAIN ST HATSUNTOWN PA 17777  
PERSHING MD, JOHN H IM  
STEIN LANE LEWISBURG PA 17837  
REGALADO MD, REGULUS D GS  
612 LOGAN ST LEWISBURG PA 17837  
REISH MD, WILLIAM G ORS  
3 HOSPITAL DR LEWISBURG PA 17837  
RINCK 2ND MD, GEO W FP  
126 MAIN ST MIDDLEBURG PA 17842  
SAVIDGE MD, THOS O IM  
R D 1 LEWISBURG PA 17837  
STACKOWSKI MD, MARYJANE R  
EVANGELICAL COMM HOSP LEWISBURG PA 17837  
STECKEL MD, DONALD C IM  
R D 1 SPRUCE HILLS LEWISBURG PA 17837  
VELAYO MD, DANTE P GS  
3 HOSPITAL DR LEWISBURG PA 17837  
WARD MD, H RICHARD FP  
R D 1 MIFFLINBURG PA 17844  
WEBER MD, WM H FP  
SHUMAN ST MIDDLEBURG PA 17842  
WEIBEL MD, DAVID C U  
700 MARKET ST LEWISBURG PA 17837  
WEIGHTMAN MD, JOS FP  
BUCKNELL UNIV DISPENSAR LEWISBURG PA 17837  
WILLIAMS MD, IRVING FP  
COLLEGE PARK LEWISBURG PA 17837  
WOODCOCK MD, CHAS H GS  
342 N FRONT ST MILTON PA 17847  
YANACCONI MD, ROBT FP  
611 MAIN ST WATSONTOWN PA 17777

## Venango County

ALARCON MD, FALCON H GS  
R D 1 BOX 40 OIL CITY PA 16301  
ANDERSON MD, WM C FP  
RD 1 PONE LN FRANKLIN PA 16323  
AOUN MD, KAMAL H IM  
515 GREEN BLDG FRANKLIN PA 16323  
BARNES MD, BARBARA E IM  
TITUSVILLE HOSPITAL TITUSVILLE PA 16354  
BEALS MD, NORMAN K FP  
1258 ELK ST FRANKLIN PA 16323  
BLANCHARD MD, DUNOVAN C FP  
1122 LIBERTY ST FRANKLIN PA 16323  
BOYER MD, WALTER E FP  
9 GLENVIEW AVE OIL CITY PA 16301  
BROWN MD, MANSON GS  
PARK MED CTR FRANKLIN PA 16323  
CARROLL MD, FRANK E R  
1 SPRUCE ST FRANKLIN PA 16323  
CENEDELLA MD, STEPHEN C IM  
150 PROSPECT AVE FRANKLIN PA 16323  
CHEN MD, HENG-YU OBG  
614 E MAIN ST TITUSVILLE PA 16354  
CORBET MD, ROLAND H AN  
OIL CITY HOSP OIL CITY PA 16301  
DANN MD, HERBERT A IM  
150 PROSPECT AVE FRANKLIN PA 16323  
DUNN MD, JOS P FP  
407 THIRD ST TITUSVILLE PA 16354  
ELDER JR MD, WM H PD  
163 E BISSELL AVE OIL CITY PA 16302  
ELIAS MD, SELIN A FP  
1328 LIBERTY ST FRANKLIN PA 16323  
EMERSON MD, JOHN A OPH  
1261 ELK ST FRANKLIN PA 16323  
EMMOLO MD, ALFONSE A IM  
122 W 1ST ST OIL CITY PA 16301  
ENGLE MD, JOS H US  
150 PROSPECT AVE FRANKLIN PA 16323  
ESPARRAGUERA MD, FRANCISCO U  
9 GLENVIEW AVE OIL CITY PA 16301  
FAN MD, YOUNG C GS  
401 E WALNUT ST TITUSVILLE PA 16354  
FEE JR MD, WM H IM  
150 PROSPECT AVE FRANKLIN PA 16323  
FRANLEY MD, RICHARD K FP  
R D 3 TITUSVILLE PA 16354  
GABRESKI MD, THADDEUS S FP  
105 WOODLAND DR OIL CITY PA 16301  
GARDNER MD, THOS A R  
1 SPRUCE ST FRANKLIN PA 16323  
GIROUX MD, ARTHUR S IM  
150 PROSPECT AVE FRANKLIN PA 16323  
GLOWACKI MD, FRANCIS L AN  
FRANKLIN HOSP FRANKLIN PA 16323  
GOLD MD, ARNOLD Z IM  
122 W 1ST ST OIL CITY PA 16301  
GOODWIN MD, ANDREW W IM  
34 SENECA ST OIL CITY PA 16301  
GRIFFEN MD, HELEN S PTH  
1 SPRUCE ST FRANKLIN PA 16323  
GRIFFEN MD, R HOWARD PTH  
1 SPRUCE ST FRANKLIN PA 16323  
HADLEY MD, JAMES E FP  
222 SENECA ST OIL CITY PA 16301  
HAGUE MD, J BRUCE FP  
413 W ELM ST TITUSVILLE PA 16354  
HAJI-DJAFARI MD, AZIZEH PTH  
174 E BISSELL AVE OIL CITY PA 16301  
HAM MD, JAMES W OBG  
150 PROSPECT AVE STE 20 FRANKLIN PA 16323  
HARTMAN MD, MICHAEL J ORS  
201 WEST MAIN ST TITUSVILLE PA 16354  
HEASLEY MD, KENNETH H FP  
BOX 128 TIONEPA PA 16353  
HERMAN MD, STEPHEN P PD  
155 E 76TH ST APT 7C NEW YORK NY 10021  
HOFFMAN MD, KELSE M IM  
315 N MAIN ST BUTLER PA 16001  
HOLMES MD, ROBT B OBG  
9 GLENVIEW AVE OIL CITY PA 16301  
HOMILY MD, BLESSING GS  
UNION STREET CLINIC TITUSVILLE PA 16354  
HOUSER MD, JAMES J IM  
150 PROSPECT AVE FRANKLIN PA 16323  
INGHAM MD, ALBERT J FP  
594 MAXWELL DR TITUSVILLE PA 16354  
JOHNSTON MD, JAMES B P  
9 GLENVIEW AVE OIL CITY PA 16301  
KANHOFFER MD, HARRY OTO  
129 N FRANKLIN ST TITUSVILLE PA 16354  
KLEIN MD, ROLF A ORS  
150 PROSPECT AVE FRANKLIN PA 16323  
KUMAR MD, MARINATH V U  
32 SENECA ST OIL CITY PA 16301  
LANDOLT MD, DOLORES M PD  
9 GLENVIEW AVE OIL CITY PA 16301  
LAYERDE MD, PHILIP S GS  
174 E BISSELL AVE OIL CITY PA 16301  
LEVINE MD, LEO A FP  
221 VEACH BLDG OIL CITY PA 16301  
LIBERMAN MD, ALBERTO J OBG  
7 VO-TECH DR 1-B OIL CITY PA 16301  
MAKNOON MD, ALI A ORS  
169 E BISSELL AVE OIL CITY PA 16301  
MARSHALL MD, JANE M FP  
RD 2 SENECA PA 16346  
MASON MD, CHAS E R  
1 SPRUCE ST FRANKLIN PA 16323  
MAURER MD, CAROL N P  
15 STEWART RD OIL CITY PA 16301  
MCCANDLESS MD, GARRETT C FP  
1228 ELK ST FRANKLIN PA 16323  
MCCANDLESS MD, PAULINE W FP  
1228 ELK ST FRANKLIN PA 16323  
MCCANDLESS MD, WARREN J FP  
1228 ELK ST FRANKLIN PA 16323  
MCCARTER MD, SAML B R  
7 STEWART RD OIL CITY PA 16301  
MCCLELLAND MD, JAMES H US  
112 E MAIN ST GROVE CITY PA 16127  
MCJILTON MD, ROY A OTO  
150 PROSPECT AVE FRANKLIN PA 16323  
NAZZARO MD, RALPH GS  
202 UNION ST TITUSVILLE PA 16354  
NEWELL MD, MERL A FP  
BUTLER ST CLINTONVILLE PA 16372  
NORDSTROM MD, CHESTER A OPH  
BOX 510 FRANKLIN PA 16323  
PADIN MD, FREDERICO A U  
150 PROSPECT AVE FRANKLIN PA 16323  
PARVA MD, GHASEM PTH  
OIL CITY HOSP OIL CITY PA 16301  
PETERS MD, LEONARD L GS  
320 16TH ST FRANKLIN PA 16323  
PHADKE MD, MADHAV V GS  
28 SENECA STREET OIL CITY PA 16301  
PHADKE MD, USHA M AN  
4 PAUL REVERE DR OIL CITY PA 16301  
PILEWSKI MD, ROBT M IM  
122 W 1ST OIL CITY PA 16301  
POTRIER MD, WILLIAM T OTO  
GDN TERRACE APTS 12 FRANKLIN PA 16323  
POZZA MD, NICHOLAS J GS  
29 OAKWOOD DR OIL CITY PA 16301  
REAMER MD, DONALD M R  
304 E BISSELL AVE OIL CITY PA 16301  
RESINGER MD, WM E R  
E R OIL CITY HOSP OIL CITY PA 16301  
RIGHTOR MD, JOHN T FP  
204 CENTRAL AVE OIL CITY PA 16302  
RODDE MD, ALBERT G US  
1 SPRUCE ST FRANKLIN PA 16342  
SECHLER MD, EDITH M P  
POLK STATE SCHOOL-HOSP POLK PA 16342  
STEWART MD, WILLARD D FP  
121 W STATE ST PLEASANTVILLE PA 16341  
SUK MD, JIN H PTH  
FRANKLIN HOSP FRANKLIN PA 16323  
TAYLOR MD, ROBT L GS  
UNION AND WASHINGTON ST TITUSVILLE PA 16354  
THOMAS MD, THOS FP  
30 SENECA ST OIL CITY PA 16301  
THOMPSON MD, PETER J IM  
150 PROSPECT AVE FRANKLIN PA 16323  
TINNEY MD, THOS E OTO  
302 DRAKE BLDG OIL CITY PA 16301  
VANTILBURG MD, CHAS P PD  
1416 LIBERTY ST FRANKLIN PA 16323  
VUKMER MD, GEORGE J R  
226 E MAIN ST TITUSVILLE PA 16354  
WAGNER MD, LOUIS J GS  
RD 3 BOX 369 FRANKLIN PA 16323  
WAGNER MD, ROBT A OBG  
150 PROSPECT AVE STE 20 FRANKLIN PA 16323  
WELLS JR MD, HANEY A PTH  
TITUSVILLE HOSPITAL TITUSVILLE PA 16354  
WELLS MD, MARGARET S FP  
OAKWOOD MANOR TITUSVILLE PA 16354  
WELTY MD, JAMES A FP  
301 W 1ST ST OIL CITY PA 16301  
WOOLRIDGE JR MD, J HAYES GS  
1 SPRUCE ST FRANKLIN PA 16323  
WRIGHT MD, DAVIO L PD  
150 PROSPECT ST FRANKLIN PA 16323



## Washington County

GEMMILL MD, WALTER D	US
1102 WALNUT ST HOLLIDAYSBURG PA 16648	
GOLDSTONE MD, HARRY A	IM
R D 1 FREDERICKTOWN PA 15333	
GOLOMB MD, NORMAN G	FP
811 W MAIN ST MONONGAHELA PA 15063	
GRAF MD, DAVID F	AN
WASHINGTON HOSPITAL WASHINGTON PA 15301	
GRAHAM MD, MARSHALL W	FP
659 E BEAU ST WASHINGTON PA 15301	
HALL JR MD, JOHN H	IM
55 HIGHLAND AVE WASHINGTON PA 15301	
HANNIGAN MD, MARTIN J	FP
1227 COUNTRY CLUB RD MONONGAHELA PA 15063	
HANNON MD, JOHN W	PRM
6 S MAIN ST WASHINGTON PA 15301	
HARKCOM MD, RICHARD K	GS
37 HIGHLAND AVE WASHINGTON PA 15301	
HAZLETT MD, FRANK D	PD
600 NE 20 ST 1 APT 205 DANIA FL 33004	
HEADLEY MD, CHAUNCEY R	OBG
37 HIGHLAND AVE WASHINGTON PA 15301	
HEBS JR MD, GRANT E	FP
6 S MAIN ST WASHINGTON PA 15301	
HISRICH MD, GLENN D	ORS
636 WASH TRUST BLDG WASHINGTON PA 15301	
HO MD, YEE C	FP
RD 2 BOX 10368 BURGETTSTOWN PA 15021	
HOMMAN MD, KARL V	TS
124 S McDONALD ST McDONALD PA 15057	
HSU MD, SHIEN S	FP
205 E LINCOLN AVE MC DONALD PA 15057	
HUGHES MD, JOS P	FP
509 W MAIN ST MONONGAHELA PA 15063	
HUGHEY MD, JAMES R	FP
303 W LINCOLN AVE MC DONALD PA 15057	
INGRAM MD, DAVID N	US
849 W PIKE ST HOUSTON PA 15342	
KAPLAN MD, ABRAHAM	TS
CENTERVILLE CLINIC RD 1 FREDERICKTOWN PA 15333	
KIM MD, KUN H	ORS
CTRVILLE MED GROUP RD 1 FREDERICKTOWN PA 15333	
KIM MD, SONG K	FP
335 HUNTING CREEK RD CANONSBURG PA 15317	
KITSKO DO, DENNIS	FP
826 N MAIN ST WASHINGTON PA 15301	
KITTRELL MD, WM H	FP
212 E MC MURRAY RD MCMURRAY PA 15317	
KLEIN MD, FRED S	PD
107 GREEN RIDGE DR MONONGAHELA PA 15063	
KROH MD, DEAN F	FP
CENTERVILLE CLINIC R D FREDERICKTOWN PA 15333	
KROSNOFF II MD, MICHAEL	GS
4 LEMOYNE AVE EXT WASHINGTON PA 15301	
KUHNS MD, HOWARD D	PD
324 THRD ST CALIFORNIA PA 15419	
KUMAR MD, ASHOK	IM
104 CEDARHILL DR MCMURRAY PA 15317	
LARGE MD, FRED D	FP
228 MAIN ST CLAYSVILLE PA 15323	
LEE MD, HAK S	AN
CANONSBURG GEN HOSP CANONSBURG PA 15317	
LESLIE MD, DAVID C	OBG
37 HIGHLAND AVE WASHINGTON PA 15301	
LESNOCK MD, ROBT G	FP
865 DUNCAN AVE WASHINGTON PA 15301	
LESTER MD, DANL E	IM
R D 1 FREDERICKTOWN PA 15333	
MANNING MD, MILTON F	FP
HORTON BLDG BEALLSVILLE PA 15313	
MARTIN JR MD, JOHN B	IM
BOX 386 FREDERICKTOWN PA 15333	
MARTIN MD, JOHN B	FP
BOX 397 FREDERICKTOWN PA 15333	
MAXWELL MD, ALAN J	FP
155 WILSON AVE WASHINGTON PA 15301	
MCCARRELL MD, JOHN K	FP
HICKORY PA 15340	
MCCARTHY MD, EDWARD L	OPH
12 W PIKE ST CANONSBURG PA 15317	
MCGINNIS MD, JOHN C	PM
WASHINGTON HOSP WASHINGTON PA 15301	
MCMAHAN MD, JOS N	GS
622 W MAIN ST WASHINGTON PA 15301	
MCMAHAN MD, WM J	R
74 STONEHENGE DR WASHINGTON PA 15301	
MCMASTER MD, GILBERT B	AN
111 ROBINHOOD LANE MC MURRAY PA 15317	
MEINDL MD, GEO T	R
WASHINGTON HOSPITAL WASHINGTON PA 15301	
MERZI MD, ALLEN J	GS
150 W BEAU ST WASHINGTON PA 15301	
NEMANI MD, PANDHARINATH	ORS
PARK SHOPPING CTR GRAND MONESSEN PA 15062	
NICHOLLS MD, S GLENNE	FP
37 HIGHLAND AVE WASHINGTON PA 15301	
NIES MD, GERALD F	OTO
27 HIGHLAND AVE WASHINGTON PA 15301	
NOBLE MD, ELLENETTA B	FP
339 E BEAU ST WASHINGTON PA 15301	
OTVOS MD, EMERY G	GS
700 SHAFNER AVE BROWNSVILLE PA 15417	
PALUSO MD, ARTHUR K	FP
520 MC KEAN AVE CHARLEROI PA 15022	
PALUSO MD, EUGENE F	FP
400 JEFFERSON AVE WASHINGTON PA 15301	
PALUSO MD, JOHN R	FP
517 E CHESTNUT ST WASHINGTON PA 15301	
PARENT JR MD, FERNAND N	GS
426 W MAIN ST MONONGAHELA PA 15063	
PARK MD, YOUNG C	AN
CANONSBURG HOSP CANONSBURG PA 15317	
PATAKI MD, RICHARD S	PTH
155 WILSON AVE WASHINGTON PA 15301	
PETRO MD, DIMITRI M	FP
718 MCKEAN AVE DONORA PA 15033	



PHANSE MD, KALYANI M ORG  
510 N WASHINGTON RD MCMURRAY PA 15317  
PIRRIS MD, JOHN U  
416 WILSON AVE WASHINGTON PA 15301  
PIZZI MD, WILSON B N  
18 WILSON AVE WASHINGTON PA 15301  
PRIDEAUX JR MD, WM A FP  
257 MAIN ST CLAYSVILLE PA 15323  
PROUDFIT MD, J PAUL IM  
70 E BEAU ST WASHINGTON PA 15301  
QUETSCH MD, LEONARD J TS  
140 LEMOYNE AVE WASHINGTON PA 15301  
RAINES MD, FREDERICK S OS  
1304 SUNNY BROOK RD WASHINGTON PA 15301  
RAMNSLEY MD, HERBERT H ORG  
165 LEMOYNE AVE WASHINGTON PA 15301  
REILLY JR MD, WM M OPH  
55 HIGHLAND AVE WASHINGTON PA 15301  
REISINGER JR MD, WM E R  
88 CRAVEN DR CHARLEROI PA 15022  
RICHARDSON MD, JAMES E FP  
55 HIGHLAND AVE WASHINGTON PA 15301  
RICHARDSON MD, ROSS E ORS  
RD 2 BOX 79 EIGHTY-FOUR PA 15330  
RIGGLE MD, PAUL P GS  
407 N MADE AVE WASHINGTON PA 15301  
ROBERTO MD, ALBERT E TS  
1604 ASHLAWN DR UPPER ST CLAIR PA 15241  
RONGAUS MD, WALTER F GS  
601 THOMPSON AVE DONORA PA 15033  
RONGAUS MD, WM J FP  
601 THOMPSON AVE DONORA PA 15033  
RUBEN MD, JEROLD R IM  
55 HIGHLAND AVE WASHINGTON PA 15301  
RUBEN MD, MALCOLM E U  
416 WILSON AVE WASHINGTON PA 15301  
RUDD MD, MARVIN P  
CENTERVILLE CLINIC RD 1 FREDERICKTOWN PA 15333  
SAFRAN MD, SIDNEY FP  
508 N WASHINGTON RD MCMURRAY PA 15317  
SALVITTI MD, E RONALD FP  
600 JEFFERSON AVE WASHINGTON PA 15301  
SCHMIELER MD, GEO P FP  
615 1ST ST CANONSBURG PA 15317  
SCHMIELER MD, GEORGE C IM  
155 WILSON AVE WASHINGTON PA 15301  
SHAH MD, DAKSHA A ORG  
CENTERVILLE MED GROUP FREDERICKTOWN PA 15333  
SHARMAN MD, MICHAEL H FP  
34 N JEFFERSON AVE CANONSBURG PA 15317  
SHELTON MD, JOS M D  
933 WASH TRUST BLDG WASHINGTON PA 15301  
SIDOM DO, WILLIAM H P  
2337 MILLGROVE RD PITTSBURGH PA 15241  
SIEGEL MD, JOS F PD  
212 GLOBAL BLDG WASHINGTON PA 15301  
SIGNORELLA MD, LOUIS FP  
615 E MC MURRAY RD MC MURRAY PA 15317  
SMITH JR MD, PERRY C IM  
69 E BEAU ST WASHINGTON PA 15301  
SOBEL MD, BERNARD H OPH  
420 FALLOWFIELD AVE CHARLEROI PA 15022  
SORENSEN MD, ALFRED L D  
212 E MC MURRAY RD MC MURRAY PA 15317  
SPANAGIANS MD, ANGELO J FP  
BOX 368 BURGETTSTOWN PA 15021  
SPROWLS MD, JAY R FP  
4 WEST PIKE HOUSTON PA 15342  
SQUIRES MD, CHAS L FP  
2781 BINGHAM DR PITTSBURGH PA 15241  
STAHL MD, CARL E IM  
222 ELLSWORTH ST CALIFORNIA PA 15419  
STEPHENS MD, JOSEPHINE M PD  
701 W MAIN ST MONONGAHELA PA 15063  
STEVENS MD, MALCOLM S FP  
6200 TREVA ST FINLEYVILLE PA 15332  
STINELY MD, REGIS W PTH  
WASHINGTON HOSPITAL WASHINGTON PA 15301  
STUTZ MD, MARTIN FP  
6 S MAIN ST WASHINGTON PA 15301  
TIBBENS MD, GEO F OPH  
6 S MAIN ST WASHINGTON PA 15301  
TRIPOLI MD, CHAS J FP  
50 APPLE VALLEY DR WASHINGTON PA 15301  
UY MD, HENRY T R  
304 OAKLAWN DR PITTSBURGH PA 15241  
VACCARO MD, PHILIP F US  
129 TOWER ST MONONGAHELA PA 15063  
VALLEJO MD, MANUEL C GS  
514 N WASHINGTON RD MCMURRAY PA 15317  
VANCE MD, MAUDE V FP  
700 SHAFNER AVE BROWNSVILLE PA 15417  
VANSTRIEN MD, ADRIAN R IM  
69 E BEAU ST WASHINGTON PA 15301  
VESELY MD, JOHN A GS  
MEMORIAL HOSP MONONGAHELA PA 15063  
WADHWANI MD, BHAGWAN J IM  
114 ALKIM DRIVE BROWNSVILLE PA 15417  
WAGENSELLER MD, FRANK C FP  
142 PENNSYLVANIA AVE BRIDGEVILLE PA 15017  
WELDON MD, JOHN F FP  
51 CRAVEN DR CHARLEROI PA 15022  
WHALEN MD, THOMAS J FP  
104 WASHINGTON RD MCMURRAY PA 15317  
WHITE MD, DAVID A IM  
CENTRYL CLIN RD 1 FREDERICKTOWN PA 15333  
WOODNICKI MD, MUISES P  
401 SHADY AVE SUITE 301 PITTSBURGH PA 15206  
WORSHTIL MD, MARK E FP  
155 WILSON AVE WASHINGTON PA 15301  
ZADECKY MD, LEONARD B IM  
1257 COUNTRY CLUB RD MONONGAHELA PA 15063  
ZAFAR MD, TASNEEM S PTH  
192 COCHRAN RD MT LEBANON PA 15228  
ZUBCHEVICH MD, EMIRA D P  
P O BOX 61 BEALLSVILLE PA 15313

## Wayne-Pike County

ATKINSON MD, JOHN M ORG  
BOX 93 BEACH LAKE PA 18405  
BULLOCK MD, JACK S IM  
307 BROAD ST MILFORD PA 18337  
DENAR MD, WM R FP  
SR BOX 73 PAUPACK PA 18451  
HEISLEY MD, NELLIE CASSELL FP  
CRESCENT CTY FL 32012  
KLAER MD, HARVEY FP  
209 E HIGH ST MILFORD PA 18337  
KOCH MD, HAROLD W R  
924 CHURCH ST HONESDALE PA 18431  
KORHT MD, ALAN E PD  
W A M F TAFTON PA 18464  
NIESEN MD, EMIL T FP  
602 CHURCH ST HONESDALE PA 18431  
OMENS MD, HOBART N IM  
416 CHURCH ST HAWLEY PA 18428  
PARDINE MD, MARILYN T GS  
404 KEYSTONE ST HAWLEY PA 18428  
PATTON MD, HOWARD R IM  
1211 WEST ST HONESDALE PA 18431  
PETKUS MD, JOHN A FP  
SHOHOLA PA 18458  
PROBST MD, HARRY D GS  
507 HIGH ST HONESDALE PA 18431  
TJETJEN MD, GEORGE W GS  
1302 OVERLOOK AVE HONESDALE PA 18431  
TULLY MD, VINCENT J FP  
1325 MAIN ST HONESDALE PA 18431

## Westmoreland County

ABER MD, JOHN M FP  
435 RIDGE RD GREENSBURG PA 15601  
ABOOSI MD, ALI J PD  
599 N CHURCH ST MT PLEASANT PA 15666  
ABUL-FADL MD, YAHYA IM  
606B S CHURCH ST MT PLEASANT PA 15666  
ALI MD, ABU N OTO  
N GREENGATE PROF BLDG JEANNETTE PA 15644  
ALMALLAH MD, AHMAD Y GS  
599 N CHURCH ST MT PLEASANT PA 15666  
ALMALLAH MD, SHADIYA ORG  
599 N CHURCH ST MT PLEASANT PA 15666  
ALPONAT MD, ORHAN S ORG  
55 N MAIN ST MT PLEASANT PA 15666  
AMBROSE MD, C HUBER OTO  
1200 S MAGNOLIA DRIVE INDIALANTIC FL 32903  
ANTOON JR MD, SALLEEM J U  
502 5TH ST NEW KENSINGTON PA 15068  
ARMANIOUS MD, ADEL W GS  
1100 LIGONIER ST LATROBE PA 15650  
ASSANASEN MD, BENJA V PD  
R D 1 BOX 205 AVONMORE PA 15618  
ASSANASEN MD, CHARIN IM  
R D 1 BOX 205 AVONMORE PA 15618  
AYOUB MD, OMAR B FP  
408 CLAY AVE JEANNETTE PA 15644  
BALCITA MD, ARTHUR L ORG  
614 4TH AVE NEW KENSINGTON PA 15068  
BARBER MD, JOHN V U  
PROFESSIONAL BLDG GREENSBURG PA 15601  
BARNES II MD, ARTHUR E IM  
1260 MARTIN AVE NEW KENSINGTON PA 15068  
BARNHART MD, ARTHUR D FP  
31 S 4TH ST YOUNGWOOD PA 15697  
BARSOUM MD, ADIB H NS  
226 S MAPLE AVE 201 GREENSBURG PA 15601  
BARUA MD, SUBRATA P ORS  
BOX L ROUTE 119 NEW STANTON PA 15672  
BELLANCA JR MD, GUY L FP  
7 N 4TH ST YOUNGWOOD PA 15697  
BERARDI MD, RONALD S PTH  
LATROBE AREA HOSP LATROBE PA 15650  
BERBERICH MD, WALTER F IM  
4002 E SAN JUAN PHOENIX AZ 85018  
BERMAN MD, HOWARD J PTH  
139 HARTWOOD DR PITTSBURGH PA 15208  
BERONILLA MD, HILARIUM A GS  
401 PITTSBURGH ST SCOTSDALE PA 15683  
BEYER JR MD, FRANCIS D PTH  
3021 WILLIAMSBURG DR LATROBE PA 15650  
BIERER MD, WM E FP  
121 N MAIN ST GREENSBURG PA 15601  
BLACKBURN MD, LAWRENCE F IM  
20 CYPRESS DR GREENSBURG PA 15601  
BLAIR MD, JOHN F IM  
428 W 4TH ST DERRY PA 15627  
BLATCHLEY MD, DONALD M D  
225 PROF BLDG GREENSBURG PA 15601  
BONADO MD, POMPEYO B GS  
26 RUTH PLACE BELLE VERNON PA 15012  
BORTZ MD, DONALD W IM  
559 SHEARER ST GREENSBURG PA 15601  
BORTZ MD, WALTER M IM  
559 SHEARER ST GREENSBURG PA 15601  
BOYLE MD, BRUCE C ORG  
559 SHEARER ST GREENSBURG PA 15601  
BRADLEY JR MD, WM A FP  
101 CLAY PIKE N HUNTINGDON PA 15642  
BRADY MD, DOUGLAS F GS  
448 RIDGE AVE NEW KENSINGTON PA 15068  
BRALLIER MD, HUGH W FP  
HIGH ACRES LIGONIER PA 15658  
BRANT MD, CARL E OPH  
121 N MAIN ST GREENSBURG PA 15601  
BROWN MD, DONALD C GS  
100 PENNSYLVANIA AVE IRWIN PA 15642  
BUCCI MD, JOS F OTO  
305 EVERSON AVE SCOTSDALE PA 15683  
BUSHYAGER MD, RONALD R FP  
410 OAK ST IRWIN PA 15642  
CAMPANA MD, FREDERICK T FP  
331 SCHOONMAKER AVE MONESSEN PA 15062  
CARETTI MD, J WILLIAM ORG  
559 SHEARER ST GREENSBURG PA 15601  
CARTER MD, DONALD L ORG  
614 FOURTH AVE NEW KENSINGTON PA 15068  
CARTER MD, JAMES S US  
9 SPRING RUN RD GREENSBURG PA 15601  
CATALANO JR MD, LOUIS W N  
314 DEBORAH DR LATROBE PA 15650  
CATALANO MD, KATHLEEN F PD  
314 DEBORAH DR LATROBE PA 15650  
CERASO MD, LOUIS C FP  
608 CRAIGDELL GARDENS NEW KENSINGTON PA 15068  
CERNE MD, ANDREW J FP  
HERMINIE PA 15637  
CHANG MD, CHARLES H ORG  
599 N CHURCH ST MT PLEASANT PA 15666  
CHERNEW MD, IRWIN M PTH  
5620 MARLBORO RD PITTSBURGH PA 15217  
CLEARFISH MD, RONALD J R  
CITIZENS GEN HOSP NEW KENSINGTON PA 15068  
CLEMENTS MD, DAVID H ORG  
448 RIDGE AVE NEW KENSINGTON PA 15068  
COBETTO MD, BERNARD H R  
411 S MAIN ST GREENSBURG PA 15601  
COLE MD, RICHARD S GS  
EASTWOOD PROF CTR GREENSBURG PA 15601  
CONN MD, ROSS S R  
202 NOBLE VISTA AVE GREENSBURG PA 15601  
CONTE MD, ROBT R ORG  
1010 LIGONIER ST LATROBE PA 15650  
COPE MD, JOHN R FP  
MAPLEWOOD TERRACE GREENSBURG PA 15601  
COSME MD, EDGAR Z AN  
WESTMORELAND HOSP GREENSBURG PA 15601  
COUCH MD, F BOYD FP  
365 MOHEND ST SPRINGDALE PA 15144  
COURTNEY MD, WM B ORG  
559 SHEARER ST GREENSBURG PA 15601  
CROUSE MD, GEO W FP  
19 N 4TH ST YOUNGWOOD PA 15697  
CROYLE MD, RAY W PD  
BOX 8 PARNASSUS STATION NEW KENSINGTON PA 15068  
CURRIE MD, PHILIP W ORG  
1010 LIGONIER ST LATROBE PA 15650  
CURTIN MD, JEROME E GS  
1006 LIGONIER ST LATROBE PA 15650  
DAKIN MD, THEODORA P FP  
3138 OAK ST MURRYSVILLE PA 15668  
DAVIE MD, FRANK M GS  
163 COLUMBIA AVE VANDERGRIFT PA 15690  
DEGREORY DO, THOMAS R FP  
559 SHEARER ST GREENSBURG PA 15601  
DESMOND MD, JOHN S FP  
GREENVIEW ARMS APTS GREENSBURG PA 15601  
DIBAGNO MD, GENO J R  
RD 6 BOX 130-C GREENSBURG PA 15601  
DIDDLE MD, KENNETH W IM  
601 MICHIGAN JEANNETTE PA 15644  
DOHERTY MD, JOS C FP  
1748 LINCOLN AVE LATROBE PA 15650  
DONCASTER MD, RICHARD M FP  
904 KUNKLE AVE GREENSBURG PA 15601  
DONOFIO MD, PATSY A FP  
601 MICHIGAN AVE JEANNETTE PA 15644  
DOTTERWAY MD, BLANCHE E FP  
36 AVENUE A LATROBE PA 15650  
DUBNANSKY MD, JOHN E US  
TROTWOOD MNR BLD 204 NEW STANTON PA 15672  
DULL MD, JAMES A GS  
559 SHEARER ST GREENSBURG PA 15601  
EDGAR JR MD, FRANK D AN  
620 OAK HILL LANE GREENSBURG PA 15601  
EISEMAN JR MD, PAUL C ORS  
1010 LIGONIER ST LATROBE PA 15650  
ELATTRACHE MD, SELIM ORS  
606 S CHURCH ST MT PLEASANT PA 15666  
ELIGATOR MD, JULIAN IM  
RUSSELLTON MED GROUP NEW KENSINGTON PA 15068  
ENYEART MD, HARVEY F FP  
228 S 5TH ST JEANNETTE PA 15644  
FEIGHTNER MD, FRANCIS W R  
345 MAPLE DR GREENSBURG PA 15601  
FLEEGLER MD, SAUL M IM  
534 5TH AVE NEW KENSINGTON PA 15068  
FLORENTIN MD, HERIBERTO M ORG  
301 BRIMSTONE BLDG CONNELLSVILLE PA 15425  
FONG MD, JAKE PRM  
35 FAIRWAY DR GREENSBURG PA 15601  
FOSTER MD, WALTER D R  
433 RIDGE RD GREENSBURG PA 15601  
FRIEDBERG MD, LAWRENCE E GS  
315 DEPOT ST LATROBE PA 15650  
FRONUTTI MD, LUCIAN J GS  
4575 COVE CR #906 MADEIRA BEACH FL 33708  
FUSIA JR MD, DONALD A IM  
448 RIDGE NEW KENSINGTON PA 15068  
GEMMILL MD, WILLIAM P US  
520 E RIDGE VILLAGE DR MIAMI FLA 33157  
GENATO MD, JAIME M FP  
1330 DELLVIEW DR GREENSBURG PA 15601  
GESSNER MD, THOMAS P PD  
1100 LIGONIER ST LATROBE PA 15650  
GIBSON MD, F CLAY FP  
1006 LIGONIER ST LATROBE PA 15650  
GICK MD, STEPHEN A ORS  
RD 2 BOX 390-AB LIGONIER PA 15658  
GILBERT JR MD, EARL B FP  
212 N CHESTNUT ST SCOTSDALE PA 15683



GILLESPIE MD, HANNY K	PD	LIGHT MD, WILMA C	PD	PELUCIO MD, JOSE A	US
1825 PENNA AVE IRWIN PA 15642		1100 LIGONIER ST LATROBE PA 15650		231 EVEREST DR N HUNTINGDON PA 15642	
GORDON MD, HAKULU E	PTH	LIPINSKI MD, JOS F	GS	PERRONE JR MD, FRANK P	GS
117 S ST CLAIR ST LIGONIER PA 15658		1136 PARKVIEW DR NEW KENSINGTON PA 15608	U	559 SHEARER ST GREENSBURG PA 15601	ORS
GORDON MD, MILTON S	FP	LISKA MD, JOHN R	U	PETERSON JR MD, JAY B	ORS
622 4TH AVE NEW KENSINGTON PA 15068		EASTWOOD PROFESSIONAL CT GREENSBURG PA 15601	P	28 WINDHILL DR GREENSBURG PA 15601	GS
GORDON MD, ROBT S	FP	LISOWITZ MD, GERALD M	P	PETTRICK MD, THOS P	GS
R D 1 BOX 169A LATROBE PA 15650		226 S MAPLE AVE GREENSBURG PA 15601	FP	11 N LIGONIER ST LATROBE PA 15650	GS
GOVI MD, JOS R	IM	LUBOW MD, HARRY	FP	PEIFFER III MD, WILLIAM F	GS
RD 4 BOX 355-C LATROBE PA 15650		9801 COLLINS AVE APT 10 BAL HARBOUR FL 33154	IM	EASTWOOD PROF CENTER GREENSBURG PA 15601	IM
GNABIAK MD, GREGORY D	OTO	LUNDIE MD, WILLIAM M	R	217 S PENNSYLVANIA AVE GREENSBURG PA 15601	OBG
EAST HIGH ACRES GREENSBURG PA 15601		RD 1 BOX 364A APOLLO PA 15613	ORS	PLUMMER MD, LLOYD G	TS
GREIZMAN MD, SAUL	P	LYNCH MD, JAMES R	FP	315 DEPOT ST LATROBE PA 15650	TS
STATE HOSP TORRANCE PA 15779		LATROBE AREA HOSP RAD LATROBE PA 15650	FP	POURHAMIDI MD, ABOL H	IM
HALE MD, WAYNE A	FP	MAHALINGAPPA MD, C	FP	100 PENNSYLVANIA AVE IRWIN PA 15642	IM
RD 3 BOX 88A LIGONIER PA 15658		BOX L ROUTE 119 NEW STANTON PA 15672	FP	PRITTS MD, ROSE M	OBG
HALL MD, R NORTON	NS	MAIDA MD, FRANK V	FP	559 SHEARER ST GREENSBURG PA 15601	OBG
910 E PITTSBURGH ST GREENSBURG PA 15601		RD 1 BOX 300 ACME PA 15610	FP	PROMUBOL MD, YUWAKEE	ORS
HAN MD, DALSOU	R	MAKDAO MD, AMEENE G	FP	RD 6 BX 2168 GREENSBURG PA 15601	ORS
305 MCCABE DR GREENSBURG PA 15601		539 GREENE ST GREENSBURG PA 15601	FP	RATHGEB MD, JOHN W	FP
HANES MD, KENNETH F	FP	MANKOVICH MD, PAUL A	FP	559 SHEARER ST GREENSBURG PA 15601	FP
224 N 2ND ST WEST NEWTON PA 15089		1748 LINCOLN AVE LATROBE PA 15650	P	RAZON MD, FLORFERIDA A	FP
HANNA MD, SALAH G	OS	MANNING MD, RUSSELL G	FP	7701 KIFER LA N HUNTINGDON PA 15642	FP
515 PITTSBURGH ST SPRINGDALE PA 15144		TORRANCE HOSP TORRANCE PA 15779	FP	REDDY MD, ROHINI K	FP
HARPER JR MD, JOHN J	PD	MARSH MD, WM E	FP	11 WEST HEMFIELD DR IRWIN PA 15642	OPH
1100 LIGONIER ST LATROBE PA 15650		226 S 5TH ST JEANNETTE PA 15644	FP	REEL MD, CHAS M	FP
HARRIS MD, CHESTER E	FP	MARTINAK MD, JOSEPH F	R	362 FREPORT ST NEW KENSINGTON PA 15068	FP
948 3RD AVE NEW KENSINGTON PA 15068		600 JEFFERSON AVE JEANNETTE PA 15644	GS	REILLY JR MD, PHILIP J	PD
HARRISON MD, FRANK D	R	MAURER MD, JOHN F	PTH	BOX 749 SMITHTON PA 15479	IM
CITIZENS GENERAL HOSP NEW KENSINGTON PA 15068		431 E PITTSBURGH ST GREENSBURG PA 15601	IM	RELIGIOSO MD, ELOISA P	FP
HARTMAN MD, M KING	OPH	MAXWELL MD, DORIS B	FP	618 JEFFERSON AVE JEANNETTE PA 15644	FP
516 PELLIS RD GREENSBURG PA 15601		559 SHEARER ST GREENSBURG PA 15601	FP	RELIGIOSO MD, ERSON L	FP
HATTOUM MD, PITTAGORE	OBG	MAYHEW MD, J MORGAN	FP	618 JEFFERSON AVE JEANNETTE PA 15644	FP
MONSOUR HOSPITAL JEANNETTE PA 15644		RD 5 BOX 133 GREENSBURG PA 15601	FP	REYNA MD, OSCAR D	FP
HAZLETT JR MD, WALTER S	FP	MAZRO MD, JOHN R	FP	2041/2 W MAIN ST LIGONIER PA 15658	FP
501 WELDON ST LATROBE PA 15650		LATROBE AREA HOSP LATROBE PA 15650	FP	RIZK MD, WAFI I	FP
MEISTER MD, JOS B	FP	MCCLOY MD, MERRITT J	FP	RD 1 PENNA AVE IRWIN PA 15642	N
2781 LEECHBURG RD LOWER BURRELL PA 15068		RIDGEVIEW RD RD 2 MT PLEASANT PA 15666	FP	ROSEN MD, JAMES A	FP
MERRON MD, EUGENE W	IM	MCCLEUNG MD, LARRY S	R	R D 2 BOX 645 GREENSBURG PA 15601	FP
5832 LINCOLN AVE EXPORT PA 15632		12600 MARTIN AVE NEW KENSINGTON PA 15068	PD	SANDOVAL MD, CONCHITA G	GS
HIGHBERGER MD, EDGAR S	P	MCCLEUNE MD, THOS D	FP	92 WILLIAMSBURG PL IRWIN PA 15642	GS
11 LYNNLEE DR GREENSBURG PA 15601		LATROBE AREA HOSP LATROBE PA 15650	FP	SANTAMARIA MD, FRANCISCO R	PD
HOFFMAN MD, WM J	R	MCGEARY MD, LESTER E	FP	101 E MAIN ST MT PLEASANT PA 15666	PD
LATROBE AREA HOSP LATROBE PA 15650		448 RIDGE AVE NEW KENSINGTON PA 15068	OTO	SARVER MD, RAY G	U
HOLST MD, ROBERT A	NS	MCKELVEY JR MD, PAUL G	IM	1100 LIGONIER ST LATROBE PA 15650	U
1100 LIGONIER ST LATROBE PA 15605		430 PELLIS RD GREENSBURG PA 15601	IM	PHYSICIANS BLDG JEANNETTE PA 15644	GS
HOUSTON MD, JAMES L	OBG	MCMURRAY MD, HENRY A	IM	SCHIED JR MD, JOHN E	FP
356 FREPORT ST NEW KENSINGTON PA 15068		175 HAWKSWORTH DR GREENSBURG PA 15601	IM	MED ARTS BLDG NATRONA HGTS PA 15065	FP
HUBER MD, GERARD N	FP	MCSTEEN MD, ARTHUR J	IM	SCHIED MD, GEO R	P
35-A DODD BLVD LAFB VA 23665		309 GREENVIEW DR GREENSBURG PA 15601	IM	236 WHITE OAK DRIVE NEW KENSINGTON PA 15068	FP
HUGHES MD, WM M	FP	MCWILLIAMS MD, FRED D	FP	SCHULTZ MD, THEODORE A	FP
102 N 3RD ST WEST NEWTON PA 15089		BOX 133 R D #8 GREENSBURG PA 15601	FP	218 S MAPLE AVE GREENSBURG PA 15601	FP
ICLI MD, NADIR	AN	MENDOZA JR MD, FRANCISCO M	IM	SCHUMAKER MD, DONALD H	GS
303 ELM DR GREENSBURG PA 15601		15 W HEMFIELD DR IRWIN PA 15642	IM	RD 2 LEECHBURG PA 15656	GS
IDUCOVICH MD, NICHOLAS	AN	MONSOUR MD, GARY P	FP	SCHWARTZ MD, JONATHAN	ORS
1103 HANTHORNE PL NEW KENSINGTON PA 15068		80 GREGG DR N HUNTINGDON PA 15642	FP	1260 MARTIN AVE NEW KENSINGTON PA 15068	ORS
JABLONSKY MD, ALBERT	IM	MONSOUR MD, ROBT G	FP	SEARFOSS MD, ROGER C	TS
PITTSBURGH NATL BANK BL JEANNETTE PA 15644		1500 BROAD ST GREENSBURG PA 15601	FP	214 W 1ST AVE LATROBE PA 15650	TS
JAVAN MD, MEHDI B	GS	MONSOUR MD, ROY C	IM	SHAIKH MD, MOHAMMED N	FP
344 FREPORT ST NEW KENSINGTON PA 15068		408 CLAY AVE JEANNETTE PA 15644	IM	SPRING & SHEARER STS GREENSBURG PA 15601	IM
JETTER MD, WALTER W	PTH	MONSOUR MD, WM J	FP	SHEPHERD STS GREENSBURG PA 15601	IM
LATROBE AREA HOSP PATH LATROBE PA 15650		MONSOUR CLINIC JEANNETTE PA 15644	FP	SHERMAN MD, HENRY K	OTO
JOHNSON MD, WALTER K	IM	MONTALBO MD, SERAFIN A	AN	RD 3 LIGONIER PA 15658	R
PROFESSIONAL ARTS BLDG NEW KENSINGTON PA 15068		109 MONTICELLO DR MONROEVILLE PA 15146	GS	SHETTY MD, KARUNAKAR S	PD
JUN MD, YOUNG A	IM	MOON MD, SUNG B	FP	411 S MAIN ST GREENSBURG PA 15601	PD
503 W NEWTON ST GREENSBURG PA 15601		MORAN JR MD, THUS W	FP	449 W NEWTON AVE GREENSBURG PA 15601	R
KAR MD, DILIP S	OBG	401 DEPOT ST LATROBE PA 15650	PTH	SHRIVER MD, ALAN W	FP
315 DEPOT ST LATROBE PA 15650		MORROW MD, HERBERT J	FP	912 HARVEY AVE GREENSBURG PA 15601	FP
KATIGBAK MD, CONSTANCIO D	FP	MAIN ST NEW ALEXANDRIA PA 15670	FP	SHUTTER MD, WALTER D	FP
KATIGBAK MD, CONSTANCIO D	FP	MORROW MD, THAYER K	FP	411 WASHINGTON ST LIGONIER PA 15658	FP
FRICK COMMUNITY HOSP MT PLEASANT PA 15666		WESTMORELAND HOSP GREENSBURG PA 15601	FP	SINGH MD, AMARJEET	AN
KATZ MD, JERALD M	OPH	MULLA MD, DAWOOD A	FP	JEANNETTE MEM HOSP JEANNETTE PA 15644	AN
1300 MT VIEW DR GREENSBURG PA 15601		532 W PITTSBURGH ST GREENSBURG PA 15601	IM	SIPE MD, WM U	IM
KECK MD, WM S	FP	MURKEL MD, MARTIN A	FP	LATROBE AREA HOSP LATROBE PA 15650	US
226 S MAPLE AVE GREENSBURG PA 15601		EASTWOOD PROFESSIONAL CT GREENSBURG PA 15601	FP	SKIRPAN MD, JOHN M	OBG
KEDDIE MD, ROLAND T	FP	MYSLAWSKI MD, WALTER J	FP	4501 ARLINGTON BLVD #11 ARLINGTON VA 22203	OBG
231 S MAIN ST #314 GREENSBURG PA 15601		103 ALEXANDER AVE GREENSBURG PA 15601	FP	101 E MAIN ST MT PLEASANT PA 15666	FP
KETTERING MD, DONALD L	IM	NADER MD, CHAS R	FP	SNYDER JR MD, CHAS P	PTH
559 SHEARER ST GREENSBURG PA 15601		NAPLES MD, LOUIS A	FP	634 BRUSH HILL RD IRWIN PA 15642	PTH
KIM MD, DONG H	GS	NEALON MD, GERVASE F	IM	SOLWAY MD, SYDNEY A	IM
PHYS BLDG JEFFERSON AVE JEANNETTE PA 15644		840 SPRING ST LATROBE PA 15650	US	70 LINCOLN WAY E JEANNETTE PA 15644	IM
KIM MD, YONG-IL	AN	NEMEC MD, JOHN E	FP	1260 MARTIN AVE NEW KENSINGTON PA 15068	OTO
JEANNETTE HOSP JEANNETTE PA 15044		611 TURNPIKE DR N HUNTINGDON PA 15642	FP	516 PELLIS RD GREENSBURG PA 15601	IM
KING 2ND MD, ARTHUR H	FP	NEWMAN MD, JOHN H	OBG	SPEEDY MD, HARRY W	PD
125 2D ST WEST NEWTON PA 15089		559 SHEARER ST GREENSBURG PA 15601	US	1100 LIGONIER ST LATROBE PA 15650	PD
KINNEY MD, MARY K	OBG	ONNELL MD, DANIEL J	FP	311 S MAPLE AVE GREENSBURG PA 15601	R
200 S MARKET ST LIGONIER PA 15658		1810 GULF SHORE BLVD NAPLES FLA 33940	FP	SPROCH MD, THOS M	AN
KLIEGER MD, HERMAN L	PTH	OLAVE MD, RAUL A	FP	2935 SEMINARY DR GREENSBURG PA 15601	AN
CITIZENS GEN HOSP NEW KENSINGTON PA 15068		170 CHARLOTTE AVE N HUNTINGDON PA 15642	FP	STEEPT MD, WM J	FP
KOPELMAN MD, NATHAN A	US	OLEARY MD, EUGENE F	FP	433 GLENVIEW DR LOWER BURRELL PA 15068	R
1081 WOODBURY RD NEW KENSINGTON PA 15068		821 BROAD AVE BELLE VERNON PA 15012	FP	STILLEY MD, JOHN W	TS
KREGER JR MD, OLIVER J	IM	OLIVER MD, ORLANDO P	P	LATROBE AREA HOSP LATROBE PA 15650	TS
9 PENN DR MONESSEN PA 15062		111 2ND ST DERRY PA 15627	IM	TANTISIRA MD, SOMPHONG	FP
KRICK MD, JOHN M	FP	OSKIN MD, HILBERT E	GS	70 LINCOLN WAY EAST JEANNETTE PA 15644	FP
RD 3 GREENSBURG PA 15601		LATROBE AREA HOSP LATROBE PA 15650	R	MCCEE & 2ND ST JEANNETTE PA 15644	TS
KRISHNAPPA MD, BORIAN M	PD	OVERLY MD, WYLIE L	FP	THOMAS JR MD, FRANK W	FP
100 PENNSYLVANIA AVE IRWIN PA 15642		1100 LIGONIER ST LATROBE PA 15650	FP	4230 WEMBLETON DR ALLISON PARK PA 15101	FP
KROUSE MD, JOHN M	TS	OWEIDA MD, NIZAK N	PTH	THOMAS MD, HAROLD W	FP
401 DEPOT ST LATROBE PA 15650		638 A AVE NEW KENSINGTON PA 15068	ORS	1706 5TH AVE ARNOLD PA 15068	FP
LAFONTANT MD, ROBT R	GS	OZARDA MD, AHSEN T	IM	THOMAS MD, JAMES H	FP
EASTWOOD PROF BLDG GREENSBURG PA 15601		559 SHEARER ST GREENSBURG PA 15601	FP	EASTWOOD PR CT PELLIS R GREENSBURG PA 15601	FP
LANE MD, FRANK C	P	PAE MD, DONG W	FP	TOMCI MD, GEO E	R
TORRANCE STATE HOSP TORRANCE PA 15779		532 MAIN ST IRWIN PA 15642	FP	316 W VINCENT ST LIGONIER PA 15658	R
LECHMAN MD, JOS F	FP	PANTALONE MD, FRANK A	FP	TONEY MD, DAVID M	ORS
106 DEPOT ST LATROBE PA 15650		797 E PITTSBURGH ST GREENSBURG PA 15601	FP	330 OLD AIRPORT DR GREENSBURG PA 15601	ORS
LEIGH MD, REWNG	GS	PARKER MD, JOHN S	P	TORTIO MD, REYNALDO M	FP
303 CLARIMONT DR LOWER BURRELL PA 15068		1100 LIGONIER ST LATROBE PA 15650	FP	PO BOX L RTE 119 SOUTH NEW STANTON PA 15672	
LEONIDA MD, ELFREN L	FP	PEATICK MD, GEO E			
MELROSE DRIVE NEW STANTON PA 15672		R D 4 BOX 101 BLAIRSVILLE PA 15717			
LEVINE MD, JACOB	PTH				
1000 SPANISH RIVER RD 4 BOCA RATON FL 33432					
LEVINSON MD, WM D	FP				
530 MAIN ST MOUNT PLEASANT PA 15666					
LEWIS MD, HENRY C	FP				
559 SHEARER ST GREENSBURG PA 15601					
LEYDIG MD, RICHARD A	FP				
2781 LEECHBURG RD LOWER BURRELL PA 15068					



TOWNSEND MD, JAMES E FP  
4075 WM PENN HWY MURRYSVILLE PA 15668  
URBAN MD, ROBT R FP  
R D 3 BELLE VERNON PA 15012  
VAKAMUDI MD, HEMA K FP  
217 MARGARET AVE JEANNETTE PA 15644  
VANDYK MD, KLAAS GS  
18 COLLEGE ST MT PLEASANT PA 15666  
VENZON MD, NORMAN A OBG  
80X 388 HARRISON CITY PA 15636  
VILLEGAS MD, EMILIO FP  
IRWIN PROF CTR IRWIN PA 15642  
VITTONI MD, RONALD B OPH  
1010 LIGONIER ST LATROBE PA 15650  
VOSSOUGH MD, MOUSHANG ORS  
448 RIDGE AVE NEM KENSINGTON PA 15068  
VOYTEK MD, JOS J GS  
3109 ATTLEBORO PL GREENSBURG PA 15601  
WILLIAMSON MD, EDWARD L N  
LATROBE HOSP LATROBE PA 15650  
WILSON MD, JOHN S R  
1040 DEARBORN CIRCLE GREENSBURG PA 15601  
WILSON MD, RAYMOND N FP  
410 EDGEWOOD DR SARVER PA 16055  
WITHERSPOON MD, ROBT G FP  
R D 4 RT 30 EAST LATROBE PA 15650  
YOUNG MD, JOS M IM  
529 SCHOONMAKER AVE MONESSEN PA 15062  
ZAIDAN MD, FRED FP  
ORCHARD HILL MOUNT PLEASANT PA 15666  
ZELEZNIK MD, MIROSLAV IM  
312 E MAIN ST LIGONIER PA 15650  
ZUCK MD, WALTER N R  
CITIZENS GEN HOSP NEW KENSINGTON PA 15068

## Wyoming County

BECK MD, HELEN M FP  
129 N BRIDGE ST TUNKHANNOCK PA 18657  
DAVENPORT MD, ARTHUR B FP  
74 ELM ST TUNKHANNOCK PA 18657  
GERFIN MD, ERNEST R PTH  
TYLER MEM HOSP TUNKHANNOCK PA 18657  
HOST MD, WM R GS  
R D #4 TUNKHANNOCK PA 18657  
KRAFT MD, CHAS J FP  
MAIN ST MESHOPPEN PA 18630  
LANDIS MD, RAY L FP  
69 COLLEGE AVE FACTORYVILLE PA 18419  
LLEWELLYN MD, WM J FP  
STATE ST NICHOLSON PA 18446  
MAST MD, CLARENCE M FP  
106 E MAIN ST LACEYVILLE PA 18623  
MCINTYRE MD, JOHN F FP  
RD 6 BOX 37 TUNKHANNOCK PA 18657  
MORGAN MD, PHILIP J GS  
73 PUTNAM ST TUNKHANNOCK PA 18657  
RINEHIMER JR MD, JOHN S IM  
57 PUTNAM ST TUNKHANNOCK PA 18657  
RUSSELL MD, HOLLIS K PTH  
RD 3 TUNKHANNOCK PA 18657  
SHERWOOD MD, ARTHUR W FP  
133 N BRIDGE ST TUNKHANNOCK PA 18657

## York County

ALANDETE MD, ALVARO PD  
220 POTOMAC AVE HANOVER PA 17331  
ALLTAND MD, ROBT C GS  
30 MAIN ST GLEN ROCK PA 17327  
ANGELO MD, JOHN J PS  
5 RATHTON RD YORK PA 17403  
ARDISON MD, GARY W FP  
RD 1 DALLASTOWN PA 17313  
ATKINS MD, JOHN L IM  
625 S GEORGE ST YORK PA 17403  
AZAR MD, ALBERT A P  
140 SCARBORO DR YORK PA 17403  
BACASTON MD, MERLE S IM  
YORK HOSPITAL YORK PA 17405  
BAUER MD, THOS L GS  
5 CHURCHILL DRIVE YORK PA 17403  
BEEKEY JR MD, CYRUS E U  
1150 RUXTON RD YORK PA 17403  
BELKNAP MD, HAROLD P FP  
2595 S GEORGE ST YORK PA 17403  
BENFER MD, KENNETH L IM  
258 E MARKET ST YORK PA 17403  
BERNSTINE MD, EARL L GS  
1776 S QUEEN ST YORK PA 17403  
BERS MD, SOL N PD  
175 PEYTON RD YORK PA 17403  
BEST MD, JOHN W U  
924 COLONIAL AVE YORK PA 17403  
BHYUN MD, DAE S R  
1001 S GEORGE ST YORK PA 17405  
BITTENDER MD, RALPH E FP  
110 GEORGE ST HANOVER PA 17331  
BLANCH MD, JOHN J IM  
310K QUEENSDALE DR YORK PA 17403  
BLECKER MD, DAVID R  
2080 N BROOK CIR YORK PA 17405  
BORNT MD, MARSHA D OBG  
2011 CRESCENT ST YORK PA 17403  
BORTNER MD, DONALD L FP  
S BROAD ST NEW FREEDOM PA 17349

BRACHER MD, ALLEN N FP  
139 WOODLAND DR YORK PA 17403  
BURKLE MD, JOS S IM  
GRANTLEY RD EXTENDED YORK PA 17403  
BUSCHMAN MD, MILTON H P  
BOX 32 RD#1 GLEN ROCK PA 17327  
BUSLER JR MD, VERNE M FP  
245 BALTIMORE ST HANOVER PA 17331  
BUTLER MD, IVAN L NS  
2004 CRESCENT RD YORK PA 17403  
BYERS JR MD, GEO E PTH  
1001 S GEORGE ST YORK PA 17405  
CAMITTA MD, FRANCINE D OS  
2004 CRESCENT RD YORK PA 17403  
CANN III MD, THOMAS W IM  
1601 S QUEEN ST YORK PA 17403  
CARTER JR MD, JOSEPH H OBG  
3015 EASTRN BLVD BX 351 YORK PA 17402  
CHICOTE MD, ALFREDO L FP  
3 HIGH ST MANCHESTER PA 17345  
COHEN MD, MILTON H D  
174 M DEW DROP RD YORK PA 17402  
CONROY MD, JOHN J FP  
APT 170 S DEW DROP RD YORK PA 17402  
COPE MD, FREDERICK T FP  
422 S MAIN ST RED LION PA 17356  
COULTER MD, BONNA B GS  
89 COVINGTON DR SHREWSBURY PA 17361  
CROVATTO MD, ARTHUR C U  
924 COLONIAL AVE YORK PA 17403  
DANYO MD, JOHN J ORS  
908 S GEORGE ST YORK PA 17403  
DAVIS MD, JAMES H FP  
3198 E MARKET ST YORK PA 17402  
DAVIS MD, ROBT M GS  
R D 1 SCOUT RD FELTON PA 17322  
DAVIS MD, WILLIAM C GS  
YORK HOSP DEPT OF SUR YORK PA 17405  
DEISHER MD, SAML W OBG  
1776 S QUEEN ST YORK PA 17403  
DELLINGER MD, WOODROM S FP  
104 S MAIN ST RED LION PA 17356  
DELOZIER MD, JOS M R  
300 HIGHLAND AVE HANOVER PA 17331  
DELP MD, WM T OBG  
1776 S QUEEN ST YORK PA 17403  
DEMASI MD, ROCCO J IM  
924 F COLONIAL AVE YORK PA 17403  
DEVAN MD, W TODD GS  
9 CHAS CTR 25 CHARLES S HANOVER PA 17331  
DOBISH MD, MICHAEL J FP  
R D 1 BOX 301A DALLASTOWN PA 17313  
DOCKTOR MD, JOHN W OTO  
437 W MARKET ST YORK PA 17404  
DOUGLASS MD, PAUL H OBG  
3015 EASTERN BLVD YORK PA 17402  
EAGLE MD, PERRY A ORS  
908 S GEORGE ST YORK PA 17403  
EHRHART MD, KENNETH W PTH  
HANOVER GEN HOSP HANOVER PA 17331  
EICHELBARGER MD, ELI FP  
745 SE 19TH ST APT 236 DEERFIELD BCH FL 33441  
EISENHOWER MD, CHAS E OPH  
1028 BROCKIE DR YORK PA 17403  
ELLSWEIG MD, BRUCE A FP  
YORK HOSP FPO YORK PA 17405  
ENSHINGER MD, CHALNERS D FP  
830 JESSOP PL YORK PA 17403  
ESCARO MD, DANILO U PTH  
YORK HOSP YORK PA 17405  
ETTER MD, RUSSEL H FP  
924-M COLONIAL AVE YORK PA 17403  
FARKAS MD, ROBT W OBG  
1601 S QUEEN ST YORK PA 17403  
FISHER MD, GILBERT E OTO  
R D 1 WELLSVILLE PA 17365  
FISHER MD, HAROLD IM  
955 S GEORGE ST YORK PA 17403  
FISHER MD, LAWRENCE C OPH  
469 W MARKET ST YORK PA 17404  
FISHER MD, ROSCOE L OPH  
813 MADISON AVE YORK PA 17404  
FLANDERS MD, ELWOOD P FP  
1575 WAYNE AVE YORK PA 17403  
FREDERICKSON MD, HOWARD N P  
994 S QUEEN ST YORK PA 17403  
FRIEDRICH MD, JOACHIM F FP  
2240 S QUEEN ST YORK PA 17402  
FULTON MD, WILLIAM O FP  
FULTON AVE STEWARTSTOWN PA 17363  
GABRIELE MD, AUGUST A FP  
712 W KING ST YORK PA 17404  
GAILEY JR MD, HERMAN A ORS  
3 RATHTON RD YORK PA 17403  
GARDNER MD, GEO E FP  
3110 5TH AVE YORK PA 17402  
GELPI MD, JOSE A P  
1001 S GEORGE ST YORK PA 17405  
GEMMILL MD, NORMAN H FP  
N MAIN ST STEWARTSTOWN PA 17363  
GEMMILL MD, REGINALD B FP  
STEWARTSTOWN PA 17363  
GOBEL MD, REGINALD T P  
1600 S GEORGE ST YORK PA 17403  
GOCHO MD, JACINTO J PTH  
SHANGRILA RD RD2 BX 147 STEWARTSTOWN PA 17363  
GOODWIN MD, MAX H FP  
1001 S GEORGE ST YORK PA 17403  
GRACEY MD, JACK G IM  
YORK HOSP YORK PA 17405  
GRAY MD, CORNELL G FP  
16 LOCUST ST HANOVER PA 17331  
GROLMAN MD, DENNIS M AN  
980 SOUTH QUEEN ST YORK PA 17403  
GROSS MD, DONALD R AN  
178 HIGHLAND RD YORK PA 17403

GROVE MD, BRUCE A OPH  
426 W MARKET ST YORK PA 17404  
GROVE MD, GLENN P GS  
912 S GEORGE ST YORK PA 17403  
GROVE MD, RUSSELL E FP  
506 W MARKET ST YORK PA 17404  
GROVE MD, WM K OPH  
426 W MARKET ST YORK PA 17404  
GUNNET MD, OREN W FP  
CODORUS PA 17311  
HAAS MD, CHARLES M PTH  
1603 S GEORGE ST YORK PA 17403  
HAGERTY MD, FRED D OPH  
1620 S QUEEN ST YORK PA 17403  
HALL II MD, ROBERT F R  
429 CLEARVIEW RD HANOVER PA 17331  
HAMME MD, ELMER G FP  
756 W MARKET ST YORK PA 17404  
HAMPTON MD, LOUIS J AN  
9 OAK ST HANOVER PA 17331  
HARRIS MD, FLOYD L AN  
990 S QUEEN ST YORK PA 17403  
HART MD, THOS M FP  
5 WESTWOOD CRT YORK PA 17402  
HARTMAN MD, CHAS E AN  
RD 1 SPRING GROVE PA 17362  
HANK MD, DAVID L FP  
117 HIGHLAND RD YORK PA 17403  
HEAPS MD, KENNETH P PD  
SPRING MEADOW FRM R D 3 YORK PA 17402  
HERMAN MD, RONALD J IM  
1601 S QUEEN ST YORK PA 17403  
HERR MD, JOHN R OBG  
1927 QUEENSWOOD I-104 YORK PA 17403  
HERROLD MD, LEWIS C FP  
BOX 308 MOUNT WOLF PA 17347  
HERROLD MD, WARREN C FP  
MOUNT WOLF PA 17347  
HICKEY MD, ANDREW E FP  
FORREST MILLS RD RD 4 RED LION PA 17356  
HILL MD, WALTER C FP  
908 S GEORGE ST YORK PA 17403  
HOERNER MD, GEO H FP  
268 E MARKET ST YORK PA 17403  
HOFF MD, HENRY B FP  
RD 1 WELLSVILLE PA 17365  
HOFFMAN MD, DAVID J IM  
924 S COLONIAL AVE YORK PA 17403  
HOFFMAN MD, RICHARD R R  
730 HILLCREST RD YORK PA 17403  
HOFMANN MD, JAMES W GS  
221 POTOMAC AVE HANOVER PA 17331  
HOLLAND MD, EDWARD F FP  
540 S MAIN ST RED LION PA 17356  
HOOPER MD, JOSEPH R TS  
1776 S QUEEN ST YORK PA 17403  
HOOVER II MD, BENJAMIN A IM  
924 S COLONIAL AVE YORK PA 17403  
HOOVER MD, DEAN S FP  
225 E SPRINGGETTSBURY AV YORK PA 17403  
HOOVER MD, PAUL S FP  
354 W MAIN ST WINDSOR PA 17366  
HOOVER MD, PHILIP A IM  
23 W MAIN DALLASTOWN PA 17313  
HOPKINS MD, WALLACE E FP  
234 E MAIN ST DALLASTOWN PA 17313  
HOWARD MD, THOS K ORS  
316 POTOMAC AVE HANOVER PA 17331  
HUBER JR MD, FRANCIS G FP  
RD 1 KIRSTA LN DALLASTOWN PA 17313  
HUDSON MD, CLIFFORD C IM  
2595 S GEORGE ST YORK PA 17403  
HUFFER MD, DONALD H IM  
804 S GEORGE ST YORK PA 17403  
HUNT MD, JOSIAH A FP  
MAIN ST DELTA PA 17314  
HUTTON MD, JOHN E OPH  
232 BALTIMORE ST HANOVER PA 17331  
JOHNSON MD, GEO M OBG  
3470 HARRINGTON RD YORK PA 17402  
JONES MD, DAVID J PRM  
PENNA BLUE SHIELD CAMP HILL PA 17011  
KEECH JR MD, HAYDEN G FP  
1589 CARLISLE AVE YORK PA 17404  
KEEPORTS MD, RICHARD L IM  
RD 2 BOX 142-1 NEW FREEDOM PA 17349  
KEHM MD, RAY W GS  
RD 3 YORK PA 17402  
KEHM MD, VINCENT A AN  
107 S KEESEY ST YORK PA 17402  
KENNEDY MD, PETER S FP  
924 COLONIAL AVE YORK PA 17403  
KERR MD, KRIS B R  
1731 RANDOLPH DR YORK PA 17403  
KINLAND MD, LEONARD C FP  
1001 S GEORGE ST YORK PA 17405  
KIRKPATRICK MD, SAML A OBG  
249 ALLEGHENY AVE HANOVER PA 17331  
KISTLER MD, GALEN H FP  
1250 GARRISON RD YORK PA 17404  
KLTHES MD, RONALD L FP  
3233 EASTERN BLVD YORK PA 17402  
KLINE MD, JACK A IM  
1601 S QUEEN ST YORK PA 17403  
KLINFELTER MD, EDMUND W FP  
546 W MARKET ST YORK PA 17404  
KLUSMAN MD, RICHARD M OBG  
1441 E MARKET ST YORK PA 17403  
KNOCH MD, H ROEBLING IM  
423 W MARKET ST YORK PA 17404  
KOUSEN MD, MORTON OBG  
1378 SOUTHERN RD YORK PA 17403  
KRESGE MD, DALE L IM  
30 FOX RUN DR YORK PA 17403  
KRUPER MD, JOHN S ORS  
908 S GEORGE ST YORK PA 17403



KUKRIKA MD, MIODKAG D	IM	MORGAN JR MD, WM H	FP	SMITH MD, JOHN M	FP
1001 S GEORGE ST YORK PA 17405		160 IRVING RD YORK PA 17403		9 S MAIN ST JACOBUS PA 17407	
KUSHNER JR MD, GEO	AN	MORREELS JR MD, CHAS L	R	SMOLKU MD, JAMES R	AN
WARRINGTON GREEN FRM WELLSVILLE PA 17365		924 COLONIAL AVE YORK PA 17403		545 GATEHOUSE LA YORK PA 17402	
KUSHNER MD, LOIS N	R	MULLIGAN MD, JAMES F	FP	SNYDER MD, HENRY R	R
WARRINGTON GREEN FARMS WELLSVILLE PA 17365		429 W MARKET ST YORK PA 17404		2050 NORMANDIE DR YORK PA 17404	
LAMON MD, CHAS P	FP	MYERS MD, GILBERT B	OBG	SPRAGUE MD, GROVEK J	IM
1900 E MARKET ST YORK PA 17402		3015 EASTRN BLVD BX 351 YORK PA 17402		CATERPILLAR TRACTOR CO YORK PA 17405	
LAMPE 2ND MD, WM T	IM	NICHOLAS MD, BRADLEY E	FP	STICK MD, EDWARD W	FP
924 F COLONIAL AVE YORK PA 17403		1013 N GEORGE ST YORK PA 17404		BARLEY S NURSING HOME YORK PA 17402	
LANDIS MD, ROBT C	PD	NICHOLAS MD, JAMES L	FP	STICK MD, W DEHAVEN	GS
1620 S QUEEN ST YORK PA 17403		274 W MARKET ST HELLAM PA 17336		817 S GEORGE ST YORK PA 17403	
LANGER MD, D MORTON	FP	NICHOLSON JR MD, WALTER J	IM	STOFFER JR MD, VANCE R	FP
1800 E MARKET ST YORK PA 17402		2270 DANDRIDGE DR YORK PA 17403		RD 2 BOX 251 ETTERS PA 17319	
LANGSTON MD, WM C	OBG	OCHENRIDER MD, PAUL D	FP	STRASSER MD, EUGENE J	GS
531 ROOSEVELT AVE YORK PA 17404		424 LOCUST ST WRIGHTSVILLE PA 17368		4108 TROWBRIDGE RD YORK PA 17402	
LAPES MD, GEO A	FP	OLSON MD, JANNE R	FP	STROCKBINE MD, MELVIN F	R
1600 SOUTH GEORGE ST YORK PA 17403		FULTON AVE STEWARTSTOWN PA 17363		YORK HOSP YORK PA 17405	
LAUCKS MD, S PHILIP	P	PANDELDIS MD, PANDELIS K	P	TANANTS MD, ANTHONY A	FP
R D 1 DALLASTOWN PA 17313		1600 S GEORGE ST YORK PA 17403		343 NORTH ST MC SHERRYSTOWN PA 17344	
LEBUWITZ MD, STANTON S	D	PAUL MD, JAMES P	FP	TART JR MD, BRASION I	R
195 LEADERS HGTS RD YORK PA 17402		444 W SPRINGETTSBURY YORK PA 17403		924-N COLONIAL AVE YORK PA 17403	
LEISTER MD, GLENN F	FP	PAUL MD, RONALD L	NS	TAYLOR MD, RAYMOND A	R
220 POTOMAC AVE HANOVER PA 17331		RD 1 DOVER PA 17315		YORK HOSP YORK PA 17403	
LEKAWA MD, THADDEUS	FP	PENTERBAUGH MD, DAVID C	PD	THORSEN JR MD, WM B	IM
2801 N GEORGE ST YORK PA 17402		1 RATHTON RD YORK PA 17403		1224 S QUEEN ST YORK PA 17403	
LEPPER MD, FLOYD C	US	PFEFFER MD, WM H	U	TORREY MD, EDWIN H	OTO
PO BX 2664 MARATHON SHS FL 33052		815 S GEORGE ST YORK PA 17403		1776 S QUEEN ST YORK PA 17403	
LERMAN MD, LEO R	D	PIPER MD, DONALD E	FP	TRANSUE MD, SEWARD M	P
1225 E MARKET ST YORK PA 17403		S PLEASANT AVE EXT DALLASTOWN PA 17313		352 HIGH ST HANOVER PA 17331	
LETOCHA MD, CHARLES E	OPH	PODBOY MD, AUGUST J	OPH	TRIMMER MD, JOHN H	FP
1946 SECURITY DR YORK PA 17402		912 S GEORGE ST YORK PA 17403		912 S GEORGE ST YORK PA 17403	
LEVY MD, SYDNEY	FP	POSEY MD, CHAS F	IM	TULL MD, JOHN W	OPH
424 HELLAM ST WRIGHTSVILLE PA 17368		1200 S QUEEN ST YORK PA 17403		469 W MARKET ST YORK PA 17404	
LIS MD, EDWARD T	FP	PRATT MD, JORDAN C	OPH	UPDIKE JR MD, FUKMAN T	PD
1776 S QUEEN ST YORK PA 17403		2340 EASTERN BLVD YORK PA 17402		141 EDGEWOOD DR YORK PA 17403	
LITRENTA MD, DAVID E	FP	PRENDERGAST MD, MICHAEL J	GS	VANBUSKIRK MD, CHAS	N
CARLISLE RD DOVER PA 17315		924 COLONIAL AVE YORK PA 17403		752 S GEORGE ST YORK PA 17403	
LUDWIG MD, JACOB S	D	REDDING SR MD, MARK L	FP	VIRGILIO MD, LAWRENCE A	PTH
990 S QUEEN ST YORK PA 17403		960 RANDOLPH ST HANOVER PA 17331		YORK HOSP PTH DEPT YORK PA 17405	
LYND JR MD, CLIFFORD W	GS	REIGART MD, PAUL M	FP	WAMPLER MD, MERLE J	IM
121ST EVACUATION HOSP APO SAN FRAN CA 17402		636 E PHILADELPHIA ST YORK PA 17403		472 COUNTRY CLUB RD YORK PA 17403	
LYON MD, WILLIAM R	FP	REILLY MD, CHAS M	PD	KEAVER MD, FRANK M	GS
510 GATEHOUSE LA YORK PA 17402		YORK HOSP 1001 S GEORGE YORK PA 17403		RD 8 YORK PA 17403	
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1207 S QUEEN ST YORK PA 17403		800 S GEORGE ST YORK PA 17403		120 SCARBORO DR YORK PA 17403	
MACDOUGALL MD, ROBT D	FP	REMLEY MD, LUKE K	FP	WEISHAAR MD, LEO G	FP
1207 S QUEEN ST YORK PA 17403		CHESTNUT SANDS RD 4 YORK PA 17404		FULTON SCH RD RD 2 FELTON PA 17322	
MACKENZIE MD, IAIN L	IM	REXRODE MD, WM O	IM	WHITELEY MD, JOHN P	PTH
924 COLONIAL AVE XMED C YORK PA 17403		151 HIGHLAND RD YORK PA 17403		1116 DETWILER DR YORK PA 17404	
MAGID MD, WARREN P	AN	RINKER MD, R JAMES	ORS	NIBLE MD, CLAIRE E	OPH
980 S QUEEN ST YORK PA 17402		316 POTOMAC AVE HANOVER PA 17331		1776 S QUEEN ST YORK PA 17403	
MALINA MD, STEVEN	NS	RIVERA MD, EDWIN A	OPH	WILDBLOOD MD, HARRY M	AN
827 S GEORGE ST YORK PA 17403		518 MADISON AVE YORK PA 17404		1360 ARLINGTON RD YORK PA 17403	
MARTIN MD, C EDWIN	IM	ROBINSON MD, RICHARD F	FP	WILSON JR MD, JOHN D	IM
YORK HOSPITAL YORK PA 17403		S SINGER RD NEW FREEDOM PA 17349		47 CHANUTE DR BIG SPRING TX 79740	
MASSANARI MD, DAVID L	FP	ROSEBERRY MD, PHILIP L	FP	WILSON MD, RAY A	FP
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MATHAI MD, JOHN	GS	ROTHROCK MD, GILMOM M	GS	WILT MD, KENNETH E	GS
1776 S QUEEN ST YORK PA 17403		924 COLONIAL AVE YORK PA 17403		1776 S QUEEN ST YORK PA 17403	
MCCONVILLE MD, JOHN H	IM	RUTLAND MD, HEDLEY E	FP	WIRE MD, WILBUR H	FP
1001 S GEORGE ST YORK PA 17405		1709 W MARKET ST YORK PA 17404		186 N MAIN ST SPRING GROVE PA 17362	
MCDERMOTT MD, THOMAS E	FP	SAMELSON MD, LEO	IM	WITHERS MD, DONALD E	FP
FP CTR YORK HOSP YORK PA 17404		1512 E MARKET ST YORK PA 17403		401 ALLEGHENY AVE HANOVER PA 17331	
MCHEENY MD, DEARMOND J	OPH	SCHLAGER MD, CHAS E	FP	WOERTHWEIN MD, KENNETH F	FP
940 S QUEEN ST YORK PA 17403		810 BONNEVIEW RD YORK PA 17402		118 N GEORGE ST YORK PA 17401	
MCLIN MD, LEON N	FP	SCHONAUER MD, THOS D	PD	WONG MD, MING-DER	IM
321 BALTIMORE ST HANOVER PA 17331		1 KATHON RD YORK PA 17403		1260 GLENDALE RD YORK PA 17403	
MENCHY MD, MILTON J	IM	SEITZ MD, NEVIN H	FP	WOODSIDE MD, JOHN A	FP
924 B COLONIAL AVE YORK PA 17403		223 BROADWAY HANOVER PA 17331		EAST PROSPECT PA 17317	
MILLER MD, JAMES R	FP	SHAUB MD, PAUL D	FP	WRIGHT MD, F MALCOLM	GS
401 ALLEGHENY AVE HANOVER PA 17331		8 MAIN ST SHREWSBURY PA 17361		221 POTOMAC AVE HANOVER PA 17331	
MINNICH MD, PHILIP H	FP	SHEARER MD, DAVID M	IM	WRIGHT MD, FREDERICK W	GS
893 PROSPECT ST YORK PA 17403		R D 2 BOX 312 YORK PA 17403		228 HIGHLAND AVE HANOVER PA 17331	
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2980 ROUND HILL ROAD YORK PA 17402		2471 S QUEEN ST YORK PA 17402		108 OAK ST YORK PA 17402	
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955 S GEORGE ST YORK PA 17403		1112 PENNA AVE YORK PA 17404		731 S QUEEN ST YORK PA 17403	
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BAIR MD, ROBT C  
BAIR MD, VICTOR W  
BAIR MD, WM L  
BAIRD MD, JAMES W  
BAIRD MD, ROBT M  
BAIRD MD, WM F  
BAJOREK MD, EDWARD J  
BAKER JR MD, ARTHUR G  
BAKER JR MD, GEO W  
BAKER MD, ARTHUR G  
BAKER MD, COURTNEY F  
BAKER MD, DAN R  
BAKER MD, DAVID A  
BAKER MD, EVERETT M  
BAKER MD, GRAEME C  
BAKER MD, HOWARD L  
BAKER MD, JAMES L  
BAKER MD, JOHN H  
BAKER MD, RAMON D  
BAKER MD, ROBT H  
BAKER MD, ROBT J  
BAKER MD, ROBT L  
BAKER MD, ROY F  
BAKER MD, STEPHEN D  
BAKER MD, THOMAS E  
BAKER MD, WALTER J  
BAKER MD, WALTER W  
BAKEWELL MD, FRANK S  
BALARAMAN MD, GOVINDACHETTY  
BALASH MD, WM R  
BALBUS MD, THEODORE G  
BALCERZAK MD, STANLEY P  
BALCITA MD, ARTHUR L  
BALDIA MD, LIVEO B  
BALDWIN MD, THOS M  
BALES MD, CHAS R  
BALIN MD, BENJ R  
BALIN MD, SOLOMON L  
BALIS MD, SUL  
BALISTUCKY MD, MARVIN H  
BALK MD, PHILLIP  
BALKANY MD, ANDREW F  
BALL MD, MYRON H  
BALL MD, SIMON  
BALL MD, WM L  
BALLANTYNE MD, JAMES V  
BALLARD MD, IAN M  
BALLAS MD, SAMIR K  
BALLEK MD, RONALD E  
BALLENTINE MD, GEO N  
BALLS MD, KENT F  
BALMUTH MD, MICHAEL P  
BALSAMO MD, ANTHONY J  
BALSBAUGH MD, GEO T  
BALSHI MD, STEPHEN F  
BALTIC JR MD, CHAS V  
BALTZ MD, RICHARD D  
BALTZELL MD, WM H  
BALZE MD, PAUL C  
BAMBERGER MD, GRANT W  
BAMBERGER MD, JOHN A  
BAMONTE MD, EDWARD L  
BANACH MD, STANLEY F  
BANCOFF MD, CARL  
BANCROFT MD, EDITH D  
BAND MD, PHILIP T  
BANE MD, DENIS M  
BANEY JR MD, CHAS M  
BANGHART MD, HARRY E  
BANK MD, ARNOLD A  
BANK MD, R STANLEY  
BANKA MD, VIDYA S  
BANKS MD, ROBT P  
BANKS MD, WALTER A  
BANMILLER MD, JAMES D  
BANNER MD, RONALD S  
BANNETT MD, AARON D  
BANNISTER JR MD, WM B  
BANNON MD, CHARLES J  
BANGGON MD, MARIETTA A  
BANSAL MD, SUBHASH C  
BANSAL MD, SURENDRA K  
BANSBACH MD, JEAN M  
BANSBACH MD, WM A  
BANSIDHAR MD, BHADRASING  
BANTLEY JR MD, DAVID S  
BANTLY MD, HARRY C  
BANTLY MD, VICTOR S  
BANZHUFF MD, GORDON K  
BAQUERO-BUENO MD, MARIO R  
BAR MD, ALLEN H  
BARAHONA MD, VICTOR C  
BARAKAT MD, ADEL R  
BARANSKI MD, EDWARD J  
BARATZ MD, BURTON H  
BARBER MD, JOHN V  
BARBERA MD, L STEWART  
BARBIERI MD, EDWARD A  
BARBO MD, DOROTHY M  
BARCKLEY MD, THOMAS W  
BARCLAY JR MD, PAUL L  
BARCLAY MD, CLAYTON C  
BARCLAY MD, CLAYTON C  
BARCLAY MD, WM A  
BARD MD, JOS L  
BARDEN MD, ROBT P  
BARDIN MD, C WAYNE  
BARDONNER MD, JOHN N  
BARDZIL MD, JOS W  
BARENBAUM MD, DANL H  
BAKENSBERG MD, PAUL A  
BARENDIS MD, FRANS J

PHILADELPHIA  
CRAWFORD  
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SCHUYLKILL  
BERKS  
BUTLER  
PHILADELPHIA  
DAUPHIN  
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LEHIGH  
MONTGOMERY  
DAVID E  
BASS MD, LEE W  
BASSALY MD, RIFAAT R  
BASSERT MD, DAVID E  
BASSETT MD, JAMES G  
BASSETT MD, SAM F  
BASSILIOS MD, FOUAD A  
BAST MD, WILLIAM R  
BASTACKY MD, MORRIS  
BASTIAN MD, GRACE A  
BASTIAN MD, JAMES R  
BATAILLE MD, JACQUES A  
BATECHELOR MD, ROGER P  
BATEMAN MD, ELVIN J  
BATES MD, JAMES S  
BATES MD, RICHARD L  
BATHEN MD, JOS J  
BATIPPS JR MD, PERCY O  
BATIPPS MD, FRANCIS W  
BATOFF MD, MILTON A  
BATORY MD, KATHERINE H  
BATSON MD, OSCAR V  
BATTAFARANO MD, LEONARD A  
BATTAFARANO MD, NICHOLAS C  
BATTERTON MD, THOS D  
BATTISTA MD, JOHN M  
BATTIS JR MD, JAMES A  
BAUDER MD, ELIZABETH S  
BAUER MD, FRANK L  
BAUER MD, JAMES E  
BAUER MD, JOHN A  
BAUER MD, JOHN T  
BAUER MD, ROBERT L  
BAUER MD, THOS L  
BAUER MD, WM F  
BAUERSFELD MD, S RICHARD  
BAUM MD, EDGAR S  
BAUM MD, O EUGENE  
BAUM MD, SHELDON  
BAUMANN MD, FRIEDA  
BAUSCH JR MD, FREDERICK R  
BAUSCH MD, RICHARD D

PHILADELPHIA  
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CARBON  
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YORK  
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PHILADELPHIA  
DAUPHIN  
PHILADELPHIA  
LEHIGH

AADE MD, ERNEST A  
ABACZ MD, TEOFIL  
ABB MD, JOS D  
ABCOCK MD, CHARLOTTE G  
ABCOCK MD, JOHN R  
ABIN MD, ROMAN A  
ABINSKI MD, MACIEJ F  
ABU MD, VALLABHANENI S  
ACANI MD, OSWALDO  
ACASTON MD, MERLE S  
ACH MD, WM G  
ACHARACH MD, BENJ  
ACHARACH MD, HERBERT J  
ACHMAN MD, LEONARD  
ACHMAN MD, WM H  
ACHMANN MD, LAWRENCE C  
ACKENSTOE MD, GERALD S  
ACKENSTOE MD, DANL L  
ACKES MD, CELSO L  
ACKUP MD, CLIFFORD E  
ACUN MD, HARRY E  
ACON MD, RALPH D  
ACON MD, RICHARD W  
ADAWI MD, RADWAN A  
ADDER MD, ELLIOTT M  
ADIALI MD, S CHARLES  
ADMAN MD, FRED S  
ADOLATO MD, DAVID J  
ADER MD, GEO  
ADER MD, SAML  
AGLIO MD, CORRADO M  
AHL MD, MOHINDER M  
AHL MD, VIJAY K  
AHN MD, ANITA K  
AHNDORF MD, FRED R  
AHNMILLER MD, EDWIN C  
AHNSON MD, HENRY T

MIFFLIN-JUNIATA  
CHESTER  
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ALLEGHENY  
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ELK-CAMERON  
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ALLEGHENY  
YORK  
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PHILADELPHIA  
CLEARFIELD  
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DAUPHIN  
POTTER  
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ALLEGHENY  
LUZERNE  
ALLEGHENY



BAUZON MD, NARCISO C	SCHUYLKILL	BENJAMIN MD, KENNETH W	PHILADELPHIA	BETZ MD, LOUIS H	UNION
BAVER MD, FAITH H	MONTGOMERY	BENJAMIN MD, WALLACE F	LACKAWANNA	BEVAN DO, DAVID A	LUZERNE
BAVER MD, GEO A	MONTGOMERY	BENKO MD, STEPHEN T	CAMBRIA	BEVAN MD, EMMA B	PHILADELPHIA
BAXT MD, LEON	PHILADELPHIA	BENNER MD, NORMAN R	ELK-CAMERON	BEVERLY JR MD, ROLAND S	PHILADELPHIA
BAXTER MD, DONALD L	DELAWARE	BENNETT 4TH MD, JOS S	MONTGOMERY	BEVERLY MD, AVERY H	PHILADELPHIA
BAXTER MD, JOHN A	MONTGOMERY	BENNETT MD, ARLENE P	PHILADELPHIA	BEVILACQUA JR MD, DANTE J	DELAWARE
BAXTER MD, ROBERT S	PHILADELPHIA	BENNETT MD, HUGH D	PHILADELPHIA	BEVILACQUA MD, DANIEL F	ADAMS
BAYER MD, JOS F	WASHINGTON	BENNETT MD, JOHN J	DAUPHIN	BEVILACQUA MD, JOHN E	PHILADELPHIA
BAYNE MD, GILBERT M	PHILADELPHIA	BENNETT MD, JOHN T	MONTGOMERY	BEYER JR MD, FRANCIS D	WESTMORELAND
BAYRI MD, MEHMET F	LEHIGH	BENNETT MD, MAY H	ALLEGHENY	BEYER JR MD, KARL H	PHILADELPHIA
BAZEMORE MD, MARY K	MONTGOMERY	BENNETT MD, RAYMOND L	SUSQUEHANNA	BEYMER MD, CHAS B	INDIANA
BAZMI MD, HASSAN	ALLEGHENY	BENNINGER MD, ROBT A	MERCER	BEZIER MD, HONORIO S	LUZERNE
BAZZOUI MD, WIDAD	MC KEAN	BENNINGHOFF MD, DAVID C	BEAVER	BHAGWANANI MD, DRUPADI G	ALLEGHENY
BEACHER JR MD, GEO W	LANCASTER	BENOVIITZ MD, BURTON S	LUZERNE	BHAKADWAJA MD, KRISHAN	PHILADELPHIA
BEACHLER MD, JOHN S	ALLEGHENY	BENSHOFF MD, ALBERT M	CAMBRIA	BHARGAVE MD, USHA A	DAUPHIN
BEACHY MD, IVAN E	CUMBERLAND	BENSHOFF MD, ARTHUR M	CAMBRIA	BHARUCHA MD, SHERNAVAZ D	DAUPHIN
BEADLING MD, WALTER H	DELAWARE	BENSON MD, BERNARD E	MONTGOMERY	BHATIA MD, SHYAMSUNDER	MONTGOMERY
BEALE MD, BENJ R	DAUPHIN	BENSON MD, DAVID R	CENTRE	BHATNAGAR MD, YUDHSHTER M	CLARION
BEALER MD, JOHN D	NORTHAMPTON	BENSON MD, GORDON D	PHILADELPHIA	BHATT MD, ANJALI G	DELAWARE
BEALL MD, CHESTER F	ALLEGHENY	BENSON MD, JACOB M	PHILADELPHIA	BHATT MD, GAURANG P	DELAWARE
BEALS MD, NORMAN K	VENANGO	BENSON MD, JOHN R	PHILADELPHIA	BHOTIWIHOK MD, PREECHA	MONTGOMERY
BEAN MD, CARL B	BUTLER	BENSON MD, WILLIAM E	PHILADELPHIA	BHUTTA MD, OMAR I	ALLEGHENY
BEANE MD, HOWARD C	DAUPHIN	BENSY MD, JOSEPH J	ALLEGHENY	BHYUN MD, DAE S	YORK
BEAR MD, JOHN M	BERKS	BENSY MD, OLIVER R	ALLEGHENY	BIALAS MD, HENRY N	BERKS
BEARDWOOD MD, DONALD M	PHILADELPHIA	BENT III MD, GEORGE	ALLEGHENY	BIALAS MD, ROBERT F	DELAWARE
BEATTY MD, ALBERT C	PHILADELPHIA	BENTIVOGLIO MD, LAMBERTO G	PHILADELPHIA	BIANCAELLI MD, EDMUND J	LACKAWANNA
BEATTY MD, RALPH P	ALLEGHENY	BENTLEY JR MD, EUGENE A	CHESTER	BIANCO MD, ANTONI	ALLEGHENY
BEAUCHAMP JR MD, EUGENE W	PHILADELPHIA	BENTON MD, OWEN D	WASHINGTON	BICHARA MD, WAHIB M	DELAWARE
BEAVER MD, HARRY C	MONTGOMERY	BENTZ DO, WILLIAM J	ALLEGHENY	BIDDLE MD, JOHN E	LYCOMING
BECK DO, JONATHAN E	MONTGOMERY	BENTZ MD, CHAS R	MC KEAN	BIDDLE MD, STANLEY E	PHILADELPHIA
BECK JR MD, WM C	MONTGOMERY	BENTZ MD, MICHAEL S	DAUPHIN	BIEBER MD, LARIEN G	LANCASTER
BECK JR MD, WM W	PHILADELPHIA	BENTZ MD, RALPH A	DAUPHIN	BIELE MD, ALBERT M	PHILADELPHIA
BECK MD, AARON T	PHILADELPHIA	BENZ JR MD, GEORGE H	ALLEGHENY	BIELE MD, FLORA H	PHILADELPHIA
BECK MD, DONALD E	MERCER	BENZ MD, EDWARD J	NORTHAMPTON	BIEMULLER MD, MARTHA L	PHILADELPHIA
BECK MD, GERALD E	ERIE	BERARDI MD, RONALD S	WESTMORELAND	BIERER MD, EDWARD D	ARMSTRONG
BECK MD, HELEN M	WYOMING	BERARDINELLI MD, JOHN L	BLAIR	BIERER MD, WM E	WESTMORELAND
BECK MD, JAN	BRADFORD	BERARDIS MD, VELIO E	LACKAWANNA	BIERI MD, JOHN W	DAUPHIN
BECK MD, MORTON S	DELAWARE	BERBERICH MD, WALTER F	WESTMORELAND	BIERMAN MD, JOS R	LEHIGH
BECK MD, ROBT H	HUNTINGDON	BERD MD, IRVIN B	DELAWARE	BIERMAN MD, VICTOR J	PHILADELPHIA
BECK MD, SIDNEY	PHILADELPHIA	BERENBAUM MD, ARTHUR A	PHILADELPHIA	BIESINGER MD, GEO J	BLAIR
BECK MD, THEODORE A	LEHIGH	BERES MD, JOSEPH C	PHILADELPHIA	BIGGINS MD, JAMES A	MERCER
BECK MD, WM C	BRADFORD	BERESKY MD, BARNABAS	ERIE	BIGLETE MD, LEON T	SCHUYLKILL
BECKER JR MD, HEBER W	LANCASTER	BERG MD, CHAS F	ALLEGHENY	BIGONEY MD, CARL F	MONTGOMERY
BECKER MD, CARL K	LEBANON	BERG MD, GEO	ALLEGHENY	BIKLE MD, CHAS A	FRANKLIN
BECKER MD, HILARY J	LANCASTER	BERG MD, MORTON D	PHILADELPHIA	BIKLE MD, H DWIGHT	ADAMS
BECKER MD, IRWIN	PHILADELPHIA	BERG MD, PHILIP	PHILADELPHIA	BILANIUK MD, LARISSA T	DELAWARE
BECKER MD, JOS M	PHILADELPHIA	BERG MD, SAUL R	ALLEGHENY	BILBAO MD, ANGEL	ALLEGHENY
BECKER MD, MARTIN S	NORTHAMPTON	BERGELSON MD, VICTOR D	MONTGOMERY	BILKER MD, IRIS J	PHILADELPHIA
BECKER MD, WARD G	BERKS	BERGER DO, ARNOLD H	PHILADELPHIA	BILLIAN MD, VIRGINIA L	ALLEGHENY
BECKER MD, WARREN W	PHILADELPHIA	BERGER MD, BENJ	ALLEGHENY	BILLIG MD, RUTH A	PHILADELPHIA
BECKLEY MD, ALLEN G	PHILADELPHIA	BERGER MD, GARY W	LYCOMING	BILLINGS MD, ROBT J	ALLEGHENY
BECKMAN DO, IRWIN	MONTGOMERY	BERGER MD, JAY B	NORTHAMPTON	BINAKONSKY MD, HARRY S	ALLEGHENY
BECKMAN MD, WILLIAM R	ADAMS	BERGER MD, KARL	CAMBRIA	BINDER MD, MARTIN G	CHESTER
BECKWITH MD, WM R	DELAWARE	BERGER MD, MARK	DAUPHIN	BINDIE MD, RICHARD P	SCHUYLKILL
BEDFORD MD, RICHARD A	PHILADELPHIA	BERGER MD, MELVIN M	NORTHAMPTON	BINNION MD, PETER F	PHILADELPHIA
BEDNARZ MD, WALLACE W	LYCOMING	BERGER MD, NORMAN S	LACKAWANNA	BINNS MD, VERONICA	FAYETTE
BEDROSSIAN MD, E HOWARD	DELAWARE	BERGER MD, SIMON M	PHILADELPHIA	BINSTOCK MD, HAROLD	ALLEGHENY
BEE MD, DANL H	INDIANA	BERGHER MD, MOISES	LEBANON	BIRD MD, GUSTAVUS C	PHILADELPHIA
BEEBY MD, JAMES L	ERIE	BERGLAND MD, RICHARD M	ALLEGHENY	BIRDALL MD, THOMAS M	PHILADELPHIA
BEEKY JR MD, CYRUS E	YORK	BERGMAYER MD, JOHN M	MONTGOMERY	BIRKHEAD MD, NEWTON C	PHILADELPHIA
BEEKLEY MD, WM H	CHESTER	BERGNES MD, MANUEL A	PHILADELPHIA	BIRNBAUM MD, JOSEPH G	PHILADELPHIA
BEEH MD, JOHN W	BERKS	BERGGUIST MD, ERICK J	PHILADELPHIA	BIRNBAUM MD, MICHAEL D	PHILADELPHIA
BEER MD, LOUIS	NORTHAMPTON	BERING MD, JOS P	LEBANON	BIRO JR MD, FRANK	NORTHAMPTON
BEERMAN MD, CURTIS A	CAMBRIA	BERK MD, HENRY M	MONTGOMERY	BIRRELL MD, DONALD G	ALLEGHENY
BEERMAN MD, HERMAN	PHILADELPHIA	BERK MD, MYLES M	ALLEGHENY	BIRTHWELL MD, WM M	PHILADELPHIA
BEETEL MD, CHRISTOPHER J	BERKS	BERK MD, NATHANIEL G	PHILADELPHIA	BISBING MD, JOHN H	BERKS
BEG MD, MIRZA M	PHILADELPHIA	BERKEBILE MD, PAUL E	ALLEGHENY	BISCEGLIA MD, JOS L	ALLEGHENY
BEGG MD, FRANK R	ALLEGHENY	BERKEY MD, RICHARD L	ALLEGHENY	BISHOP MD, DAVID W	BLAIR
BEGUM MD, DILWARA	ALLEGHENY	BERKMEIER MD, GEO A	DAUPHIN	BISHOP MD, HARRY C	PHILADELPHIA
BEH MD, WALTER P	ALLEGHENY	BERKMEIER MD, PARK	DAUPHIN	BISHOP MD, SARAH	PHILADELPHIA
BEHREND MD, ALBERT	PHILADELPHIA	BERKHEISER MD, SAML W	DAUPHIN	BISHOP MD, WAYNE E	CENTRE
BEHREND MD, BERNARD	PHILADELPHIA	BERKMAN MD, EUGENE F	BEAVER	BISHOW MD, I RALPH	PHILADELPHIA
BEHRINGER MD, W HAYMAN	PHILADELPHIA	BERKMAN MD, RONALD O	ALLEGHENY	BISIGNANI MD, GABRIELLA M	LACKAWANNA
BEHUN MD, JOS M	ALLEGHENY	BERKOW MD, ROBERT	MONTGOMERY	BISSEL MD, FRED A	ALLEGHENY
BEIDLER MD, JON G	FRANKLIN	BERKOWITZ MD, FRED	ALLEGHENY	BISSET JR MD, JAMES F	NORTHAMPTON
BEILER MD, DAVID D	MONTGOMERY	BERKOWITZ MD, HENRY D	PHILADELPHIA	BITETTO MD, NICOLA	BERKS
BEITEL JR MD, ROBT J	LEHIGH	BERKOWITZ MD, MORTON I	ALLEGHENY	BITMAN MD, HAROLD L	PHILADELPHIA
BEITTEL JR MD, CHAS R	DAUPHIN	BERKOWITZ MD, RICHARD D	PHILADELPHIA	BITMAN MD, JOS	PHILADELPHIA
BEITTEL MD, JAMES P	LANCASTER	BERLIN JR MD, CHESTON M	DAUPHIN	BITMAN MD, KENNETH L	CHESTER
BEIZER MD, LAWRENCE H	PHILADELPHIA	BERLIN MD, ALLISON J	ALLEGHENY	BITNER MD, WALTER P	DAUPHIN
BELENKY MD, DAVID A	ALLEGHENY	BERLIN MD, CHAS S	ALLEGHENY	BITTENBENDER MD, JOS	DAUPHIN
BEKNAP MD, HAROLD P	YORK	BERMAN JR MD, WILLIAM	DAUPHIN	BITTINGER MD, RALPH E	YORK
BELL JR MD, C RAY	LEBANON	BERMAN MD, ARNOLD T	PHILADELPHIA	BIXBY JR MD, EDWARD M	DELAWARE
BELL JR MD, DAVID M	WASHINGTON	BERMAN MD, BERNARD H	WASHINGTON	BIXLER JR MD, LESTER G	DAUPHIN
BELL MD, BENJ T	MONTGOMERY	BERMAN MD, ELI	MONROE	BIXLER SR MD, LESTER G	DAUPHIN
BELL MD, ELLA C	PHILADELPHIA	BERMAN MD, HOWARD J	WESTMORELAND	BIZOUSKY MD, FRANKLIN S	JEFFERSON
BELL MD, GERALD	CHESTER	BERMAN MD, RICHARD	PHILADELPHIA	BIZUP MD, THOS J	SCHUYLKILL
BELL MD, H CRAIG	MONTGOMERY	BERNABEI MD, ARMAND L	PHILADELPHIA	BLACK JR MD, HARRY A	ALLEGHENY
BELL MD, JAMES B	DELAWARE	BERNARDINO JR MD, VITALIANO B	BUCKS	BLACK JR MD, WM A	LACKAWANNA
BELL MD, JOHN C	MONTGOMERY	BERNARDINO MD, EVELINA A	BUCKS	BLACK MD, F OWEN	ALLEGHENY
BELL MD, MICHAEL C	ALLEGHENY	BERNATH JR MD, ALBERT M	MONTOUR	BLACK MD, HERMAN	PHILADELPHIA
BELL MD, RANDALL W	DELAWARE	BERNBERG MD, LAWRENCE	CHESTER	BLACK MD, JUDITH E	ALLEGHENY
BELL MD, ROBT L	CHESTER	BERNHARD MD, JOHN J	LEHIGH	BLACK MD, MAURICE W	PHILADELPHIA
BELL MD, THOS G	CLEARFIELD	BERNHARD MD, ROBT A	LANCASTER	BLACK MD, MILTON H	ALLEGHENY
BELLA MD, ROMEO H	BUTLER	BERNS MD, LEON L	PHILADELPHIA	BLACKBURN MD, JOS M	ELK-CAMERON
BELLANCA JR MD, GUY L	WESTMORELAND	BERNSTEIN MD, A ALEXANDER	LACKAWANNA	BLACKBURN MD, LAWRENCE F	WESTMORELAND
BELLARMINO MD, FRANCIS M	PHILADELPHIA	BERNSTEIN MD, ABRAHAM	MONTGOMERY	BLACKBURN MD, WALTER J	PHILADELPHIA
BELLER MD, MARTIN L	PHILADELPHIA	BERNSTEIN MD, EDWARD D	ALLEGHENY	BLACKSMITH JR MD, GARY L	CUMBERLAND
BELLET MD, ROBERT E	CHESTER	BERNSTINE MD, EARL L	YORK	BLADY MD, JOHN V	PHILADELPHIA
BELLIS MD, JOHN A	MONTGOMERY	BERNSTINE MD, J BERNARD	PHILADELPHIA	BLAIN MD, DANL	PHILADELPHIA
BELLUS MD, JOHN J	PHILADELPHIA	BERONILLA MD, HILARION A	WESTMORELAND	BLAIR MD, FRANK W	PHILADELPHIA
BELMONT MD, HERMAN S	PHILADELPHIA	BESKRETTINI MD, ACHILLES A	LUZERNE	BLAIN MD, JOHN F	WESTMORELAND
BELMONT MD, OWEN	PHILADELPHIA	BERRY MD, GEO J	ALLEGHENY	BLAISDELL MD, C THEODORE	LEHIGH
BELUFF MD, LOUIS	ALLEGHENY	BERS MD, SOL N	YORK	BLAKE JR MD, ALTON D	MONTGOMERY
BENACK MD, CARL A	DELAWARE	BERSCHLING MD, CHESTER M	ALLEGHENY	BLAKE MD, DOUGLAS R	LEHIGH
BENDER JR MD, FRANK C	CENTRE	BERTA MD, JULIUS W	WARREN	BLAKE MD, KARL E	ALLEGHENY
BENDER MD, GEO E	MONTGOMERY	BERTOLET MD, CHAS B	BERKS	BLAKE MD, PAUL O	DELAWARE
BENDER MD, JOS	ALLEGHENY	BERTOLETTE MD, RICHARD D	BERKS	BLAKER MD, MARTIN A	PHILADELPHIA
BENDER MD, RICHARD J	LANCASTER	BERTRAM MD, HORST N	LEBANON	BLAKESLEE DO, COLSON E	JEFFERSON
BENDER MD, ROBT R	PHILADELPHIA	BERTSCH MD, ALBERT M	SUSQUEHANNA	BLAKLEY MD, JOHN B	ALLEGHENY
BENDER MD, SHELTON R	FRANKLIN	BESARAB MD, ANATOLE	PHILADELPHIA	BLANCH MD, JOHN J	YORK
BENDER MD, WM A	PHILADELPHIA	BESECKER MD, JOS A	LANCASTER	BLANCH MD, JOS J	PHILADELPHIA
BENDERSKY MD, GORDON	PHILADELPHIA	BESOZZI MD, MICHAEL J	ALLEGHENY	BLANCHARD MD, DONOVAN C	VENANGO
BENDLIN MD, ARNALDO	PHILADELPHIA	BESSELMAN MD, DAVID M	DAUPHIN	BLANCHET MD, ALFRED D	PHILADELPHIA
BENEDICT MD, FRANKLIN D	PHILADELPHIA	BESSER MD, JOS P	PHILADELPHIA	BLAND MD, C BRINLEY	PHILADELPHIA
BENEZRA MD, ISAK	YORK	BEST MD, JOHN W	YORK	BLANK MD, IRA B	MONTGOMERY
BENFER MD, KENNETH L	CHESTER	BEST MD, WM G	DELAWARE	BLANK MD, JOHN E	MERCER
BENINATI MD, DANIEL D	BLAIR	BETTINGER MD, JOHN C	PHILADELPHIA	BLANK MD, PHILIP	ALLEGHENY
BENITEZ MD, FRANCISCO W		BETTS MD, EUGENE K	PHILADELPHIA	BLANK MD, SAML	PHILADELPHIA



BLANZACO MD, ANDRE C	PHILADELPHIA	BONITA MD, LOUIS B	LUZERNE	BRACKIN MD, GEO G	MONTGOMERY
BLASBAND MD, RICHARD A	BUCKS	BONITA MD, RAPHAEL	LUZERNE	BRACKIN MD, PHILLIP S	MONTGOMERY
BLASCO MD, WALTER J	FRANKLIN	BONN MD, JERROLD C	PHILADELPHIA	BRACONARO MD, FRANCIS J	BERKS
BLASIOLE MD, RALPH S	WASHINGTON	BONNER MD, ROBT A	LYCOMING	BRADEN JR MD, FRANK R	ALLEGHENY
BLASS MD, DAVID C	FAYETTE	BONNER MD, WM R	CARBON	BRADFORD MD, GEORGE W	PHILADELPHIA
BLASSEN MD, EDWARD F	LEHIGH	BONO MD, JOHN	ARMSTRONG	BRADFORD MD, JOHN D	CHESTER
BLASTOS MD, PAUL	ALLEGHENY	BONOS III MD, CHAS T	LEHIGH	BRADFORD MD, PAUL L	MONTGOMERY
BLATCHLEY MD, DONALD M	WESTMORELAND	BONTEMPO MD, FRANKLIN A	BEAVER	BRADLEY JR MD, ROBT H	PHILADELPHIA
BLATT MD, HERBERT L	PHILADELPHIA	BONTUMASE MD, JASPER E	LYCOMING	BRADLEY JR MD, WM A	WESTMORELAND
BLATT MD, MARK A	PHILADELPHIA	BONUCCI MD, BRUNO L	FAYETTE	BRADLEY JR MD, WM P	ALLEGHENY
BLAU MD, NATHAN	ALLEGHENY	BOD MD, KI T	LEHIGH	BRADLEY MD, BETTY H	ALLEGHENY
BLAUM MD, LOUIS C	LUZERNE	BODK MD, MURRAY H	MONTGOMERY	BRADLEY MD, DON W	DAUPHIN
BLAZINA MD, WM M	DAUPHIN	BOOKERT MD, CHAS C	ALLEGHENY	BRADLEY MD, MARTHA K	DAUPHIN
BLECKER MD, DAVID	YORK	BOUKHAMMER MD, ROBT S	PHILADELPHIA	BRADLEY MD, SAML M	CAMBRIA
BLECKER MD, DAVID L	PHILADELPHIA	BOONE MD, LESLIE J	ALLEGHENY	BRADLEY MD, VERNON F	BLAIR
BLEDEN MD, EDWARD M	DELAWARE	BOUNSWANG MD, PRICHA	NORTHAMPTON	BRADSHAW JR MD, WM A	ALLEGHENY
BLEIER MD, ADOLPH H	DELAWARE	BOOTH MD, GEO	ALLEGHENY	BRADY MD, DOUGLAS F	WESTMORELAND
BLEIMAN MD, MICHAEL	PHILADELPHIA	BOWA MD, FRANK W	PHILADELPHIA	BRADY MD, GEO M	LANCASTER
BLES MD, E SERGIO	PHILADELPHIA	BORDEN MD, ANTHONY G	PHILADELPHIA	BRADY MD, JOHN C	LUZERNE
BLESSING MD, HENRY G	PHILADELPHIA	BORECKY MD, DAVID C	CAMBRIA	BRADY MD, JOS A	MONTGOMERY
BLEWETT MD, CHARLES H	POTTER	BORETSKY MD, HARRY	ALLEGHENY	BRADY MD, LUTHER W	PHILADELPHIA
BLEWITT MD, GEORGE A	PHILADELPHIA	BORGER MD, LEE J	WARREN	BRATMAN MD, ROBT A	PHILADELPHIA
BLINKOFF MD, BARRY A	PHILADELPHIA	BORIOSI MD, GUIDO D	LACKAWANNA	BRALLIER MD, HUGH W	WESTMORELAND
BLIZZARD MD, JOHN J	DELAWARE	BORJA MD, ROGELIO I	ARMSTRONG	BRAMOWITZ MD, ALAN D	ALLEGHENY
BLONBER MD, CHAS G	ALLEGHENY	BORKOVIC MD, EMBRIE J	BEAVER	BRANAS DO, JOHN A	LANCASTER
BLOCK MD, FRANK B	PHILADELPHIA	BORKOWSKI MD, ADOLPH F	PHILADELPHIA	BRANCATO JR MD, PETER	ALLEGHENY
BLOCK MD, ROBERT A	PHILADELPHIA	BORKOWSKI MD, BERNARD B	PHILADELPHIA	BRANDON MD, JOHN M	ALLEGHENY
BLOCKLYN MD, MAURICE J	DELAWARE	BORKOWSKI MD, WINSLOW J	PHILADELPHIA	BRANDON MD, MILTON B	JEFFERSON
BLOCKSTEIN MD, ROBT S	ALLEGHENY	BORNS MD, PATRICIA F	PHILADELPHIA	BRANDON MD, PHYLLIS K	ARMSTRONG
BLOCKETT JR MD, RANDOLPH C	MONTOUR	BORNSTEIN MD, NEAL G	ALLEGHENY	BRANDSTETTER MD, LOUIS H	ALLEGHENY
BOES MD, WALTER S	LACKAWANNA	BORNT MD, MARSHA D	YORK	BRANDT MD, C RICHARD	DAUPHIN
BOEMAN MD, E WILLIAM	LACKAWANNA	BORON MD, ROBT J	CLEARFIELD	BRANDT MD, JOHN P	CLINTON
BLOOD JR MD, JOS B	BRADFORD	BOROW MD, LAWRENCE S	PHILADELPHIA	BRANDT MD, JOHN W	ALLEGHENY
BLOOD JR MD, RAYMOND G	PHILADELPHIA	BOROW MD, SYDNEY	PHILADELPHIA	BRANDT MD, ROBERT I	BEAVER
BLOOM MD, C HENRY	BLAIR	BOROWSKY MD, SYDNEY M	PHILADELPHIA	BRANELLA MD, TONTINO F	DELAWARE
BLOOM MD, EDWARD I	PHILADELPHIA	BORSKA MD, HENRY B	MONTGOMERY	BRANSCUM MD, GEORGE P	CUMBERLAND
BLOOM MD, JAMES	DAUPHIN	BORTHWICK MD, MALCOLM J	LUZERNE	BRANT MD, CARL E	WESTMORELAND
BLOOM MD, JOS	PHILADELPHIA	BORTIN MD, LEONARD	PHILADELPHIA	BRANT MD, NOSS D	ALLEGHENY
BLOOM MD, JOS B	ALLEGHENY	BORTNER MD, DONALD L	YORK	BRANTON MD, LEON N	LEHIGH
BLOOM MD, MEYER	CAMBRIA	BORTZ MD, DONALD W	WESTMORELAND	BRANTZ MD, EDWARD A	LUZERNE
BLOOM MD, PETER B	DELAWARE	BORTZ MD, FRANK B	ALLEGHENY	BRASUK MD, JOHN L	ALLEGHENY
BLOOM MD, SHIRLEY S	PHILADELPHIA	BORTZ MD, WALTER M	WESTMORELAND	BRASUK MD, VIRGINIA M	ALLEGHENY
BOUGH MD, LELAND S	ALLEGHENY	BORUS MD, HARRY E	ALLEGHENY	BRAU MD, JOS M	NORTHAMPTON
BOUNT DO, AMANDA C	PHILADELPHIA	BORZUTZKY MD, CARLOS	ALLEGHENY	BRAND MD, DANL C	ALLEGHENY
BUESTEIN MD, DAVID D	ALLEGHENY	BUSACCO MD, DAVID N	DELAWARE	BRAND MD, THOS M	WASHINGTON
BUM MD, BERNARD M	PHILADELPHIA	BOSANAC MD, PAUL R	LEHIGH	BRANFELD DO, ROBERT	PHILADELPHIA
BUM MD, MARVIN	LUZERNE	BOSELLI MD, BRUCE D	BRADFORD	BRAY MD, SOLOMON S	ALLEGHENY
BUM MD, MATTHEW D	BUCKS	BOSSE MD, MILTON D	ALLEGHENY	BRAYMAN MD, BERNARD L	ALLEGHENY
BUM MD, MITCHELL E	LEHIGH	BOTKIN MD, LESTER H	ALLEGHENY	BRAY MD, JOHN S	DAUPHIN
BUMBERG MD, ALEXANDER W	LYCOMING	BOTIN MD, ROBT F	ALLEGHENY	BRAY MD, JOS B	CHESTER
BUMBERG MD, LEON D	PHILADELPHIA	BOTTOMLEY DO, DONALD L	LEHIGH	BRAY MD, JOSHUA C	MONTGOMERY
BUMBERG MD, MYRON L	PHILADELPHIA	BOUCEK MD, CHAS M	ALLEGHENY	BRAZEL MD, JOS F	CUMBERLAND
BUME MD, ROBT P	ALLEGHENY	BOUCEK MD, RICHARD J	ALLEGHENY	BRAZINA MD, BRUCE D	MONTOUR
BUMENFIELD MD, RALPH	PHILADELPHIA	BOUCHER MD, IRVAN A	BLAIR	BRECHER MD, EUGENE	PHILADELPHIA
BUMENSCHIN MD, GERTRUDE	FAYETTE	BOUCHER MD, WM F	LEHIGH	BRECHT MD, JAMES A	PHILADELPHIA
BUMENTHAL MD, CHAS	PHILADELPHIA	BOULOS MD, ONSI K	GREENE	BRECKENRIDGE MD, JOHN W	PHILADELPHIA
BUMSTEIN MD, CHAS G	MONTGOMERY	BUURAS MD, GEO	MONTGOMERY	BREEN MD, PHILIP C	MONTOUR
BUMSTEIN MD, GEO I	PHILADELPHIA	BOUNDAKOS MD, NICOLAS G	ALLEGHENY	BREHMAN MD, JOS	PHILADELPHIA
LY MD, CHAUNCEY G	MERCER	BOURLAND MD, HENRY S	PHILADELPHIA	BREHM MD, HANS H	MONROE
LYTHE MD, PEGGY J	WASHINGTON	BOUVIER MD, MARIANNE	ALLEGHENY	BREITFIELD MD, VOLKER	ALLEGHENY
OAL JR MD, JOHN H	BEAVER	BOUZAKTH MD, WM F	PHILADELPHIA	BREMER MD, HARRY J	CAMBRIA
OAL MD, ERWIN S	BEAVER	BOYARD MD, PAUL G	ALLEGHENY	BRENNAN MD, ARNOLD K	PHILADELPHIA
OAS MD, HARRY H	ALLEGHENY	BOVE MD, FRANK A	PHILADELPHIA	BRENNAN MD, JAMES T	PHILADELPHIA
OBB MD, MARVIN L	DELAWARE	BOVE MD, RICHARD L	MONTGOMERY	BRENNAN MD, JOHN P	LUZERNE
OBECK MD, JOS J	LUZERNE	BOWEN III MD, ADELBERT	ALLEGHENY	BRENNAN MD, JOS E	PHILADELPHIA
OBN JR MD, WM R	LANCASTER	BOWEN JR MD, THALES	MONTGOMERY	BRENNAN MD, LEONARD H	WARREN
OBN MD, WM R	LUZERNE	BOWEN MD, DALE T	LEHIGH	BRENNAN MD, ROBERT W	DAUPHIN
OC MD, STANLEY F	PHILADELPHIA	BOWER MD, HARRY B	DAUPHIN	BRENNAN MD, RUSSELL J	PHILADELPHIA
OCHE MD, JACK	CHESTER	BOWER MD, JAMES H	DAUPHIN	BRENNAN MD, WM F	ALLEGHENY
OCKOL MD, JOEL M	BUCKS	BOWER MD, JAMES N	LAWRENCE	BRENNEMAN MD, J JAMES	MIFFLIN-JUNIATA
OCKUS MD, HENRY L	PHILADELPHIA	BOWER MD, JOHN R	BERKS	BRENNEMAN MD, PAUL G	BUCKS
ODE JR MD, FREDERICK W	ALLEGHENY	BOWER MD, JOHN R	BERKS	BRENNEMAN MD, RICHARD E	NORTHAMPTON
ODE SR MD, FREDERICK W	ALLEGHENY	BOWER MD, ROBT	PHILADELPHIA	BRENNEN MD, ROBT F	LEHIGH
ODEK MD, ALVIN H	ALLEGHENY	BOWER MD, ROBT J	CHESTER	BRENNER DO, RICHARD P	PHILADELPHIA
OJDI MD, TIBOR	PHILADELPHIA	BOWER MD, SAML C	CLINTON	BRENNER JR MD, SAML S	BRADFORD
OJMER MD, MERAL O	NORTHUMBERLAND	BOWERS MD, LEROY W	BLAIR	BRENNER MD, ANGUS L	MONTGOMERY
OJEMLER MD, WM J	MONTGOMERY	BOWERS MD, PAUL A	PHILADELPHIA	BRENNER MD, LOUIS O	DAUPHIN
OJEMKE MD, MANFRED	ALLEGHENY	BOWERS MD, ROBERT M	TIOGA	BRENNER MD, MAXWELL B	PHILADELPHIA
OJAEV MD, JULES H	PHILADELPHIA	BOWERS MD, WM H	ALLEGHENY	BRENNER MD, SIDNEY	PHILADELPHIA
OJASH MD, MORTON	MONTGOMERY	BOWES MD, DONALD E	MONTOUR	BRENNER MD, SOPHIE A	PHILADELPHIA
OJANOFF MD, BRUCE M	DELAWARE	BOWIE MD, MORRIS A	MONTGOMERY	BRENT MD, LAWRENCE B	ALLEGHENY
OJER MD, WM P	PHILADELPHIA	BOWMAN JR MD, THOS E	DAUPHIN	BRETON MD, WM F	ERIE
OJGS JR MD, THOMAS R	PHILADELPHIA	BOWMAN MD, DAVID H	DAUPHIN	BRESLER MD, RALPH	PHILADELPHIA
OJHARS MD, SAUL	ALLEGHENY	BOWMAN MD, HERBERT S	DAUPHIN	BRESLIN DO, THOMAS V	LEHIGH
OJHLENDER MD, GEO P	ERIE	BOWMAN MD, JAMES E	PHILADELPHIA	BRESS MD, ALAN N	ALLEGHENY
OJHNENBLUST MD, WALTER R	SCHUYLKILL	BOWMAN MD, JOHN H	LANCASTER	BRESS MD, JAMES C	ALLEGHENY
OJICE MD, G NEWTON	ALLEGHENY	BOWMAN MD, ROBT G	ALLEGHENY	BRESSI JR MD, THOS E	MONTGOMERY
OJSENBAUM MD, MERVIN	ALLEGHENY	BOWSER JR MD, EDWARD R	BLAIR	BREST MD, ALBERT N	PHILADELPHIA
OLAND JR MD, FRANCIS B	BUCKS	BOWSER MD, MERLE L	WASHINGTON	BRETHAUER JR MD, EDWARD A	ALLEGHENY
OLAND MD, FRANCIS P	LACKAWANNA	BOXER MD, ARTHUR D	MONTGOMERY	BREVETTA MD, RICHARD J	MERCER
OLAND MD, STANLEY W	LACKAWANNA	BOYD 3RD MD, ROBT T	PHILADELPHIA	BREWER MD, WILLIAM C	FRANKLIN
OLANOVICH MD, LESTER J	ALLEGHENY	BOYD MD, THOS A	DELAWARE	BREZIN MD, JOSEPH	PHILADELPHIA
LES MD, RUSSELL S	PHILADELPHIA	BOYD MD, THOS S	BEAVER	BRIANT JR MD, WM W	ALLEGHENY
LMARCH MD, VIRGINIA D	DELAWARE	BOYD MD, WM J	DAUPHIN	BRICE MD, JUDITH A	ALLEGHENY
LOGNESE MD, RONALD J	PHILADELPHIA	BOYER MD, EDWIN C	CAMBRIA	BRICKBAUER MD, ROLAND M	BERKS
LOTIN MD, JOS H	MERCER	BOYER MD, FRANK R	LEHIGH	BRICKER MD, ELIZ B	LANCASTER
LSTER MD, RICHARD H	CHESTER	BOYER MD, GEO S	LEHIGH	BRICKHOUSE MD, HERMAN M	LYCOMING
LTON MD, HOWARD A	ALLEGHENY	BOYER MD, JOHN L	LEHIGH	BRICKLEY MD, KENNETH S	CLINTON
LTON MD, J COLLIER	DAUPHIN	BOYEN MD, NANCY H	LEHIGH	BRICKNELL MD, PAUL P	DAUPHIN
LUS MD, CHARLES M	LACKAWANNA	BOYER MD, RANDAL A	PHILADELPHIA	BRIDENBAUGH MD, ROBT P	BLAIR
MBERGER MD, JOHN H	DELAWARE	BOYER MD, WALTER E	VENANGO	BRIGGS DO, JACKIE R	POTTER
MMEUER DO, ELIZABETH H	DELAWARE	BOYKIM MD, YAROSLAV A	CLEARFIELD	BRIGHAM MD, M PRINCE	PHILADELPHIA
NACCI MD, RICHARD J	LUZERNE	BOYLAN MD, RAYMOND J	ALLEGHENY	BRIGHTON MD, CARL T	PHILADELPHIA
NADERO MD, PETER O	WASHINGTON	BOYLE JR MD, JAMES J	PHILADELPHIA	BRIGLIA MD, NICHOLAS N	PHILADELPHIA
NADIO MD, PETER M	BEAVER	BOYLE MD, DENTS C	WESTMORELAND	BRIGNOLA MD, MICHAEL P	PHILADELPHIA
NADO MD, POMPEYO B	WESTMORELAND	BOYLE MD, BENIS A	CHESTER	BRILL MD, DAVID R	MONTOUR
NAFEDE MD, PETER L	DAUPHIN	BOYLE MD, HUGH G	LUZERNE	BRILL MD, FRANCIS W	LACKAWANNA
NAKDAR-POUR MD, AKBAR	PHILADELPHIA	BOYLE MD, JAMES W	LUZERNE	BRILL MD, JOS M	DELAWARE
NAN MD, A FERDINAND	PHILADELPHIA	BOYLE MD, RICHARD C	ERIE	BRILLMAN MD, JON	ALLEGHENY
NAVITA MD, JOHN A	PHILADELPHIA	BOYLE MD, WM H	LUZERNE	BRILLMAN MD, NATHAN	PHILADELPHIA
NDI MD, FRANK R	ALLEGHENY	BOYSEN MD, HOMER W	SCHUYLKILL	BRILMYER MD, GEORGE J	LUZERNE
NDI MD, RICHARD P	ALLEGHENY	BOZIC MD, ALBERT F	LYCOMING	BRINDISI MD, GAETANO	PHILADELPHIA
NDY MD, THOS J	CAMBRIA	BOZIC MD, WM F	ALLEGHENY	BRINGHURST MD, LOUIS S	CHESTER
NEKEMPER MD, THOS W	MONTGOMERY	BRABSON MD, HOWARD W	BEAVER	BRINK MD, CORNELIUS P	FRANKLIN
NESSI MD, JAMES V	ALLEGHENY	BRACHER MD, ALLEN N	YORK	BRINK MD, EARL J	ALLEGHENY
NESSI MD, JOHN J	WASHINGTON	BRACHFELD MD, JONES	PHILADELPHIA	BRINK MD, WM R	LYCOMING
NET MD, LOUIS	ALLEGHENY	BRACKBILL MD, JAMES E	NORTHAMPTON	BRISINI MD, PATRICK D	CAMBRIA
NI MD, DINO R	WASHINGTON	BRACKEN MD, MARK M	ALLEGHENY	BRITT MD, EDWARD C	PHILADELPHIA
NIFACE MD, DOLORES J	ALLEGHENY	BRACKIN JR MD, JOHN T	MONTGOMERY	BROADHEAD MD, RICHARD	ALLEGHENY



BRUBYN MD, CHAS W	LUZERNE	BRUST MD, RAYMOND W	PHILADELPHIA	BURRY MD, WILLIAM C	MONROE
BRUBYN MD, THOMAS J	PHILADELPHIA	BHUTON MD, CHAS W	DAUPHIN	BURSTEIN MD, FRANK	PHILADELPHIA
BRUCK MD, RICHARD R	PHILADELPHIA	BHRYAN JR MD, FRANK S	DAUPHIN	BURST MD, ROBT C	ALLEGHENY
BRUCKMAN MD, STANLEY K	ERIE	BRYAN JR MD, JOHN S	DAUPHIN	BUSCHMAN MD, MILTON H	YORK
BRUCKMYER MD, M LAWRENCE	DELAWARE	BRYAN JR MD, ROSS E	PHILADELPHIA	BUSH MD, ALTON J	ARMSTRONG
BROD MD, ROBT C	PHILADELPHIA	BRYAN MD, THOS M	CHESTER	BUSH MD, HERMAN	BEAVER
BRODER MD, GEORGE J	BUCKS	BRYANT MD, WINSTON M	ALLEGHENY	BUSH MD, STEPHEN T	CAMBRIA
BRODER MD, HAROLD M	PHILADELPHIA	BRYANT MD, DAVID M	PHILADELPHIA	BUSH MD, WM B	DAUPHIN
BRODIE MD, DONALD E	ALLEGHENY	BRYLANSKI MD, MICHAEL	LANCASTER	BUSH MD, WM M	BERKS
BRODMERKEL JR MD, GEO J	PHILADELPHIA	BRYSUN MD, RICHARD L	ERIE	BUSHKOFF MD, STANLEY H	ALLEGHENY
BRODUVSKY MD, HARVEY S	PHILADELPHIA	BU MD, TAE-HYUNG	BERKS	BUSHTYAGER MD, RONALD R	WESTMORELAND
BRODSKY MD, ISADORE	PHILADELPHIA	BUB MD, BARRY	LUZERNE	BUSHTYAGER MD, ROSS M	MONTGOMERY
BRODY MD, JEROME I	PHILADELPHIA	BUCAN MD, MICHAEL	ALLEGHENY	BUSIS MD, SIDNEY N	ALLEGHENY
BRODY MD, LOUIS	PHILADELPHIA	BUCAN MD, JOHN R	WESTMORELAND	BUSLER JR MD, VERNE M	YORK
BRODY MD, MORRIS W	PHILADELPHIA	BUCCI MD, JOS F	PHILADELPHIA	BUTCHER MD, JAMES	PHILADELPHIA
BRODY MD, SIDNEY A	PHILADELPHIA	BUCH MD, HERIBERTO E	MERCER	BUTCHKO MD, ANDREW W	LUZERNE
BRODY MD, WILLIAM	PHILADELPHIA	BUCH MD, JOS J	LUZERNE	BUTCOFSKI MD, JAMES S	GREENE
BROENNLE MD, ALBERT M	PHILADELPHIA	BUCH MD, RUST R	DAUPHIN	BUTERBAUGH MD, JOHN C	TIOGA
BROGAN MD, EDMUND J	PHILADELPHIA	BUCHANAN MD, EDWIN B	CHESTER	BUTLER MD, ANNE K	CHESTER
BROGAN MD, JOHN J	PHILADELPHIA	BUCHANAN MD, GIBSON P	MONTGOMERY	BUTLER MD, CHAS H	MONTGOMERY
BROGAN MD, LOUIS E	DELAWARE	BUCHANAN MD, JAMES L	MONROE	BUTLER MD, HORACE G	YORK
BROGAN MD, WM T	JEFFERSON	BUCHANAN MD, JAMES R	PHILADELPHIA	BUTLER MD, IVAN L	PHILADELPHIA
BROHM MD, CHAS G	PHILADELPHIA	BUCHANAN MD, JOAN H	DELAWARE	BUTLER MD, MELVIN V	DELAWARE
BROMBERG MD, DAVID	ALLEGHENY	BUCHANAN MD, WM K	DAUPHIN	BUTLER MD, MIRIAM	PHILADELPHIA
BRON MD, KLAUS M	LEHIGH	BUCHDAHL MD, ALICE J	BUCKS	BUTTS MD, HARRY E	WARREN
BRUNG MD, GEO C	DAUPHIN	BUCHER MD, ALBERT H	PHILADELPHIA	BUTTS JR MD, FRANK H	ERIE
BRONITSKY MD, CARL N	PHILADELPHIA	BUCHEK MD, ROBT G	MONTGOMERY	BUTTERWORTH MD, THOS	BERKS
BRUNSTEIN MD, ROBERT M	CLARION	BUCHEK MD, JOS G	INDIANA	BUVINGER MD, RALPH S	ALLEGHENY
BROOKS DO, FRANK J	CLARION	BUCHEK MD, WALTER I	ALLEGHENY	BUXTON JR MD, DONALD R	DAUPHIN
BROOKS DO, JOHN E	CLARION	BUCHEIT MD, WM A	MONTGOMERY	BUXTON MD, DONALD R	DAUPHIN
BROOKS DO, JOHN M	DELAWARE	BUCHMAN MD, DAVID H	ALLEGHENY	BUYERS MD, ROBT A	MONTGOMERY
BROOKS JR MD, CLINT E	PHILADELPHIA	BUCHMAN MD, ROBT R	ALLEGHENY	BUZAS MD, JEROME W	PHILADELPHIA
BROOKS MD, ALLAN	LEHIGH	BUCK MD, ADDISON S	ALLEGHENY	BUZZBY MD, FRANKLIN S	ALLEGHENY
BROOKS MD, CHARLES M	ALLEGHENY	BUCK MD, ANN L	BEAVER	BUZZELLI MD, PHILIP B	LYCOMING
BROOKS MD, DANL H	PHILADELPHIA	BUCK MD, CLARENCE J	ARMSTRONG	BUZZERD MD, HARRY M	YORK
BROOKS MD, FRANK P	CRAWFORD	BUCK MD, KEITH K	ALLEGHENY	BYERS JR MD, GEO E	ALLEGHENY
BROOKS MD, GERALD M	DAUPHIN	BUCK MD, RUDOLPH L	PHILADELPHIA	BYERS MD, JOHN A	ERIE
BROOKS MD, HARRY R	LAWRENCE	BUCK MD, RUTH E	DAUPHIN	BYERS MD, ROBT J	ERIE
BROOKS MD, JACK C	GREENE	BUCKA MD, EDWARD R	CLARION	BYERS MD, ROBT O	CHESTER
BROOKS MD, JAMES L	PHILADELPHIA	BUCKEY MD, JOS T	BERKS	BYLER MD, ARTHUR B	PHILADELPHIA
BROOKS MD, ROBT	NORTHUMBERLAND	BUCKINGHAM MD, ROBT C	LUZERNE	BYRD MD, HAROLD S	NORTHAMPTON
BROSICIUS MD, BENJ M	PHILADELPHIA	BUCKLEY DO, RONALD L	DAUPHIN	BYRNE MD, JAMES E	PHILADELPHIA
BROSLOW MD, DAVID D	PHILADELPHIA	BUCKLEY MD, JOHN J	ALLEGHENY	BYRNE MD, PHILIP J	MONTGOMERY
BROSANAN MD, WM J	LEHIGH	BUCKMAN MD, LEWIS T	DAUPHIN	BYRNE MD, ROBT J	CHESTER
BROSSMAN MD, MARTIN W	ALLEGHENY	BUCKMAN MD, SAML T	PHILADELPHIA	BYRON MD, HAROLD J	MONTGOMERY
BROSTOFF MD, PHILIP	PHILADELPHIA	BUCKO JR MD, MATHEW I	DAUPHIN		
BROUDO MD, SAML F	ALLEGHENY	BUCKTHAL MD, PAUL E	CLARION		
BROUGHER MD, DAVID E	PHILADELPHIA	BUCKWALTER MD, PHYLLIS S	BERKS		
BROUGHER MD, LEAR E	ALLEGHENY	BUCKWALTER MD, RICHARD A	LUZERNE		
BROUSSARD MD, ELSIE R	ALLEGHENY	BUCS MD, ROGER G	MONTGOMERY		
BROWN 3RD MD, DEWITT C	MONTGOMERY	BUD MD, THEODORE R	DAUPHIN		
BROWN 5TH MD, THOS W	LEHIGH	BUDOVALCEV MD, RADOSLAV	ALLEGHENY		
BROWN JR MD, ERNEST M	PHILADELPHIA	BUDURA MD, PAUL	NORTHAMPTON		
BROWN JR MD, FRANK E	CHESTER	BUERGER JR MD, GEORGE F	ALLEGHENY		
BROWN JR MD, JAMES T	ALLEGHENY	BUERK MD, MINERVA S	MONTGOMERY		
BROWN JR MD, JOS S	PHILADELPHIA	BUERKLIN MD, ELLEN M	PHILADELPHIA		
BROWN JR MD, M EVANS	MONTGOMERY	BUFFONE MD, DAVID A	JEFFERSON		
BROWN MD, ANDREW J	ALLEGHENY	BUISEN MD, RODOLFO A	MERCER		
BROWN MD, CHAS R	ALLEGHENY	BUKOWSKI MD, MARTIN J	DELAWARE		
BROWN MD, CLARK E	PHILADELPHIA	BULATAU MD, AGAPITO V	LYCOMING		
BROWN MD, DONALD C	WESTMORELAND	BULGER MD, ALVIN E	ALLEGHENY		
BROWN MD, EARL H	PHILADELPHIA	BULGER MD, RICHARD H	BLAIR		
BROWN MD, ELIZABETH B	DELAWARE	BULLOCK MD, JACK S	WAYNE-PIKE		
BROWN MD, FREDERICK G	MONTGOMERY	BULLUCK MD, DAVID E	PHILADELPHIA		
BROWN MD, GEO L	MONTGOMERY	BULOVA MD, STEPHEN I	PHILADELPHIA		
BROWN MD, H ZANE	LANCASTER	BUMGARDNER MD, GEO H	HUNTINGDON		
BROWN MD, HAROLD E	MONTGOMERY	BUMGARDNER MD, HEATH D	PHILADELPHIA		
BROWN MD, HERMAN	PHILADELPHIA	BUNAD MD, ROMULO M	BRADFORD		
BROWN MD, J OLIVER	PHILADELPHIA	BUNDY MD, R MERLE	ALLEGHENY		
BROWN MD, JOHN E	ERIE	BUNDY MD, THOS W	FRANKLIN		
BROWN MD, JOHN L	CLINTON	BUNESE MD, HORST J	PHILADELPHIA		
BROWN MD, MANSON	VENANGO	BUNYOR MD, AGNES K	HUNTINGDON		
BROWN MD, MATTHEW G	MERCER	BUNYOR MD, ERHARD J	HUNTINGDON		
BROWN MD, MAURICE L	PHILADELPHIA	BUNAK MD, ROBERT F	LUZERNE		
BROWN MD, MICHAEL R	BUCKS	BURAK MD, WM E	LUZERNE		
BROWN MD, NATHAN	CHESTER	BURBRIDGE MD, I RALPH	ERIE		
BROWN MD, RALPH R	INDIANA	BURCH MD, WILLIAM	PHILADELPHIA		
BROWN MD, RICHARD A	DAUPHIN	BURDEN MD, GEO E	MONTGOMERY		
BROWN MD, ROBERT E	HUNTINGDON	BURDEN MD, SAML S	MONTGOMERY		
BROWN MD, ROBT B	FRANKLIN	BURDICK MD, MITCHELL	ERIE		
BROWN MD, ROBT B	ALLEGHENY	BURES MD, JOSEPH C	ALLEGHENY		
BROWN MD, ROBT C	DELAWARE	BUNG MD, FREDRIC D	PHILADELPHIA		
BROWN MD, ROBT E	LANCASTER	BURGAUD MD, LEONARD A	ALLEGHENY		
BROWN MD, SHELIA	NORTHAMPTON	BURGBACHER MD, JAMES S	CAMBRIA		
BROWN MD, STUART I	ALLEGHENY	BURGER MD, JOS G	BEAVER		
BROWN MD, SYLVAN	LACKAWANNA	BURGER MD, REGIS F	ALLEGHENY		
BROWN MD, WM E	MERCER	BURGER MD, THEODORE P	NORTHAMPTON		
BROWN MD, WM E	MONTGOMERY	BURGET JR MD, DEAN E	CHESTER		
BROWNE MD, LAURENCE T	PHILADELPHIA	BURGIN MD, WALTER H	DAUPHIN		
BROWNELLER MD, ELLSWORTH R	MONTGOMERY	BURICK MD, WAYNE P	BEAVER		
BROWNSTEIN MD, ISRAEL E	PHILADELPHIA	BURIK MD, ALEXANDER J	LACKAWANNA		
BROWNSTEIN MD, PHILLIP K	PHILADELPHIA	BURKART MD, THOS J	MC KEAN		
BRUBAKER MD, ELWOOD R	BERKS	BURKE MD, JAMES F	DELAWARE		
BRUBAKER MD, J KENNETH	LANCASTER	BURKE MD, MARIE T	DELAWARE		
BRUBAKER MD, JACOB H	LANCASTER	BURKET MD, DANL G	BLAIR		
BRUBAKER MD, PAUL E	LANCASTER	BURKET MD, LOUIS C	BLAIR		
BRUBAKER MD, WARREN W	DAUPHIN	BURKET MD, RAMON C	BLAIR		
BRUCE MD, THOS A	MONTGOMERY	BURKETT MD, DONALD E	CAMBRIA		
BRUCK MD, RHODA N	PHILADELPHIA	BURKEY MD, FRED J	ALLEGHENY		
BRUCKER MD, PAUL C	PHILADELPHIA	BURKHARD JR MD, EDWARD J	LEHIGH		
BRULL MD, ROBT	FRANKLIN	BURKHART MD, CHAS B	MONTGOMERY		
BRUMBAUGH MD, ELMER R	NORTHAMPTON	BURKHOLDER MD, JOHN A	ALLEGHENY		
BRUNACCI MD, ALFRED M	LUZERNE	BURKLE MD, JOS S	YORK		
BRUNDAGE MD, JOHN T	LACKAWANNA	BURKLEY 3RD MD, LOUIS F	NORTHAMPTON		
BRUNDAGE MD, ROBT P	LACKAWANNA	BURKLEY MD, LOUIS F	PHILADELPHIA		
BRUNGO MD, JAMES J	ALLEGHENY	BURLAND MD, J ALEXIS	BUCKS		
BRUNGO MD, JOHN A	ALLEGHENY	BURMEISTER MD, CHAS W	LANCASTER		
BRUNGO MD, JOHN D	ALLEGHENY	BURNETT MD, GEO W	PHILADELPHIA		
BRUNN JR MD, HENRY M	ALLEGHENY	BURNETT MD, W EMORY	PHILADELPHIA		
BRUNNER MD, RICHARD A	PHILADELPHIA	BURNEY MD, LEROY E	LUZERNE		
BRUNO DO, ELENA P	PHILADELPHIA	BURNS MD, CHAS N	BERKS		
BRUNO JR MD, JOSEPH N	LUZERNE	BURNS MD, DONALD T	FRANKLIN		
BRUNO MD, FRANCISCO F	WASHINGTON	BURNS MD, FRANK D	MONTGOMERY		
BRUNO MD, GIOVANNI	PHILADELPHIA	BURNS MD, J ROBERT	MONTGOMERY		
BRUNO MD, JORGE C	ALLEGHENY	BURNS MD, JESSE E	DAUPHIN		
BRUNO MD, MARIA A	CHESTER	BURNS MD, JOHN C	DAUPHIN		
BRUNO MD, STEPHEN C	ALLEGHENY	BURNS MD, WM T	PHILADELPHIA		
BRUNO SR MD, JOS N	LUZERNE	BURNSIDE MD, JOHN W			
BRUNT JR MD, MANLY Y	PHILADELPHIA	BURROS MD, HARRY M			



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CAMPBELL MD, WM J	DAUPHIN	CASEY MD, ADRIAN V	LACKAWANNA	CHARNY MD, CHAS W	PHILADELPHIA
CAMPBAM MD, CLARENCE C	MERCER	CASEY MD, JOHN D	PHILADELPHIA	CHARNY MD, E JOSEPH	ALLEGHENY
CANALS MD, JOAQUIN	MONTGOMERY	CASEY MD, PAUL R	PHILADELPHIA	CHARTOCK MD, SOLOMON M	PHILADELPHIA
CANCELMO MD, J JAMES	MONTGOMERY	CASHMAN MD, HAROLD H	ALLEGHENY	CHASE MD, HAROLD F	PHILADELPHIA
CANCELMO MD, RICHARD P	MONTGOMERY	CASHMAN MD, WM M	WARREN	CHASE MD, ROBT A	PHILADELPHIA
CANDAL MD, ALFREDO R	LUZERNE	CASILLO MD, AUGUST V	ALLEGHENY	CHASLER MD, CHAS N	ALLEGHENY
CANDAL MD, MARIO A	LEHIGH	CASSALLIA DDS, PETER T	PHILADELPHIA	CHASLER MD, NICHOLAS L	WASHINGTON
CANDELARIA MD, JOSEFINA M	ALLEGHENY	CASSEL MD, FRANKLIN K	LANCASTER	CHASTENY III MD, EDWARD A	PHILADELPHIA
CANDER MD, LEON	PHILADELPHIA	CASSEL MD, R DOUGLAS	DAUPHIN	CHAT MD, EMANUEL	PHILADELPHIA
CANFIELD MD, JOHN J	SCHUYLKILL	CASSELBERRY MD, E JOSEPHINE	NORTHAMPTON	CHAUDHRI MD, MUNAHAR S	DELAWARE
CANILANG MD, ENRIQUE P	MONTOUR	CASSELLA MD, ROBT R	ALLEGHENY	CHAVEKN MD, HUGH E	ALLEGHENY
CANINO MD, CHRISTOPHER W	PHILADELPHIA	CASSELLMAN MD, HYMAN L	ERIE	CHAVES MD, FERNANDO	SOMERSET
CANN III MD, THOMAS W	YORK	CASSIDY MD, JOS A	BLAIR	CHAVEZ MD, HECTOR C	DELAWARE
CANNARD MD, THOS H	PHILADELPHIA	CASSIDY MD, WM J	BERKS	CHAYAPRUKS MD, PRAYAD	LYCOMING
CANNON MD, EDWARD J	PHILADELPHIA	CASSIDY MD, WM J	PHILADELPHIA	CHAYAPRUKS MD, PRAYUN	GREENE
CANNON MD, ELTON M	PHILADELPHIA	CASTAGNA MD, ARMAND	PHILADELPHIA	CHEEK MD, EDWIN W	ALLEGHENY
CANTAFIO MD, RALPH	PHILADELPHIA	CASTALLO MD, MARIO A	PHILADELPHIA	CHEEVER MD, FRANCIS S	ALLEGHENY
CANTELOPS MD, JOSE M	ALLEGHENY	CASTANEDA MD, EMILIO E	ARMSTRONG	CHEFFETZ MD, MARSHALL D	LEHIGH
CANTER MD, DONALD	PHILADELPHIA	CASTEL MD, JOSE M	MONTGOMERY	CHEN MD, CHIEN H	BLAIR
CANTER MD, HARRY E	ALLEGHENY	CASTEL MD, NORMAN	PHILADELPHIA	CHEN MD, CHIEN	DELAWARE
CANTEK MD, HYMAN E	ALLEGHENY	CASTELLANO MD, PATRICK V	MONTGOMERY	CHEN MD, CHUN N	LEHIGH
CANTOR MD, HARRY	PHILADELPHIA	CASTELLON-VOGEL MD, CARLOS H	CAMBRIA	CHEN MD, HENG-YU	VENANGO
CANTOR MD, MAX	DELAWARE	CASTIGLIANO MD, S GORDON	PHILADELPHIA	CHEN MD, JAMES C	INDIANA
CANTOR MD, ROBERT E	PHILADELPHIA	CASTILLENTI MD, GUY A	ALLEGHENY	CHEN MD, JUH-HUEY	LEHIGH
CANUSO MD, NICHOLAS A	PHILADELPHIA	CASTILLO MD, JOSE	PHILADELPHIA	CHEN MD, KWONG-NAN	PHILADELPHIA
CAPAROSA MD, RALPH J	ALLEGHENY	CASTILLO MD, MANUEL M	ALLEGHENY	CHEN MD, MAO-HSIUNG	PHILADELPHIA
CAPIZZI MD, LEONARD S	ALLEGHENY	CASTOR MD, LOUIS H	PHILADELPHIA	CHEN MD, WEI-FAN	LEHIGH
CAPLAN MD, AARON	LAWRENCE	CASTRINA JR MD, FRANK P	CUMBERLAND	CHENG MD, LAWRENCE C	BERKS
CAPLAN MD, BERNARD	PHILADELPHIA	CASTRO MD, ARTURO F	ALLEGHENY	CHENSEE MD, JASPER G	ALLEGHENY
CAPLAN MD, MILTON L	LAWRENCE	CASTRO MD, AUGUSTO D	ALLEGHENY	CHEPKO MD, MARGARET I	ALLEGHENY
CAPLAN MD, MURRAY S	PHILADELPHIA	CASWELL MD, HORACE T	PHILADELPHIA	CHEPONIS MD, GEORGE B	ALLEGHENY
CAPLAN MD, PAUL S	ALLEGHENY	CATALANO JR MD, LOUIS W	WESTMORELAND	CHERASHORE MD, RALPH R	CHESTER
CAPUBIANCO MD, FRANK M	NORTHAMPTON	CATALANO MD, KATHLEEN F	WESTMORELAND	CHERKEN MD, HARRY	PHILADELPHIA
CAPOBRES JR MD, RUDOLFO M	WASHINGTON	CATES MD, JERRY L	PHILADELPHIA	CHERNER MD, RACHMEL	PHILADELPHIA
CAPPARELL MD, HOMER V	ALLEGHENY	CATTIE MD, VINCENT J	PHILADELPHIA	CHERNEW MD, IRWIN M	WESTMORELAND
CAPPIELLO MD, JUSTIN L	LANCASTER	CATTON MD, RAYMOND M	CHESTER	CHERNEY MD, PAUL J	PHILADELPHIA
CAPPIELLO MD, WM A	BUCKS	CAUFFMAN MD, WM J	BUCKS	CHERNOFF MD, BENJ	PHILADELPHIA
CAPPULA JR MD, MICHAEL T	PHILADELPHIA	CAUTILLI MD, RICHARD A	PHILADELPHIA	CHERNOFF MD, ROBT W	DELAWARE
CAPPUCCIO MD, MATTHEW S	PHILADELPHIA	CAVA MD, JOS J	PHILADELPHIA	CERRY MD, LOUIS J	JEFFERSON
CAPRINI MD, EMILIA M	ALLEGHENY	CAVALLARO MD, SALVATORE E	NORTHAMPTON	CERPUP MD, E DAVID	ALLEGHENY
CAPRIOTTI MD, OCTAVIUS A	BUCKS	CAVAN MD, ALBINA B	LUZERNE	CHERYENAK MD, JOHN P	LAWRENCE
CAPRIOTTI MD, ROBT J	CAMBRIA	CAVAN MD, JOHN F	LUZERNE	CHESEN MD, DAVID	PHILADELPHIA
CAPUTO MD, LARRY A	PHILADELPHIA	CAVASINA MD, MARY M	WASHINGTON	CHESKO MD, CLEMENT C	ARMSTRONG
ARABASI MD, RALPH A	PHILADELPHIA	CAVENDER MD, JOHN C	SUSQUEHANNA	CHESLER MD, WM	PHILADELPHIA
ARABELLO MD, CHAS A	BERKS	CAVOTO MD, MICHAEL J	INDIANA	CHETLIN MD, SHERWOOD M	ALLEGHENY
ARAIMAN MD, MYRON	ALLEGHENY	CAWLEY MD, NOEL S	PHILADELPHIA	CHETLIN MD, STUART H	ALLEGHENY
ARAPPELLA MD, JOHN D	LEHIGH	CAYTEN MD, C GENE	PHILADELPHIA	CHETT MD, NICHOLAS J	BERKS
ARAZOLA MD, JOS H	WASHINGTON	CECARATTI MD, MICHAEL D	BERKS	CHEUNG MD, HOO J	BLAIR
ARBAUGH MD, HOWARD L	LEHIGH	CELAYIR MD, CAVIT	GREENE	CHHABRA MD, MOHAN L	ALLEGHENY
ARKO DO, ANTHONY P	DELAWARE	CELEBRE MD, ERMINO A	PHILADELPHIA	CHI MD, NUNGJA	PHILADELPHIA
ARDAMONE MD, S JOSEPH	PHILADELPHIA	CELEBRE MD, JOAN A	PHILADELPHIA	CHIAMPI MD, XAVIER J	LUZERNE
ARDELLINO MD, THOS J	CAMBRIA	CELLINI MD, L LUKE	DELAWARE	CHIANESE MD, FRANK A	CAMBRIA
ARDENAS MD, FLORENCIO P	FAYETTE	CENEDELLA MD, STEPHEN C	VENANGO	CHIAVACCI MD, WAYNE E	LACKAWANNA
ARDOZO MD, MIGUELANGELO	ALLEGHENY	CENTRONE MD, ANTHONY L	DELAWARE	CHICKLU MD, JAMES M	FRANKLIN
ARETTI MD, J WILLIAM	WESTMORELAND	CEPEDA MD, ELVESSA P	PHILADELPHIA	CHICO MD, LAURO V	ALLEGHENY
AREY MD, EDWARD J	LUZERNE	CERA JR MD, PETER J	MONTOUR	CHICOTE MD, ALFREDO L	YORK
AREY MD, EVA S	ALLEGHENY	CERASO MD, LOUIS C	WESTMORELAND	CHILD MD, PROCTOR L	PHILADELPHIA
AREY MD, JOHN T	ALLEGHENY	CERASO MD, SAML T	ARMSTRONG	CHILDS MD, ELIZABETH R	ALLEGHENY
AREY MD, LAWRENCE S	PHILADELPHIA	CERCIELLO MD, MARK J	LEHIGH	CHILDS MD, ROBERT W	LUZERNE
AREY MD, WM B	DELAWARE	CERIMELE MD, NICHOLAS A	CAMBRIA	CHILIAN JR MD, STEPHEN A	ELK-CAMERON
ARFAGNO MD, SALVATORE C	MONTGOMERY	CERNE MD, ANDREW J	WESTMORELAND	CHIN MD, BYOUNG KWON	BUCKS
ARINO MD, MARIEL G	LACKAWANNA	CERTO MD, SALVATORE A	ALLEGHENY	CHINITZ MD, JOEL L	PHILADELPHIA
ARLIN MD, BRUCE W	DAUPHIN	CERUL MD, MAURICE S	ALLEGHENY	CHIRICO MD, ANNA-MARIE	PHILADELPHIA
ARLIN MD, ELWIN S	MONTGOMERY	CESARE MD, JOS G	LACKAWANNA	CHIRIFE MD, RAUL	MONTGOMERY
ARLIN MD, GERALD J	ALLEGHENY	CESSNA MD, GERALD H	ALLEGHENY	CHISUM MD, MELVIN J	PHILADELPHIA
ARLINO MD, JAMES T	JEFFERSON	CESTELLO MD, ROBT J	ALLEGHENY	CHMIELEWSKI MD, ROBT E	PHILADELPHIA
ARLOW MD, JOS F	CHESTER	CEVALLOS MD, EDUARDO A	BUCKS	CHO MD, DOO W	BLAIR
ARLSON MD, BRUCE E	MONTGOMERY	CHA MD, DONG S	PHILADELPHIA	CHO MD, JONG S	PHILADELPHIA
ARLSON MD, KENNETH E	BEAVER	CHACHKIN MD, SAML	PHILADELPHIA	CHO MD, KWAN S	FRANKLIN
ARLSON MD, ROBT E	MONTGOMERY	CHACKO MD, DOROTHY D	DELAWARE	CHO MD, SANG Y	PHILADELPHIA
ARLUCCI MD, RONALD J	PHILADELPHIA	CHADAGA MD, PANDESWARAM	SCHUYLKILL	CHO MD, YONG D	WASHINGTON
ARMICHAEL MD, PAUL L	MONTGOMERY	CHADWICK MD, HAROLD H	BRADFORD	CHOBY MD, JOHN J	BUCKS
ARNABUCI MD, GUY J	PHILADELPHIA	CHAFFEE MD, JOHN S	ERIE	CHOBY MD, JOS P	CAMBRIA
ARNEY MD, FRANK T	CAMBRIA	CHAFFIER DO, MICHAEL J	NORTHAMPTON	CHODOFF MD, RICHARD J	DELAWARE
ARNEY MD, PAUL L	CENTRE	CHAI MD, CHIU L	BUCKS	CHOGICH MD, JOHN C	DELAWARE
AROFF MD, ROMUALD J	CAMBRIA	CHAI MD, MIN S	LACKAWANNA	CHOH MD, SOOK P	PHILADELPHIA
ARP MD, ALBERT A	PHILADELPHIA	CHAIT MD, ARNOLD	MONTGOMERY	CHOI MD, BYONG L	PHILADELPHIA
ARPEL MD, RAPHAEL	PHILADELPHIA	CHALAL MD, GERALD S	PHILADELPHIA	CHOI MD, EDWARD M	PHILADELPHIA
ARPENDER MD, JAMES W	BRADFORD	CHALAL MD, KENNETH	PHILADELPHIA	CHOI MD, KWANG Y	CRAWFORD
ARPENTER IV MD, E JOEL	LEHIGH	CHALLENGER MD, ROBT C	CRAWFORD	CHOI MD, TOMSKIK	MONTGOMERY
ARPENTER JR MD, JOHN T	MONTGOMERY	CHALLINOR MD, ROBT B	ALLEGHENY	CHOLAPRANEE MD, REWAT	ALLEGHENY
ARPENTER MD, SAML L	ALLEGHENY	CHALLINOR MD, S BOYD	ALLEGHENY	CHOLLAK MD, JOS P	LUZERNE
ARR MD, JAMES V	ALLEGHENY	CHAMBERLAIN MD, WM H	BUCKS	CHOLLAK MD, WILLIAM L	PHILADELPHIA
ARR MD, WM F	DAUPHIN	CHAMBERLIN MD, GEORGE W	BERKS	CHOMSKY MD, DAVID E	PHILADELPHIA
ARRELL MD, ROBERT L	ALLEGHENY	CHAMBLIN MD, WM D	PHILADELPHIA	CHOPRA MD, RAJ P	COLUMBIA
ARRIER MD, RALPH E	CENTRE	CHAMORRO MD, HECTOR A	ALLEGHENY	CHOPRA MD, RAMESH K	BLAIR
ARRINGTON MD, ELSIE R	PHILADELPHIA	CHAMOVITZ MD, DAVID L	BEAVER	CHORAZY MD, ANNA J	ALLEGHENY
ARROLL MD, FRANK E	VENANGO	CHAMOVITZ MD, IRVIN	ALLEGHENY	CHOTINER MD, BENNETT	ALLEGHENY
ARROLL MD, JOS H	ALLEGHENY	CHAMOVITZ MD, JEROME	ALLEGHENY	CHOUGH MD, CHEN-BEEN	ALLEGHENY
ARROLL MD, ROBERT G	ALLEGHENY	CHAMOVITZ MD, ROBT	ALLEGHENY	CHOUGH MD, DAEBEEN	ALLEGHENY
ARROLL MD, ROBT J	ALLEGHENY	CHAMPAGNE MD, EMILY M	ALLEGHENY	CHOUNG MD, KILMHA	MERCER
ARROLL MD, ROBT T	ALLEGHENY	CHAN MD, ANNE K	PHILADELPHIA	CHOUNG MD, SHUNG S	SCHUYLKILL
ARROLL MD, STANTON F	PHILADELPHIA	CHAN MD, DANIEL M	FRANKLIN	CHOWDHRY MD, ZAFAR I	ARMSTRONG
ARROZZA MD, HARRY D	PHILADELPHIA	CHAN MD, GUY H	PHILADELPHIA	CHOWDHURY MD, A RAB	BERKS
ARRUTHERS MD, RALPH B	LANCASTER	CHANAMOLU MD, VITTAL B	ERIE	CHRIST MD, NICHOLAS J	BERKS
ARSON JR MD, WINFIELD B	ALLEGHENY	CHANDRASEKARAN MD, M S	ALLEGHENY	CHRISTENSEN MD, DAVID W	DELAWARE
ARSON MD, BARBARA A	BRADFORD	CHANDRASEKARAN MD, SANNASIE	FAYETTE	CHRISTIAN MD, HORACE D	ALLEGHENY
ARSON MD, CHAS P	DELAWARE	CHANG MD, CHARLES H	WESTMORELAND	CHRISTIENSEN MD, KJELL H	MONTGOMERY
ARSON MD, JOHN B	PHILADELPHIA	CHANG MD, CHING H	LACKAWANNA	CHRISTIDES MD, STEPHAN A	PHILADELPHIA
ARSON MD, JOHN S	MONTGOMERY	CHANG MD, CHUN S	LACKAWANNA	CHRISTIE MD, JOAN A	PHILADELPHIA
ARSON MD, THOS E	LANCASTER	CHANG MD, FRED F	ALLEGHENY	CHRISTIE MD, KARL B	ALLEGHENY
ARTER JR MD, JOSEPH H	YORK	CHANG MD, IN-HO	LEHIGH	CHRISTIE MD, THOS	CHESTER
ARTER JR MD, WM S	MONTGOMERY	CHANG MD, KUN T	PHILADELPHIA	CHRISTMAN MD, ROBT S	DAUPHIN
ARTER MD, DONALD L	WESTMORELAND	CHANG MD, LAURENCE	LACKAWANNA	CHRISTMAN MD, WILLARD W	NORTHAMBERLAND
ARTER MD, JAMES S	WESTMORELAND	CHANG MD, MYUNGHWAN	DAUPHIN	CHRISTY MD, MICHAEL G	CLARION
ARTER MD, JAN Q	ALLEGHENY	CHANGARIS MD, DAVID G	DAUPHIN	CHRISTY MD, WALLACE C	ALLEGHENY
ARTER MD, JOS H	ERIE	CHANGCO MD, ALVARO N	WASHINGTON	CHU MD, DONALD	PHILADELPHIA
ARTER MD, WM B	PHILADELPHIA	CHANNAPATI MD, THIPPESWAMY	ALLEGHENY	CHU MD, FELIPE L	BEAVER
ARTY JR MD, JAMES B	MONTGOMERY	CHANNICK MD, BERTRAM J	PHILADELPHIA	CHU MD, JEFFREY D	LUZERNE
RUSO MD, PETER V	BERKS	CHAPIS MD, NICHOLAS J	ALLEGHENY	CHU MD, JENNIFER	PHILADELPHIA
RVER MD, MARGARET A	FAYETTE	CHAPMAN MD, ALBERT L	DAUPHIN	CHU MD, WINSTON	PHILADELPHIA
RY MD, GENE L	DAUPHIN	CHAPMAN MD, JOHN H	MONTOUR	CHUA MD, CHONG V	MONTGOMERY
SAL MD, ROLANDO A	DAUPHIN	CHAPMAN MD, WM L	ALLEGHENY	CHUBB MD, NICHOLAS C	CENTRE
SALE MD, LAWRENCE F	DAUPHIN	CHAPPELL MD, LESLIE E	CHESTER	CHUENSUMRAN MD, RAJANI S	ALLEGHENY
SALE MD, LOUIS J	CAMBRIA	CHAREPOO MD, KHASHAIR	ERIE	CHUGHTAI MD, ARSHAD I	ALLEGHENY
BE JK MD, WARREN G	BUCKS	CHARKES MD, NATHAN D	PHILADELPHIA	CHUNG MD, CHAN K	LUZERNE
SELLA MD, SALVATORE R	PHILADELPHIA	CHARLSON MD, MURRAY T	ALLEGHENY	CHUNG MD, CHIN D	ALLEGHENY
	MONTGOMERY	CHARLTON MD, BRIAN L	BRADFORD	CHUNG MD, CHIN-YONG	ERIE



CHUNG MD, HACK R  
CHUNG MD, HAE J  
CHUNG MD, HI-YOUNG  
CHUNG MD, PING-CHANG C  
CHUNG MD, STANLEY M  
CHUNG MD, WHAN S  
CHUNN MD, LIVINGSTON  
CIACCI MD, VINCENT W  
CIAMBOTTI MD, ALBERT F  
CIANCILLI MD, FRANCIS D  
CIANFRANI MD, PETER M  
CIANNI MD, RONALD J  
CIAVARELLI MD, ANTHONY G  
CIBRIK MD, FRANK J  
CICCARELLI MD, HAROLD E  
CICCHINO MD, FRANK E  
CICCONE MD, EMMETT F  
CICCONE MD, PATRICK E  
CIGANIC MD, RATIMIR R  
CIGNETTI MD, FRANKLIN E  
CIMOCHOWSKI MD, ALEXANDER B  
CINBERG MD, LEONARD A  
CINCALA DO, ROBERT P  
CINCO MD, VICTORIO B  
CINELLI MD, CLETO G  
CIOTOLA MD, AUGUSTINE A  
CIPOLLETTI JR MD, JAMES F  
CIPOLLA MD, CHAS F  
CIRELLI MD, MARIO G  
CIROTTI MD, JOS J  
CITRO MD, LAURENCE A  
CITRONE MD, PETER J  
CIVITARESE MD, LOUIS R  
CLADEL MD, CHAS E  
CLADER MD, STANLEY C  
CLAIR MD, GERALD F  
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CLANNEY MD, JONATHAN W  
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CLARK MD, WILLIAM H  
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CLARKSON MD, WILLIAM R  
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CLAUSS MD, THOS F  
CLAY MD, BETTIE W  
CLAYTON MD, THOS D  
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CLEAVER MD, CLARENCE P  
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CLOSE MD, SALLY E  
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CLUTZ MD, PAUL A  
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COANE MD, MORTON R  
COATES JR MD, JOHN B  
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COBETTO MD, BERNARD H  
COCHRAN MD, BRYCE C  
COCHRAN MD, JAMES F  
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COFFEY MD, JOHN F

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COLANTONI MD, WM  
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COLBURN JR MD, HAROLD L  
COLCHER MD, IRVING S  
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COLE MD, CHAS E  
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COLLEY MD, ALFRED L  
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COLLINS MD, CLYDE A  
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COLLINS MD, MARJEANNE  
COLMENAR MD, ANTONIO B  
COLMENARES MD, RUPERTO F  
COLOMBI MD, DANIEL J  
COLOMBO MD, JAMES L  
COLOMEDA MD, REGIO S  
COLOSI MD, NICHOLAS A  
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COLTMAN MD, ARTHUR B  
COLTON 5TH MD, SABIN W  
COLTON MD, NATHAN H  
COLVIN MD, VICTOR G  
COLVIN MD, WM F  
COLWELL MD, MILES O  
COMBER MD, BERNARD E  
COMER MD, NATHAN L  
COMEROTA MD, ANTHONY J  
COMESS MD, RAYMOND R  
CONAHAN JR MD, JOSEPH B  
CONAHAN MD, BERNARDIN Q  
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CONANAY MD, HORACE B  
CONCILUS MD, FRANK  
CONDON MD, ROBERT H  
CONDON MD, BRIAN P  
CONE MD, ALEXANDER S  
CONGEDO MD, CAROL Z  
CONGER MD, KYRIL B  
CONKLIN MD, JAMES E  
CONKLIN MD, STANLEY D  
CONLEY MD, JAMES P  
CONLIN MD, EDWARD F  
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CONLY JR MD, SAM L S  
CONN MD, HOWARD F  
CONN MD, ROSS S  
CONN MD, S HALL  
CONN MD, WM V

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CONTE MD, ANTHONY A  
CUNTE MD, ROBT R  
CONTI MD, EUGENE A  
CONTRACTOR MD, FARHAD M  
CONWAY 3RD MD, JOHN W  
CONWAY MD, CYRIL F  
CONNELL JR MD, FRANCIS L  
CONNELL MD, QUENTIN R  
COODLEY MD, EUGENE L  
COOK MD, DAVID R  
COOK MD, DONALD H  
COOK MD, RALPH W  
COOK MD, WM L  
COOKE JR MD, ALFRED J  
COOLIDGE MD, WM A  
COUNEL MD, PAULINE  
COOPER JR MD, E NEWBOLD  
COOPER JR MD, HERBERT K  
COOPER JR MD, PAUL N  
COOPER MD, BARRY R  
COOPER MD, DAVID R  
COOPER MD, DONALD R  
COOPER MD, EDWARD I  
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COOPER MD, EMMETT M  
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COOPER MD, HELEN C  
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COOPER MD, JEANNE A  
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COOPER MD, MAX M  
COOPER MD, MURRAY S  
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COOPERMAN MD, GERTRUDE  
COOPERMAN MD, MICHAEL T  
COORAY MD, CHARLES N  
COPE MD, CONSTANTIN  
COPE MD, DAVID A  
COPE MD, EDWIN S  
COPE MD, FREDERICK T  
COPE MD, JOHN R  
COPE MD, WALTER B  
COPELAN MD, HERBERT W  
COPELAN MD, ADRIAN D  
COPELAND MD, CHAS E  
COPELAND MD, JAY S  
COPELAND MD, NATHANIEL H  
COPELAND MD, SOLKIN C  
COPPES MD, CHAS D  
COPPOLINO MD, JOHN F  
COPPOLO MD, BERNARD L  
COPPULA MD, ROBERT J  
CORAZZA MD, LEO J  
CORBA MD, JOS S  
CORBET MD, ROLAND H  
CORCINO JR MD, BALTAZAR L  
CORCORAN MD, ALBERT W  
CORCORAN MD, JOHN J  
CORDERO MD, EDGAR C  
CORDOBA MD, DIEGO R  
COREN MD, GARY S  
COREY MD, PETER J  
COREY MD, WILLIAM T  
CORFF MD, MEYER  
CORKHILL JR MD, ERIC A  
CORMAN MD, LEV A  
CORMAN MD, PAUL M  
CORNELIUS III MD, CHALMERS E  
CORMER JR MD, GEO H  
CORNES MD, CLEON L  
CORNESKY MD, AGNES T  
CORNFIELD MD, DENNIS B  
CORNISH MD, JAMES W  
CORNMAN 3RD MD, HENRY D  
CORONADO MD, RIZALINO H  
CURPUS JR MD, EDUARDO T  
CORPUZ JR MD, MARCELO B  
CORRADO JR MD, ALBERT V  
CORRADO JR MD, CATALDO F  
CORRADU MD, CATALDO F  
CORRAL MD, CELESTINO F  
CORRIGAN MD, LAWRENCE F  
CORSELLO MD, GUY R  
CORSELLO MD, WHITNEY C  
CORSON MD, BARRY  
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CORSON MD, HAMPTON P  
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DOYLE MD, THEODORE O  
DRAGOS MD, FRANK J  
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DRAKE JR MD, WILLARD M  
DRANOV MD, JONATHAN  
DRAPER MD, NELLE E  
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EGGLICK MD, PAUL G  
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ALLEGHENY  
BRADFORD  
NORTHAMPTON  
CAMBRIA  
ERIE  
WESTMORELAND  
LANCASTER  
DELAWARE  
PHILADELPHIA  
MIFFLIN-JUNIATA  
LEBANON  
DAUPHIN  
BLAIR  
BERKS  
PHILADELPHIA



FOIGHT MD, JEAN R	ALLEGHENY	FREEDMAN MD, JACOB J	PHILADELPHIA	GABRIEL MD, ALBERT H	LUZERNE
FOLDES MD, JULIUS	LUZERNE	FREEDMAN MD, LAWRENCE T	MONTGOMERY	GABRIEL MD, FREDERICK R	MC KEAN
FOLDES MD, STEVEN I	PHILADELPHIA	FREEDMAN MD, LESTER M	ALLEGHENY	GABRIEL MD, LOUIS T	SCHUYLKILL
FOLDES MD, VERONIKA M	BERKS	FREEDMAN MD, LOUIS J	PHILADELPHIA	GABRIEL MD, LUZ G	BUTLER
FOLDES ROTH MD, ELISABETH	WASHINGTON	FREEDMAN MD, ALBERT W	FRANKLIN	GABRIEL MD, PETE	ALLEGHENY
FOLEY JR MD, EDWARD L	MONTGOMERY	FREEDMAN MD, JOS T	PHILADELPHIA	GABRIELE MD, AUGUST A	YORK
FOLK MD, ROBERT L	WESTMORELAND	FREEDMAN MD, LEO C	CHESTER	GABROY MD, ALLEN S	DELAWARE
FOLLMEYER MD, DON C	SCHUYLKILL	FREEDMAN MD, WM A	FRANKLIN	GABROY MD, HARRY K	DELAWARE
FOLLWEILER MD, ROBERT A	WESTMORELAND	FREIWALD MD, MILTON J	PHILADELPHIA	GABUZZA MD, THOS G	PHILADELPHIA
FONG MD, JAKE	ALLEGHENY	FREMER MD, ABRAHAM	MONTGOMERY	GADBOIS MD, WILLIAM F	NORTHAMPTON
FONDROFF MD, DAVID L	ALLEGHENY	FRENCH MD, TRAVIS A	LAWRENCE	GAFFNEY MD, EDMUND J	MONTGOMERY
FONTANA MD, ARMAND L	ALLEGHENY	FRESHMAN MD, JOHN R	DAUPHIN	GAFFNEY MD, HELEN P	PHILADELPHIA
FONTANA MD, FRANK L	ALLEGHENY	FREYMAN MD, LEON	MONTGOMERY	GAFFNEY MD, JOHN J	LACKAWANNA
FONTANILLA MD, RODOLFO C	PHILADELPHIA	FRICK MD, WILLIS G	MONTGOMERY	GAFFNEY MD, PAUL C	ALLEGHENY
FOOTERMAN MD, HAROLD	ALLEGHENY	FRICKE MD, DAVID W	DAUPHIN	GAGLIARDI MD, JOSEPH M	PHILADELPHIA
FORBES MD, THOMAS W	ALLEGHENY	FRIDAY MD, DANL M	BLAIR	GAIA MD, JUAN D	LUZERNE
FORCE MD, THOS B	PHILADELPHIA	FRIDAY MD, GILBERT A	ALLEGHENY	GAILEY JR MD, HERMAN A	YORK
FORCEY MD, CLARKE M	CENTRE	FRIDAY MD, JOHN R	ALLEGHENY	GAIN MD, THOS B	PHILADELPHIA
FORCEY MD, LLOYD R	LYCOMING	FRIDAY MD, RUPERT H	ALLEGHENY	GAISFORD MD, JOHN C	ALLEGHENY
FORD MD, JOHN J	CHESTER	FRIEDBERG MD, MILTON J	LEHIGH	GAISIN MD, ALLEN	PHILADELPHIA
FORD MD, ROBT W	ALLEGHENY	FRIEDBERG MD, ZACHARY B	PHILADELPHIA	GAITHER MD, HERBERT	DAUPHIN
FORD MD, WM B	ALLEGHENY	FRIEDLANDER MD, MILTON A	DAUPHIN	GALAMAGA MD, D PETER	CHESTER
FORD MD, WM T	LYCOMING	FRIEDLANDER MD, MYRON	ALLEGHENY	GALANIS MD, SOTIRE	LANCASTER
FUREJT MD, JOS M	FAYETTE	FRIEDMAN MD, ADELE K	PHILADELPHIA	GALANTE MD, JAMES G	LUZERNE
FOREMAN MD, JOS	PHILADELPHIA	FRIEDMAN MD, DONALD	DELAWARE	GALBRAITH MD, DAVID J	CAMBRIA
FORKER MD, THOS	LEBANON	FRIEDMAN MD, ELLIS F	BERKS	GALE MD, TRISTAN M	CRAWFORD
FORMAN MD, HARRIS	PHILADELPHIA	FRIEDMAN MD, HARFORD W	ALLEGHENY	GALGON MD, JOHN P	LEHIGH
FORMAN MD, HARVEY R	PHILADELPHIA	FRIEDMAN MD, HENRY B	LUZERNE	GALIA MD, JOS H	DELAWARE
FORMAN MD, IRVIN H	LANCASTER	FRIEDMAN MD, JERALD N	NORTHAMPTON	GALIETTA MD, MARYANN C	BUCKS
FORMAN MD, JOS E	PHILADELPHIA	FRIEDMAN MD, LEON	NORTHAMPTON	GALLA MD, STEPHEN J	ALLEGHENY
FORMAN MD, KENNETH J	PHILADELPHIA	FRIEDMAN MD, LOUIS L	ALLEGHENY	GALLAGHER MD, A CORNELIUS	LEHIGH
FORMAN MD, MYRON	PHILADELPHIA	FRIEDMAN MD, MILTON L	PHILADELPHIA	GALLAGHER MD, DANL B	MERCER
FORMAN MD, SANL	PHILADELPHIA	FRIEDMAN MD, PAUL S	PHILADELPHIA	GALLAGHER MD, DONALD I	DELAWARE
FORNASIER MD, LOUIS S	DELAWARE	FRIEDMAN MD, PHILLIP	BUCKS	GALLAGHER MD, DORIS B	MONTGOMERY
FORNWALT MD, GEO R	DELAWARE	FRIEDMAN MD, RONALD H	PHILADELPHIA	GALLAGHER MD, HENRY G	LUZERNE
FORNWALT MD, HELEN L	PHILADELPHIA	FRIEDMAN MD, STONEY	PHILADELPHIA	GALLAGHER MD, HUGH S	LEHIGH
FORSE JR MD, DAVID P	BLAIR	FRIEDMAN MD, STEVEN A	DELAWARE	GALLAGHER MD, JOHN E	ARMSTRONG
FORSITER JR MD, H WALTER	PHILADELPHIA	FRIEDMAN MD, SUMNER H	DAUPHIN	GALLAGHER MD, ROBT J	DELAWARE
FORSYTH MD, ALICE J	BUCKS	FRIEDMAN MD, ZVI	DAUPHIN	GALLEN MD, JOHN H	BERKS
FORSYTHE MD, PATRICK D	DAUPHIN	FRIEDMANN DO, DANIEL V	PHILADELPHIA	GALLETIA MD, ANTHONY S	WASHINGTON
FORTI MD, WILLIAM P	DAUPHIN	FRIEDMANN MD, ELIHU	LACKAWANNA	GALLIA MD, FRANCIS J	DAUPHIN
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FORTUNA MD, JOSEPH A	BEAVER	FRIEMAN MD, HERMAN	PHILADELPHIA	GALLO MD, EDUARDO F	PHILADELPHIA
FORTUNATO MD, JAMES J	ALLEGHENY	FRIES MD, GENE T	LYCOMING	GALLUCCI MD, CHAS L	CAMBRIA
FOSS MD, DAVID E	ALLEGHENY	FRIGNITO MD, NICHOLAS G	PHILADELPHIA	GAMBESCIA MD, JOS M	PHILADELPHIA
FOSTER DO, DONALD B	FRANKLIN	FRISHMUTH MD, GERTRUDE J	PHILADELPHIA	GAMBONE MD, VICTOR E	PHILADELPHIA
FOSTER MD, HOWARD K	ALLEGHENY	FRITCHEY JR MD, JOHN A	DAUPHIN	GAN MD, WALTER S	PHILADELPHIA
FOSTER MD, WALTER D	WESTMORELAND	FRITCHEY MD, THOS J	DAUPHIN	GANDY DO, DANIEL R	LYCOMING
FOSTER MD, WALTER R	ALLEGHENY	FRITZ JR MD, KARL J	WARREN	GANGEMI MD, COLUMBUS R	PHILADELPHIA
FOULADIS MD, ION G	ALLEGHENY	FRITZ MD, ELMER H	ALLEGHENY	GANIBAN MD, JUSTINIANO S	PHILADELPHIA
FOULGER MD, MARGARET P	PHILADELPHIA	FRITZ MD, HERBERT H	MONTGOMERY	GANIME MD, PETER D	MONTGOMERY
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FOUST MD, TILMAN H	DAUPHIN	FRIBESE MD, ALFRED S	PHILADELPHIA	GANNON MD, ROBT P	ALLEGHENY
FOUST MD, WILSON A	LANCASTER	FRODEY MD, RAYMOND J	ALLEGHENY	GANSMAN MD, DAVID H	PHILADELPHIA
FOWLE MD, LESTER P	MONTGOMERY	FROELICH MD, ARTHUR D	DAUPHIN	GANZ MD, MICHAEL A	BUCKS
FOX IV MD, JAMES W	PHILADELPHIA	FROIO MD, GREGORY F	DELAWARE	GARABEDIAN MD, JOSEPH A	MONTGOMERY
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FOX MD, CHAS R	LEHIGH	FRONCZEK MD, WM M	ALLEGHENY	GARBEN MD, ALLAN C	ERIE
FOX MD, DONALD C	BUTLER	FRONDTI MD, LUCIAN J	WESTMORELAND	GARBER JR MD, MILES D	DAUPHIN
FOX MD, JAMES M	DAUPHIN	FRONDTI MD, ROBT L	ALLEGHENY	GARBER MD, DALE M	PHILADELPHIA
FOX MD, JOHN L	DELAWARE	FRONFIELD MD, HELEN P	PHILADELPHIA	GARBER MD, J HOFFMAN	DAUPHIN
FOX MD, ROGER E	DELAWARE	FRODZAN MD, HOMOYOUN	LACKAWANNA	GAKBES MD, ARCHIMEDES D	MONTGOMERY
FOX MD, WESLEY B	DELAWARE	FROST MD, STEPHEN S	LEHIGH	GARCIA MD, ALFREDO J	BUTLER
FOX MD, WM F	LEHIGH	FRUMIN MD, ABRAHAM M	PHILADELPHIA	GARCIA MD, CELSO R	PHILADELPHIA
FOXX MD, WM F	CHESTER	FRY MD, CHLOE O	DAUPHIN	GARCIA MD, DIOSDADO A	ALLEGHENY
FOY MD, JAMES H	LACKAWANNA	FRY MD, ROBT L	FRANKLIN	GARCIA MD, DOMINADOR I	CHESTER
FRABLE MD, DEAN G	SCHUYLKILL	FRYCZYNSKI MD, THADDEUS P	ERIE	GARCIA MD, DOMINGO A	FRANKLIN
FRAILEY JR MD, WM W	LEHIGH	FUCHS MD, BERNARD	BEAVER	GARCIA MD, JOSE A	DAUPHIN
FRAIRE MD, ARMANDO E	BLAIR	FUERST MD, NICHOLAS E	WASHINGTON	GARCIA MD, JOSE C	PHILADELPHIA
FRALEY MD, HENRY W	ARMSTRONG	FUGARO DO, ANTHONY J	PHILADELPHIA	GARCIA MD, JOSE F	BEAVER
FRANCE MD, LAURENCE W	LANCASTER	FUGATE JR MD, HOWARD	JEFFERSON	GARCIA MD, LAUREANO P	PHILADELPHIA
FRANCIS MD, GEO J	ALLEGHENY	FUGATE MD, HOWARD	JEFFERSON	GARCIA MD, MARIAN	CENTRE
FRANCIS MD, PAUL	ERIE	FUGATE MD, JAMES K	JEFFERSON	GARCIA MD, THEODORE A	MONTGOMERY
FRANCO MD, ALEXANDER	CENTRE	FUGAZZOTTO MD, PASQUALE J	LEHIGH	GARDENER MD, RALPH	ALLEGHENY
FRANCO MD, FRANK A	BERKS	FUJIMAGARI MD, TAK	LAWRENCE	GARDNER DO, MARSHALL K	PHILADELPHIA
FRANCOS MD, CHAS G	LANCASTER	FUKUI MD, PAUL T	CHESTER	GARDNER MD, ALAN M	CHESTER
FRANGIPANE MD, LEO G	DELAWARE	FULLER MD, HARRY B	DELAWARE	GARDNER MD, GEO E	YORK
FRANK MD, BARBARA B	DELAWARE	FULLER MD, VIRGINIA S	ALLEGHENY	GARDNER MD, HARRY W	MIFFLIN-JUNIATA
FRANK MD, HERBERT L	DAUPHIN	FULTON MD, HARRY C	LANCASTER	GARDNER MD, JAMES L	LAWRENCE
FRANK MD, LEONARD A	MONTGOMERY	FULTON MD, LOUIS C	ALLEGHENY	GARDNER MD, ROBT S	ALLEGHENY
FRANK MD, MARTIN N	MONTGOMERY	FULTON MD, WILLIAM O	YORK	GARDNER MD, THOS A	VENANGO
FRANK MD, PATRICK J	LEBANON	FUMA MD, JOHN F	PHILADELPHIA	GARDNER MD, VINCENT E	PHILADELPHIA
FRANK MD, PAUL E	MONTGOMERY	FUNCH MD, ROBT B	PHILADELPHIA	GAREIS MD, JOHN W	LANCASTER
FRANK MD, REUBEN	MONTGOMERY	FUNCH MD, ROSS S	PHILADELPHIA	GAREY MD, HERMAN S	LACKAWANNA
FRANK MD, ROBT L	MONTGOMERY	FUNK JR MD, FREDERICK C	LYCOMING	GARFIELD MD, SAML J	PHILADELPHIA
FRANKE MD, FREDERICK R	ALLEGHENY	FUNK MD, ELMER H	PHILADELPHIA	GARFINKEL MD, MARC E	ALLEGHENY
FRANKEL MD, DONALD S	PHILADELPHIA	FUNK MD, ALVIN H	COLUMBIA	GARFINKLE MD, WM B	PHILADELPHIA
FRANKEL MD, LEON A	PHILADELPHIA	FUNKHOUSER MD, GEO R	MONTGOMERY	GARLICH MD, RICHARD W	DELAWARE
FRANKENFIELD MD, BRUCE A	LEHIGH	FUNKHOUSER MD, JAY L	BEAVER	GARMAN MD, RAY F	BRADFORD
FRANKENSTEIN MD, HERBERT	ALLEGHENY	FUREY JR MD, CHARLES A	PHILADELPHIA	GARNER MD, BLAINE R	BUCKS
FRANKLIN MD, DONALD S	FAYETTE	FUREY MD, SANDY A	LACKAWANNA	GARNER MD, VAUGHN C	PHILADELPHIA
FRANKLIN MD, HUGH R	MIFFLIN-JUNIATA	FURGUELE MD, FRANCIS P	PHILADELPHIA	GARNER MD, WM J	ALLEGHENY
FRANKLIN MD, IRVIN D	MONTGOMERY	FURIA MD, FREDERICK A	DELAWARE	GARNET MD, JAMES D	PHILADELPHIA
FRANKLIN MD, JOHN W	ALLEGHENY	FURIGAY MD, RODOLFO L	CAMBRIA	GAROFALO MD, CARL A	FAYETTE
FRANKLIN MD, MORRIS	PHILADELPHIA	FURMAN MD, DONALD J	WARREN	GAROFALO MD, RALPH F	FAYETTE
FRANKLIN MD, SIDNEY N	PHILADELPHIA	FURMAN MD, HAROLD B	MONTGOMERY	GAROFOLA MD, JOHN H	LANCASTER
FRANKOVITCH MD, KARL F	ERIE	FURMAN MD, LESLEY P	ALLEGHENY	GAROFOLI MD, CAESAR A	ALLEGHENY
FRANTZ MD, ALFRED S	FRANKLIN	FURNARY MD, JAMES S	CAMBRIA	GARRETT JR MD, WM S	ALLEGHENY
FRANTZ MD, ROBT C	BERKS	FURR MD, CHARLES M	ERIE	GARRETT MD, JOHN C	MONTGOMERY
FRANTZ MD, ROBT R	CARBON	FUSCORIPKA MD, GIOVANNA D	BERKS	GARRETT MD, JAMES A	INDIANA
FRATTALI MD, AUGUST	LACKAWANNA	FUSIA JR MD, DONALD A	WESTMORELAND	GARRIOTT, JOHN C	MERCER
FRAUNFELDER MD, JOHN A	NORTHAMPTON	FUSIA MD, JOS F	ALLEGHENY	GARRISON MD, JOHN M	ERIE
FRANLEY MD, RICHARD K	VENANGO	FUSIA SR MD, DONALD A	ALLEGHENY	GAKRITT MD, GENE C	ALLEGHENY
FRAYER MD, WM C	PHILADELPHIA	FUST MD, JOHN A	ERIE	GARROTT MD, JOHN W	ARMSTRONG
FRAZIER II MD, JOHN E	ALLEGHENY	FUTCHER MD, PALMER H	PHILADELPHIA	GARSON MD, WARFIELD	ALLEGHENY
FRAZIER MD, THOMAS G	MONTGOMERY			GARTLAND MD, JOHN J	PHILADELPHIA
FRAZIER MD, WM D	PHILADELPHIA			GARTNER JR MD, WM S	DELAWARE
FREDA MD, RICHARD N	INDIANA			GARTNER MD, WM S	DELAWARE
FREDERICK MD, DAVID W	LANCASTER			GARVER MD, KENNETH L	ALLEGHENY
FREDERICK MD, PAUL L	ARMSTRONG			GARVEY MD, WM P	ERIE
FREDERICKS MD, LILLIAN E	PHILADELPHIA			GARVIN MD, EUGENE J	PHILADELPHIA
FREDERICKSON MD, HOWARD N	YORK			GASCON MD, PERLA G	PHILADELPHIA
FREDERICKSON MD, VICTOR J	BUCKS			GASH MD, RICHARD M	PHILADELPHIA
FREEBORN MD, WM P	BUCKS			GASKINS MD, ALBERT L	PHILADELPHIA
FREEDBERG MD, LAWRENCE E	WESTMORELAND			GASPAR MD, VICTORIA S	PHILADELPHIA
FREEDMAN MD, ABRAHAM	PHILADELPHIA			GASSAWAY MD, FRANKLYN D	ALLEGHENY
FREEDMAN MD, ALAN R	MONTGOMERY			GASTINEAU MD, ROBERT M	ALLEGHENY
FREEDMAN MD, DONALD B	DAUPHIN			GASTINGER MD, JOSEPH W	LEHIGH
FREEDMAN MD, E FANNIE	PHILADELPHIA			GASULL JR MD, H ROBERT	CUMBERLAND



GATES MD, ROBT P  
GATES MD, THOS N  
GATSKI MD, ROBT L  
GATTER MD, CARL W  
GATTER MD, ROBT A  
GATTI MD, DOMINIC L  
GATTI MD, JOS W  
GATTO MD, FRANK M  
GAUDIO MD, JOHN C  
GAUDIO MD, RALPH  
GAUGHAN MD, JOS F  
GAUKLER MD, ROBT J  
GAULIN MD, J CLAUDE  
GAULT MD, JAMES H  
GAVIN MD, J ROBERT  
GAY MD, THOMAS C  
GAYDOS MD, ANNA E  
GAYDOS MD, JOHN D  
GAYDOS MD, THOS L  
GAYLOR MD, DONALD H  
GAYNOR MD, WM B  
GAZEK MD, MIGUEL G  
GAZMEN MD, CANDONINO C  
GAZOWSKI MD, THOS E  
GEADAH MD, FOUD A  
GEARHART MD, LYSER M  
GECKLER MD, EDWIN O  
GECZY MD, MARIA  
GEDULIG MD, MICHAEL M  
GEE MD, WILLIAM  
GEER MD, FRANK D  
GEETTER MD, PHILIP H  
GEFTER MD, LOUIS P  
GEFTER MD, WARREN B  
GEGWICH MD, FRANK  
GEGWICH MD, JOSEPH F  
GEHL MD, RICHARD  
GEHMAN MD, MILTON J  
GEHRINGER JR MD, EDWARD J  
GEHRIS MD, JAMES C  
GEHRIS MD, LEROY A  
GEHRON JR MD, WM H  
GEIGLE MD, CARL F  
GEIST MD, DONALD C  
GELEHRTER MD, JOS  
GELET MD, THEODORE R  
GELFAND MD, DAVID  
GELFOND MD, DAVID B  
GELLER MD, EDWARD I  
GELLER MD, JOS  
GELLER MD, REUVEN A  
GELPI MD, JOSE A  
GEMIL MD, CORAZON G  
GEMMILL MD, NORMAN H  
GEMMILL MD, REGINALD B  
GEMMILL MD, WALTER D  
GEMMILL MD, WILLIAM P  
GENATO MD, JAIME M  
GENC MD, SALIM  
GENNARELLI MD, THOMAS A  
GENNARIA MD, C REED  
GENNARO MD, ANTHONY R  
GENOVESE MD, MARIO C  
GENS MD, ROBT D  
GENTILE MD, ANTHONY F  
GENTILE MD, ANTHONY J  
GENTZLER II MD, RICHARD D  
GEORGE MD, JACOB  
GEORGE MD, JAMES M  
GEORGE MD, JOHN J  
GEORGE MD, JOHN Q  
GEORGE MD, ROBT N  
GEORGETSON MD, JAMES M  
GEORGIU MD, VIRGIL  
GEORGY MD, FAROUK M  
GERBER MD, HARRIS S  
GERBER MD, MICHAEL L  
GERBER MD, PAUL  
GERBER MD, PHILIP  
GERCHMAN MD, LEROY B  
GERDES JR MD, JOSEPH H  
GERDES MD, JOS H  
GEHENYI MD, ANDREW G  
GERFIN MD, ERNEST R  
GERGEN MD, WERNER A  
GERHART MD, GEO R  
GERHART MD, ROBT P  
GERMAN MD, ANTONIO I  
GERMAN MD, TERRY M  
GERNER MD, P CALVIN  
GERNETH MD, GEO J  
GERRITSEN MD, ROY W  
GERSHENFELD MD, MARVIN A  
GERSON MD, IRVIN M  
GERSON MD, LEROY T  
GERSTREIN MD, HARRY L  
GERSTLEY 3RD MD, LOUIS  
GESENSWAY MD, DANL B  
GESSNER MD, THOMAS P  
GETSON MD, DAVID  
GETSON MD, MAURICE  
GETTE MD, WARREN A  
GETTNEY MD, RALSTON O  
GETTES MD, NANCY J  
GETTINGS MD, THOS H  
GETTY MD, THOS B  
GETZ DO, HARRY D  
GETZ MD, WM B  
GEVJAN MD, ARMEN H  
GHANOUNI MD, SION  
GHATAK MD, PARIMAL K  
GHATE MD, SHARAD B  
GHOSH MD, SURESH C  
GHOSH MD, TARIT K  
GHOSHMAJRA MD, KALYANMAY  
GIACCIA MD, AMATO  
GIACOBBO MD, JOHN N  
GIACOBINE MD, JAMES W  
GIALAMAS MD, ANTONIO

ALLEGHENY  
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MIFFLIN-JUNIATA  
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WARREN  
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PHILADELPHIA  
MONTGOMERY  
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GLAMBER MD, SAMUEL R  
GIAMPETRO MD, ANTHONY M  
GIANAKON MD, HARRY G  
GIANNPOULOS MD, PETER H  
GIANPOULOS MD, PATRICK L  
GIBBONS MD, RICHARD E  
GIBBONS MD, ROBT J  
GIBBONS MD, WM P  
GIBBS MD, WINFIELD S  
GIBSON MD, F CLAY  
GIBSON MD, GLEN G  
GIBSON MD, WILLIAM S  
GIBSON MD, WM B  
GIBSON MD, WM E  
GIBSON MD, WM S  
GICK MD, STEPHEN A  
GIERING MD, JOHN F  
GIGLIOTTI MD, ERNEST P  
GILARDI MD, ROBT J  
GILBERT DO, MAX  
GILBERT JR MD, EARL B  
GILBERT MD, ROBT P  
GILBERTI MD, FRANK F  
GILBERTI MD, MICHAEL V  
GILCHER MD, RONALD O  
GILDA MD, HERMAN A  
GILDEA MD, JAMES E  
GILETTO MD, BASIL J  
GILFILLAN MD, A GEORGE  
GILL III MD, THOS J  
GILL MD, DONALD J  
GILL MD, JOHN J  
GILL MD, ROBT J  
GILLEN MD, DENNIS R  
GILLESPIE MD, HARRY K  
GILLESPIE MD, PATRICK J  
GILLESPIE MD, WM K  
GILLEY MD, AURORA G  
GILLIGAN MD, FRANK P  
GILLINGER MD, WM A  
GILLIS MD, ROBT T  
GILLUM MD, DAVID F  
GILMAN MD, EDWARD  
GILMORE JR MD, HUGH R  
GILMORE JR MD, JAMES L  
GILMORE MD, FREDERICK R  
GILMURE MD, GEO H  
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GINCHEREAU MD, EUGENE H  
GINGRICH JR MD, RUSSELL L  
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GINIECZKI MD, CHESTER J  
GINLEY MD, THOMAS H  
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GLOWACKI MD, FRANCIS L

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GONNELLA MD, JOS S  
GONZALES MD, ALBERT  
GONZALES MD, FERNANDO Q  
GONZALEZ MASHO MD, GUILLERMO E  
GONZALEZ MD, ALEJANDRO R  
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GOODMAN MD, CARL R  
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 GOODWIN MD, ANDREW W  
 GOODWIN MD, MAX H  
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 GOODWIN MD, STANLEY L  
 GOODWORTH MD, JOHN H  
 GOPHERUD MD, ELIZABETH J  
 GOPHET MD, JOHN W  
 GORACCI MD, ARMANDO  
 GORBY MD, CHAS K  
 GORDNER JR MD, JESSE W  
 GORDON DO, DANIEL S  
 GORDON DO, SANFORD A  
 GORDON JR MD, JOHN W  
 GORDON JR MD, KENNETH M  
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 GURRY MD, JOHN D  
 GUSFIELD JR MD, EDWARD  
 GUSHORN MD, ROY W  
 GUSTONYI JR MD, RUDOLPH E  
 GUTLIEB MD, JERRY  
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 GUTLIEB DO, MARSHALL M  
 GUTLIEB MD, GARY P  
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 GULEY MD, BENJ A  
 GURGOUTIS MD, GEORGE D  
 GUM MD, CHRISTOPHER B  
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 GOWEY MD, M AGNES  
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 RABONSKI MD, MARIE A  
 RACE MD, HELEN K  
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 RAD MD, CHARLES T  
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 RAF MD, DAVID F  
 RAFF MD, HAROLD A  
 RAHAM III MD, WM P  
 RAHAM MD, GARTH K  
 RAHAM MD, HOWARD D  
 RAHAM MD, MARSHALL W  
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 RAMMES MD, CHAS F  
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 RAUEL JR MD, THEODORE A  
 RAYES JR MD, BEVERLY  
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 RAY JR MD, FRANK D  
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HADLEY MD, MATTHEW R  
HADRA MD, ELLINOR S  
HADUCK MD, LEONARD A  
HAEBERLE MD, WM A  
HAECKLER MD, WM S  
HAENTZ MD, FREDERICK E  
HAFF MD, DONALD W  
HAFT MD, HAROLD  
HAGAN JR MD, EUGENE P  
HAGAN MD, EUGENE M  
HAGAN MD, PATRICK J  
HAGARTY MD, JOHN J  
HAGER III MD, GEORGE W  
HAGERTY MD, FRED D  
HAGES MD, FOSTER  
HAGGERTY MD, SALLY M  
HAGLUND MD, RODGER B  
HAGUPLAN MD, EDWARD R  
HAGUE MD, J BRUCE  
HAHN MD, ADAM W  
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HAJN MD, HOWARD L  
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HAIRSTON JR MD, JOHN C  
HAJI-DJAFARI MD, AZIZEM  
HAKALA MD, THOMAS R  
HAKAS MD, JOS F  
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HALBERT MD, DAVID R  
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HALL MD, EDWARD L  
HALL MD, I MACDONALD  
HALL MD, JACK R  
HALL MD, JOHN H  
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HALLBORG MD, ROBT B  
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HALLISEY MD, JOHN G  
HALLOCK MD, MARGARET E  
HALPERIN MD, MEYER A  
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HAM MD, JAMES W  
HAM MD, TONG M  
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HAMBURG MD, ALLEN E  
HAMDI MD, LOUISE O  
HAMDI MD, TURGUT N  
HAMIDI MD, JAFAR A  
HAMILTON MD, ANGIE S  
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HAMMETT MD, JAMES H  
HAMMETT MD, VANBUREN O  
HAMMOND III MD, N LEROY  
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HAN MD, CHONG C  
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HANCE MD, BURTIS M  
HANCOCK MD, REGINALD A  
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HAND MD, JOHN G  
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HANDELSMAN MD, OLIVER  
HANDFORD MD, H ALLEN  
HANDLER MD, JAY J  
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HANNAUSEN JR MD, EDWARD H

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HASSEL JR MD, CARL W  
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HIVERY DO, GARY F  
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HANKINS MD, JAMES G  
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HAYES JR MD, MARTIN F  
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HAYESLIP MD, DAVID W  
HAYFORD JR MD, HUGH  
HAYLLAR MD, BENJ L  
HAYMAN MD, HARRIS R  
HAYMAN MD, HARRY B  
HAYNICZ MD, PETER  
HAYS MD, E BLAINE  
HAYTHORNTHWAITE MD, B MARY  
HAZEN MD, S FRANK  
HAZLETT JR MD, WALTER S  
HAZLETT MD, FRANK D  
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HAZLETT MD, WM H  
HEADLEY MD, CHAUNCEY R  
HEAPS MD, KENNETH P  
HEARD MD, W DON  
HEASLEY MD, KENNETH H  
HEATH MD, ERLE M  
HEATH MD, ROBT D  
HEATON MD, VINCENT W  
HEAZLETT MD, WM A  
HEBERLING MD, THOS P  
HECHLER MD, ROBT F  
HECHT MD, WARREN B  
HECK MD, HARRY J  
HECKER MD, AUTHUR O  
HECKLIN MD, OSCAR B  
HECKSHER MD, RUDDOLPH H  
HEDGES JR MD, THOMAS R  
HEDRICK MD, GERALD W  
HEDRICK MD, THOS A  
HEERSINK MD, MARX E  
HEFFERNAN MD, ANDREW H  
HEFFLEY MD, WM M  
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HEGARTY MD, FRANCIS A  
HEGGESTAD MD, GILMAN E  
HEHN MD, ARTHUR C  
HEIBEL MD, RICHARD H  
HEID MD, CHAS E  
HEIDENREICH MD, FRED P  
HEIDENREICH MD, H VINCENT  
HEILIGMAN MD, NATHAN H  
HEILMAN MD, HOWARD C  
HEILMAN MD, JOHN D  
HEIM MD, HELEN L  
HEIM MD, OSCAR E  
HEIMAN MD, DONALD F  
HEIMBACH MD, GEO Z  
HEIMBACH MD, JAMES A  
HEIMBACH MD, ROBT A  
HEIMBACH MD, WILFRED F  
HEINE MD, WM J  
HEINEMAN JR MD, ARTHUR C  
HEINEMAN MD, RICHARD W  
HEINKEL MD, HOWARD F  
HEINLE JR MD, EDWARD W  
HEINTZELMAN MD, GEO W  
HEINZ MD, E RALPH  
HEISEY MD, JOHN C  
HEISEY MD, ROBT G  
HEISLEY MD, NELLIE CASSELL  
HEISTAND MD, LANDIS C

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HEISTER MD, JOS B  
HEISTERKAMP III MD, CHAS A  
HELFFRICH MD, RICHARD S  
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HELM JR MD, JOHN D  
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HELMBOLD MD, THEODORE R  
HELM MD, S MEMDI  
HELMICK MD, WAYNE W  
HELRICH MD, MARTIN  
HELVIG JR MD, JOHN  
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HENRY JR MD, EDGAR S  
HENRY JR MD, LELAND T  
HENRY MD, LELAND T  
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HENSTELL MD, PHILIP  
HENTHORNE MD, JOHN C  
HENTOSH MD, JOHN P  
HEPBURN MD, JAMES M  
HEPP MD, JOS A  
HEPPENSTALL MD, RONALD B  
HEPPNER MD, RICHARD L  
HERB MD, ROBERT W  
HERBERT MD, ANITA J  
HERBISON MD, GERALD J  
HERBST MD, BERNADETTE A  
HERCEG MD, STEPHEN J  
HERGESHEIMER MD, LESTER  
HERING MD, NORTON  
HERLEY MD, PAUL J  
HERMAN MD, CARL D  
HERMAN MD, CHARLES W  
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HERMAN MD, JERRY H  
HERMAN MD, JULIUS  
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HERMAN MD, RONALD J  
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HERMAN MD, WALTER M  
HERMANN MD, GEO A  
HERMANN MD, IRVIN F  
HERMANOVICH JR MD, JOHN  
HERMEL MD, MORTIMER B  
HERNANDEZ MD, MILBERT E  
HEROLD MD, SANFORD L  
ERR MD, JOHN R  
ERRERA MD, ANIBAL F  
ERRING MD, ALLEN B  
ERROLD MD, LEWIS C  
ERROLD MD, SHERMAN E  
ERKOLD MD, WARREN C  
ERRON JR MD, JAMES R  
ERRON MD, EUGENE W  
ERRON MD, FRANK T  
ERSCHMANN MD, KATHARINE  
ERSH MD, J JOSEPH  
ERSHENSON MD, LEE M  
EKSHAY MD, RICHARD E  
ERSHFIELD MD, DAVID H  
ERSKOVITZ MD, HERBERT  
ERSON MD, STEVE D  
ESPENGER MD, WEBB S  
ERTZ MD, CHAS S  
ERZEL JR MD, FRANK B  
ERZOG MD, ROBT S  
ESBACHER MD, EDWIN N  
ESKEL MD, MILTON M  
ESLOP MD, ROBT C  
ESS JR MD, D ROBERT  
ESS JR MD, GRANT E  
ESS MD, AMMON G  
ESS MD, CHESTER C  
ESS MD, DOUGLAS B  
ESS MD, FLOYD M  
ESS MD, GEO W  
ESS MD, IVAN W  
ESS MD, JEFFREY B  
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ESS SR MD, DAVID R

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HETHERINGTON MD, ARTHUR F  
HETRICK MD, WM D  
HETZLER MD, NORMAN A  
HEWSON MD, WM C  
HEY JR MD, E BERRY  
HEYDT JR MD, ERNEST H  
HEYDT MD, STUART  
HEYL JR MD, FRANK E  
HEYL MD, W MEREDITH  
HIBBARD MD, ALANSON O  
HIBBS MD, JOHN B  
HICKEY JR MD, DANL  
HICKEY MD, ANDREW E  
HICKEY MD, JOHN S  
HICKOK JR MD, ROBERT L  
HICKOK MD, ROBT L  
HIDALGO MD, HORACIO A  
HIDAYAT MD, AHMED A  
HIDLAY MD, RAYMOND G  
HIEHLE MD, JOHN F  
HIEMENZ MD, DONALD W  
HIGH MD, JOHN D  
HIGHBERGER MD, EDGAR S  
HILAL MD, ELIAS Y  
HILBERG MD, ROBT W  
HILDEBRANDT MD, RICHARD J  
HILDRETH MD, EUGENE A  
HILE MD, H EUGENE  
HILEMAN MD, JAMES D  
HILES MD, DAVID A  
HILL JR MD, RUSSELL W  
HILL MD, DANL E  
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HILLIG MD, JOHN E  
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HILTON MD, STEPHEN A  
HIMELFARB MD, HILLARD M  
HIMES JR MD, RALPH F  
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HINCHBERGER MD, PAUL A  
HINCHCLIFFE JR MD, JAMES H  
HINCHCLIFFE MD, JOS G  
HINDERER MD, KENNETH H  
HINEBAUGH JR MD, MAHLON C  
HINEMAN MD, MARQUIS W  
HINES MD, JOS F  
HINGSON JR MD, ROBT A  
HINKENS MD, GEO F  
HINKLE DO, RICHARD S  
HINMAN MD, LOUIS F  
HINSMAN JR MD, JOHN A  
HINTON MD, DRURY  
HIPOLITO MD, AURORA T  
HIPOLITO MD, ERNESTO A  
HIPPO MD, THOMAS J  
HIPPLE MD, MARY A  
HIPPLE MD, RANDALL F  
HIPPS MD, JOHN G  
HIRUKAWA MD, RONALD H  
HIRSCH MD, IRWIN L  
HIRSCH MD, JACK H  
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HIRSH MD, HERMAN  
HIRSH MD, LEONARD F  
HIRSH MD, STEVEN L  
HIRST MD, JOHN C  
HISRICHD MD, GLENN D  
HITCHCOCK MD, JOHN  
HITCHNER MD, LEWIS C  
HITZKUT MD, LEWIS H  
HNELESKI JR MD, IGNATIUS S  
HNELESKI MD, IGNATIUS S  
HO MD, MONTG  
HO MD, RAYMOND C  
HO MD, SZE-KEY  
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HOBART MD, JOHN H  
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HUBERMAN MD, EDWARD  
HUBERMAN MD, MAURY  
HOCH MD, AARON A  
HOCH MD, CARL W  
HOCH MD, JOHN J  
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HOCH MD, VINCENT A  
HUCH MD, WILLIS S  
HOCHBERG MD, ROBT D  
HOCHMAN MD, MOSES  
HOCKENBERRY MD, RALPH E  
HODES MD, PHILIP J  
HODGE MD, CLARE C  
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HODGENS MD, HELEN L  
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HOEFFEL JR MD, JOS M  
HOENSTINE MD, ARTHUR C  
HOEKNER MD, GEO H  
HOERNER MD, OSCAR G  
HOERNER MD, RALPH W  
HOFF MD, HENRY B  
HOFFA MD, JOHN A  
HOFFMAN JR MD, GEO L  
HOFFMAN JR MD, HARRY H  
HOFFMAN JR MD, LEWIS A  
HOFFMAN JR MD, NICHOLAS F  
HOFFMAN MD, CARL J

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HOFFMAN MD, CHAS M  
HOFFMAN MD, CHAUNCEY  
HOFFMAN MD, DAVID J  
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HOFFMEIER MD, CHAS L  
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HUFSTETTER MD, ALEXANDER M  
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HOMMAN MD, KARL V  
HOMMANN MD, THOS C  
HOJAT MD, SAIED M  
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HOLCOMBE JR MD, GUY T  
HOLDER MD, ARTHUR J  
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HULZINGER MD, ELMER J  
HOMA DO, DANIEL J  
HUMMILY MD, BLESSING  
HUMMER JR MD, J SCOTT  
HONG MD, KEUMSOON  
HUNG MD, SOO W  
HUNG MD, SUNG H  
HUNGBARCO MD, PABLO  
HUNIGHAN MD, FREDERIC H  
HOODLER MD, JAMES L  
HOOD MD, HENRY L  
HOON MD, WILLIAM L  
HOOPER MD, JOSEPH R  
HOOTMAN MD, BARRY D  
HOOTMAN MD, J KENNETH  
HOOPER II MD, BENJAMIN A  
HOOPER MD, CARL H  
HOOPER MD, DEAN S  
HOOPER MD, LADD E  
HOOPER MD, PAUL S  
HOOPER MD, PHILIP A  
HOOPER MD, PHILIP W  
HOPKINS MD, FRANK T  
HOPKINS MD, JOHN E  
HOPKINS MD, WALLACE E  
HOPKINSON 3RD MD, JOHN H  
HOPPER MD, BRUCE D  
HORA MD, JAMES F  
HORAN MD, CHAS A  
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HORENSTEIN DO, MITCHELL  
HORMAN MD, MARC J  
HORMOZDI MD, FRAYDOON  
HORN III MD, FRANK W  
HORN JR MD, EDWARD T  
HORN MD, RICHARD H  
HORNE MD, LLOYD M  
HORN JR MD, DANL W  
HORN JR MD, FRANK S  
HORN JR MD, BARBARA A  
HORN JR MD, GEORGE J  
HORNICEK MD, FRANCIS J  
HORNICK MD, NEWTON  
HOROWITZ DO, GARY R  
HORNIGAN MD, FRANCIS E  
HURST MD, ELMER L  
HORTON MD, KEITH A  
HORVAT MD, ARTHUR J  
HORVATH MD, RONALD J  
HORWIN MD, SAML  
HORWITZ MD, JOHN J  
HORWITZ MD, MILTON R  
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HORSFELD MD, S MARJORIE  
HOSHINO MD, ARTHUR Y  
HOSIER MD, CARL L

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HOST MD, WM R  
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HOTTENSTEIN MD, HENRY F  
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HOMANITZ MD, MICHAEL P  
HOWARD MD, LAWRENCE J  
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HOWDEN MD, RICHARD F  
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HOWER MD, ROBERT D  
HOYER MD, PAUL J  
HOYLE MD, J PRESTON  
HOYT MD, CREIG S  
HOYT MD, RALPH C  
HRICKO MD, MICHAEL J  
HSU MD, SHIEN S  
HU MD, WEI-TZER  
HUANG MD, CHAN F  
HUANG MD, MING Y  
HUBBARD MD, CHAS C  
HUBBARD MD, JOHN P  
HUBER JR MD, FRANCIS G  
HUBER MD, DAVID S  
HUBER MD, DONALD J  
HUBER MD, GERARD N  
HUBER MD, RICHARD L  
HUBER MD, WM B  
HUBSHER MD, JEROME A  
HUCK MD, GEO F  
HUDDOCK JR MD, EMANUEL B  
HUDDOCK JR MD, GEO E  
HUDSON JR MD, HOWARD E  
HUDSON JR MD, HOWARD L  
HUDSON MD, CLIFFORD C  
HUDSON MD, GEO H  
HUEBNER MD, JOHN J  
HUFF MD, A WILLIAMSON  
HUFF MD, LYNN H  
HUFF MD, S GORDON  
HUFFER MD, DONALD H  
HUFFMAN MD, CHAS R  
HUFFNAGLE MD, HENRY W  
HUGHES MD, BOLAND  
HUGHES MD, DAVID C  
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HUGHES MD, PATRICK H  
HUGHES MD, ROGER L  
HUGHES MD, WM L  
HUGHES MD, WM M  
HUGHEY MD, JAMES R  
HUM MD, SUN H  
HULL MD, BEN L  
HULLEY JR MD, WM C  
HULNICK MD, STUART J  
HUME MD, JOHN M  
HUMES MD, ALEXANDER B  
HUMMELL DO, JOSEPH C  
HUMMER JR MD, CHAS D  
HUMPHREYS MD, EARL A  
HUMPHRIES MD, THOMAS J  
HUNDLEY MD, J WARREN  
HUNSBERGER MD, CHAS L  
HUNSBERGER MD, JOS L  
HUNSICKER MD, LLEWELLYN W  
HUNSICKER MD, MARY T  
HUNSICKER MD, ROBT C  
HUNT JR MD, WM T  
HUNT MD, JOSIAH A  
HUNT MD, ROBT E  
HUNT MD, WM  
HUNT MD, WM R  
HUNTER JR MD, JOHN R  
HUNTER MD, DORIS M  
HUNTER MD, HARRY H  
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HUNTER MD, KENNETH A  
HUNTER MD, MARVIN T  
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HUNTLEY MD, ARTHUR C  
HUNTZBERGER MD, SAML S  
HUOT MD, DAVID A  
HUREWITZ MD, SYLVAN J  
HURITE MD, FRANCIS G  
HURLEY MD, HARRY J  
HURLOCK MD, JOAN E  
HURST JR MD, J PAUL  
HURST MD, JOHN W

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HURWITZ MD, ABRAHAM  
HURWITZ MD, LARRY E  
HUSAIN MD, ABID M  
HUSAIN MD, AKHTER F  
HUSHION MD, WM F  
HUST MD, FREDERICK S  
HUSTON MD, CHAS C  
HUTCHINSON 3D DO, HARRY J  
HUTCHISON MD, JAMES C  
HUTCHISON MD, WM A  
HUTH MD, EDWARD J  
HUTTON MD, JOHN E  
HUYEN MD, TRAN T  
HWAN MD, JUNG J  
HYATT MD, FLOYD R  
HYATT MD, ROBT W  
HYDOVITZ MD, JERROLD D  
HYETT MD, MARVIN R  
HYKES MD, JAMES I  
HYLTON MD, CASIMER  
HYMAN MD, HAROLD L  
HYMAN MD, HERBERT L  
HYMAN MD, JACOB G

IAMS MD, WM B  
IANCU MD, ALBERT L  
IANNUZZI MD, C CHARLES  
IBANEZ MD, MELCHISEDEC  
ICTHER MD, JOS T  
ICLI MD, NADIR  
IDREES MD, MUHAMMAD  
IDUCOVICH MD, NICHOLAS  
IGLESIAS MD, MANUEL  
IGNATIUS MD, PAUL F  
ILKHANIPOUR MD, CYRUS  
ILYAS MD, MOHAMMAD  
IMBER MD, IRVING  
IMBODEN MD, SAML H  
IMBRIE MD, DAVID E  
IMBRIGLIA JR MD, JOSEPH E  
IMBRIGLIA MD, JOSEPH E  
IMMERMAN MD, SAML L  
IMPERATO MD, PASCAL J  
IMPERIALE MD, SALVATORE M  
IMPINK MD, ROBT R  
INDORATO MD, LEROY S  
INGAGLIO MD, PHILIP E  
INGALLS MD, WARREN J  
INGERSOLL MD, CHAS J  
INGHAM MD, ALBERT J  
INGOLDSBY MD, EUGENE C  
INGRAHAM JR MD, NORMAN R  
INGRAM JR MD, ALBERT L  
INGRAM MD, DAVID N  
INNIS MD, PATRICIA A  
INDUYE MD, WM Y  
INSLEY JR MD, MARION C  
IOBST MD, CHAS W  
IOBST MD, JOSEPH I  
IOZZI MD, LOUIS  
IRANI MD, ROSHEN N  
IREY JR MD, PHILIP M  
ISAACS MD, CHAS T  
ISAACS MD, GILBERT H  
ISAACSON MD, HOWARD  
ISAACSON MD, STANFORD  
ISAKOV MD, ASPARUH D  
ISARD MD, HAROLD J  
ISARIYAKONGSE MD, PRAKORB  
ISENBERG MD, CHESTER L  
ISHLER MD, H RICHARD  
ISIDRO MD, EUGENIO G  
ISKANDRIAN MD, GRETA P  
ISLAMOFF MD, IGOR I  
ISMAL-BEIGI MD, FARHAD  
ISRAEL MD, HAROLD L  
ISRAEL MD, MICHAEL  
ISRAEL MD, ROBT H  
ITKIN MD, IRVING H  
ITSKOWITZ MD, ALAN L  
IVEY MD, TIMOTHY  
IVINS MD, J LEONARD  
IVINS MD, JOS L  
IVINS MD, SAML P  
IVKER MD, MILTON  
IVKER MD, MORRIS

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JAIN MD, MOHN H  
JAKAB MD, IRENE  
JAKABIN MD, JOHN A  
JAKUBCHAK MD, JAMES J  
JALBUENA MD, ROBT C  
JAMALI MD, ANMAR A  
JAMBRO MD, ROBT D  
JAMES 3RD MD, THOS I  
JAMES DO, EDWARD E  
JAMES MD, FRANK S  
JAMES MD, RUSSELL E  
JAMESON MD, E CARLETON  
JAMISON 2ND MD, JAMES B  
JAMSHIDI MD, JAVAD  
JAN MD, RONALD S  
JANA MD, BARID B  
JANEWAY MD, TIMOTHY  
JANJIGIAN MD, EDWARD R  
JANNELLI MD, ANGELA F  
JANNETTA MD, PETER J  
JANOSKO MD, RUDDOLPH E  
JAQUISS MD, GEORGE W  
JARMALOWSKI MD, CHESTER R  
JANMAN MD, MARTHA L  
JARVIS MD, F WAYNE  
JARYMOVYCH MD, JAROSLAW I  
JAURIGUE MD, VENERANDO G  
JAVAN MD, MEMOI B  
JAVIAN JR MD, THOMAS A  
JAY JR MD, WENDELL T  
JAYABOSE MD, SOMASUNDARAM  
JAZAVERY MD, ALI  
JEFFERIES 3D MD, GEO E  
JEFFERIS MD, EARL S  
JEFFREY MD, MARY E  
JEFFREY MD, WM L  
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JEFFRIES MD, GRAHAM H  
JELEN MD, JOS A  
JENA MD, MILTON  
JENKINS JR MD, ROBT J  
JENKINS MD, B WHEELER  
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JENNEY MD, FLORENCE S  
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JENNINGS MD, WM P  
JENNOFSKY MD, JACK  
JEPSON MD, JOANNE H  
JERRANT MD, VINCENT J  
JESSAR MD, RALPH A  
JETTER MD, WALTER W  
JEW JR MD, EDWARD W  
JEWELL JR MD, JAMES H  
JEWETT MD, STEPHEN R  
JEYARAJ MD, FRANCIS  
JIMERSON MD, CEDRIC C  
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JOCHNOWITZ MD, MICHAEL J  
JOEHL MD, RAYMOND J  
JOHAN MD, MORTON  
JOHLER DO, CHARLES W  
JOHN MD, CHAD E  
JOHNS DO, ROSWELL J  
JOHNS MD, MILTON W  
JOHNSON III MD, S HARRIS  
JOHNSON JR MD, HOWARD J  
JOHNSON JR MD, MARSHALL M  
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JOHNSTON 3RD MD, JAMES R

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JAVIAN JR MD, THOMAS A  
JAY JR MD, WENDELL T  
JAYABOSE MD, SOMASUNDARAM  
JAZAVERY MD, ALI  
JEFFERIES 3D MD, GEO E  
JEFFERIS MD, EARL S  
JEFFREY MD, MARY E  
JEFFREY MD, WM L  
JEFFREYS MD, WM H  
JEFFRIES MD, GRAHAM H  
JELEN MD, JOS A  
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JENKINS JR MD, ROBT J  
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JEWETT MD, STEPHEN R  
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JOCHNOWITZ MD, MICHAEL J  
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JOHLER DO, CHARLES W  
JOHN MD, CHAD E  
JOHNS DO, ROSWELL J  
JOHNS MD, MILTON W  
JOHNSON III MD, S HARRIS  
JOHNSON JR MD, HOWARD J  
JOHNSON JR MD, MARSHALL M  
JOHNSON JR MD, NELSON E  
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JOHNSON MD, THOS A  
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JOHNSON MD, TURNER C  
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JOHNSON MD, WALTER K  
JOHNSON MD, WALTON R  
JOHNSON MD, WM G  
JOHNSON MD, WM H  
JOHNSTON 3RD MD, JAMES R

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JOHNSTON MD, DOROTHY	MONTOUR	KALLA MD, RICHARD L	ALLEGHENY	KATZEN MD, RAYMOND	PHILADELPHIA
JOHNSTON MD, EUGENE V	LANCASTER	KALLISH MD, MARVIN N	PHILADELPHIA	KATZIN MD, DICK	ALLEGHENY
JOHNSTON MD, FRANK B	PHILADELPHIA	KALMANSON MD, JACOB D	ALLEGHENY	KAUDERER JR MD, JOHN G	MONROE
JOHNSTON MD, J MURL	ALLEGHENY	KALMAR MD, OSCAR R	BUCKS	KAUFER MD, GERALD I	ALLEGHENY
JOHNSTON MD, JAMES B	VENANGO	KALODNER MD, ALFRED L	PHILADELPHIA	KAUFFMAN MD, ABRAHAM I	PHILADELPHIA
JOHNSTON MD, JAMES R	ALLEGHENY	KAMBIN MD, PARVIZ	PHILADELPHIA	KAUFFMAN MD, CHESTER T	INDIANA
JOHNSTON MD, JEAN C	PHILADELPHIA	KAMDAR MD, JAYANT C	PHILADELPHIA	KAUFFMAN MD, LEON A	PHILADELPHIA
JOHNSTON MD, ROBT F	PHILADELPHIA	KAMEEN MD, ANTHONY J	LUZERNE	KAUFFMAN MD, M LUTHER	MONTGOMERY
JOHNSTON MD, RUSSELL M	NORTHUMBERLAND	KAMERER MD, DONALD B	ALLEGHENY	KAUFFMAN MD, MARK S	PHILADELPHIA
JOHNSTON MD, THOS S	CHESTER	KAMINSKI MD, ROBERT J	ALLEGHENY	KAUFMAN MD, ABRAHAM S	PHILADELPHIA
JONAS MD, ARTHUR P	DAUPHIN	KAMINSKY MD, ANTHONY F	ERIE	KAUFMAN MD, ALAN C	BUCKS
JONAS MD, JAROSLAV G	MONTOUR	KAMINSKY MD, JAMES F	ERIE	KAUFMAN MD, BARRE D	LEHIGH
JONE MD, SEN-HSIUNG	CENTRE	KAMMERER MD, WM S	DAUPHIN	KAUFMAN MD, BENJ V	LACKAWANNA
JONES JR MD, ARTHUR F	LANCASTER	KAMUNS MD, EDWIN J	FAYETTE	KAUFMAN MD, I LEONARD	ALLEGHENY
JONES JR MD, FREDERICK L	MONTOUR	KAMUNS MD, HAROLD O	FAYETTE	KAUFMAN MD, JEROLD	DELAWARE
JONES JR MD, HARRY B	BEAVER	KANDRA MD, JOS J	DAUPHIN	KAUFMAN MD, SAML R	LUZERNE
JONES JR MD, ROBERT T	ALLEGHENY	KANDULA MD, RAVINDRA R	NORTHAMPTON	KAUFMAN MD, SIDNEY S	ALLEGHENY
JONES JR MD, SAMUEL L	DAUPHIN	KANE MD, JAMES A	LACKAWANNA	KAUFMANN MD, BRUCE M	NORTHAMPTON
JONES MD, BYRON C	ADAMS	KANE MD, JOHN J	ALLEGHENY	KAUH MD, YOUNG C	PHILADELPHIA
JONES MD, C HENRY	LACKAWANNA	KANE MD, JOHN S	MONTGOMERY	KAUPP JR MD, HARRY A	LEHIGH
JONES MD, DANL C	MONTGOMERY	KANE MD, ROBERT C	MONTOUR	KAYIC MD, MICHAEL S	ALLEGHENY
JONES MD, DAVID G	LEHIGH	KANE MD, WM M	DELAWARE	KAVJIAN MD, EDWARD M	DELAWARE
JONES MD, DAVID J	YORK	KANENSON MD, WM L	DAUPHIN	KAYLE MD, CARLETON J	MONTGOMERY
JONES MD, DENNIS E	DAUPHIN	KANG MD, SE-BOO	ARMSTRONG	KAY MD, CALVIN F	PHILADELPHIA
JONES MD, EDWARD L	LEBANON	KANHOFFER MD, HARRY	VENANGO	KAY MD, GORDON M	PHILADELPHIA
JONES MD, EMLEN H	DELAWARE	KANIS MD, MYRON L	PHILADELPHIA	KAY MD, MICHAEL L	PHILADELPHIA
JONES MD, EURFRYN	DAUPHIN	KANN MD, JULES	ALLEGHENY	KAY MD, RAYMOND J	MONTGOMERY
JONES MD, GEO A	DAUPHIN	KANNANGARA MD, YOGESMARY	PHILADELPHIA	KAYE MD, DONALD	PHILADELPHIA
JONES MD, GEO J	LAWRENCE	KANNAPEL MD, ALLEN R	PHILADELPHIA	KAZEM MD, ISMAIL	PHILADELPHIA
JONES MD, GEORGE J	ALLEGHENY	KANTER MD, FRANK J	PHILADELPHIA	KAZLAUSKAS MD, ALBERT J	SCHUYLKILL
JONES MD, IRVING H	BERKS	KANTNER MD, THEODORE R	DAUPHIN	KEAGY MD, ROBT M	BLAIR
JONES MD, J ALBRIGHT	DELAWARE	KANTOR MD, MILTON	LUZERNE	KEAN MD, DENNIS W	LEHIGH
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JONES MD, TOM B	MERCER	KAPLAN MD, ALBERT J	PHILADELPHIA	KECK MD, WM S	WESTMORELAND
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JORDAN MD, CHARLOTTE B	MONROE	KAPLAN MD, LOUIS	PHILADELPHIA	KEEPORTS MD, RICHARD L	YORK
JORDAN MD, CLAUD G	MONROE	KAPLAN MD, RICHARD H	PHILADELPHIA	KEFFEN MD, WM H	BERKS
JORDAN MD, JAMES S	LACKAWANNA	KAPLAN MD, S RICHARD	PHILADELPHIA	KEGEL MD, EUGENE E	LANCASTER
JORDAN MD, JEROME W	LACKAWANNA	KAPLAN MD, SHELTON J	PHILADELPHIA	KEHLER MD, WALTER H	LAWRENCE
JORDAN MD, WM J	CHESTER	KAPLAN MD, STEPHEN M	MONTOUR	KEHM MD, RAY W	YORK
JONGENSEN MD, VALERIE	PHILADELPHIA	KAPLOW MD, GWEN H	DAUPHIN	KEHM MD, VINCENT A	YORK
JOSEPH MD, ANDREW M	ALLEGHENY	KAPOOR MD, SHEELA	PHILADELPHIA	KEHRLI MD, WM H	LACKAWANNA
JOSEPH MD, GEO M	NORTHAMPTON	KAPPAKAS MD, GEORGE S	ALLEGHENY	KEIM MD, EDWARD L	CENTRE
JOSEPH MD, MONTEFIORE L	ALLEGHENY	KAR MD, DILIP S	WESTMORELAND	KEIM MD, PETER J	ARMSTRONG
JOshi MD, HARENDRA V	PHILADELPHIA	KARABELL MD, SHELTON I	MONTGOMERY	KEISEK MD, EDWIN L	BERKS
JOshi MD, KISHOR E	FAYETTE	KARAFIN MD, LESTER	PHILADELPHIA	KEISERMAN MD, JOS	PHILADELPHIA
JOshi MD, KUNDABALA S	PHILADELPHIA	KARAKASHIAN MD, NUBAR A	PHILADELPHIA	KEISMAN MD, ROBT A	MONTGOMERY
JOshi MD, LALITA P	DELAWARE	KARAMCHANDANI MD, NILIMA T	ALLEGHENY	KEISTER MD, STEPHEN R	ERIE
JOshi MD, MANOHAR J	ALLEGHENY	KARAMCHETI MD, ANAND	ALLEGHENY	KEITEK MD, JAMES M	LEBANON
JOsimOVICH MD, JOHN B	ALLEGHENY	KARANJIA MD, KHORSHED S	PHILADELPHIA	KEITHAN MD, JOHN F	CUMBERLAND
JOSON MD, RAYMOND M	PHILADELPHIA	KARANJIA MD, MINOD D	INDIANA	KEICHNER MD, CLYDE H	LEHIGH
JOURNEY MD, R WALLACE	DELAWARE	KARAS MD, MARK M	ALLEGHENY	KELLER MD, ELI J	BERKS
JY MD, CHAS A	ERIE	KARAYANNIS MD, NICHOLAS	PHILADELPHIA	KELLER MD, FRANK M	ALLEGHENY
JYCE 3RD MD, JOHN J	PHILADELPHIA	KARBINER MD, HELMUT L	MONTGOMERY	KELLER MD, FREDERICK E	PHILADELPHIA
JYCE MD, MICHAEL F	PHILADELPHIA	KARDISH MD, THOS J	BUCKS	KELLER MD, JOHN E	BERKS
JYNER JR MD, CLAUDE R	ALLEGHENY	KAREHA MD, LOUIS G	LACKAWANNA	KELLEN MD, LYNNWOOD V	BERKS
JZEF CZYK MD, PATRICIA B	ALLEGHENY	KARETAS MD, ALEXANDRA I	PHILADELPHIA	KELLERMAN MD, EDWIN	PHILADELPHIA
JANG MD, RICHARD C	ERIE	KARIMKHANI MD, KOBRA	ALLEGHENY	KELLEY MD, KATHLEEN R	ALLEGHENY
JAREZ MD, ROLAND O	MONTGOMERY	KARLE MD, JOHN G	ERIE	KELLMAN MD, IAN A	PHILADELPHIA
JDD MD, JOS H	ALLEGHENY	KARLIK JR MD, PAUL	PERRY	KELLON MD, WM F	PHILADELPHIA
JUDGE JR MD, JAMES W	LUZERNE	KARMILOWICZ MD, N PETER	PHILADELPHIA	KELLY JR MD, EDWARD A	CHESTER
JUDKOWSKI MD, E LESLIE	PHILADELPHIA	KARP MD, JOSEPH S	PHILADELPHIA	KELLY JR MD, JOHN J	DELAWARE
JUDSON MD, SUSAN C	LYCOMING	KARP MD, LOUIS A	PHILADELPHIA	KELLY MD, EDWARD A	DELAWARE
JUDSON MD, WILLIAM W	LYCOMING	KARPINSKI JR MD, FELIX E	MONTGOMERY	KELLY MD, EDWARD G	ALLEGHENY
JELE MD, ROOSEVELT R	PHILADELPHIA	KARPINSKI JR MD, STEPHEN J	ALLEGHENY	KELLY MD, EDWARD J	LACKAWANNA
JLES MD, ARNOLD J	MONTGOMERY	KARSH MD, CARL A	ERIE	KELLY MD, EUGENE H	ALLEGHENY
JN MD, YOUNG A	WESTMORELAND	KART MD, BARRY H	ALLEGHENY	KELLY MD, HERBERT T	PHILADELPHIA
JNCOS MD, GUILLERMO R	CHESTER	KARUNARATNE MD, ESIRI WICKREME	BLAIR	KELLY MD, JAMES D	ALLEGHENY
JNG MD, JAY 300	LEHIGH	KASALES MD, CLARENCE J	DAUPHIN	KELLY MD, JAMES J	DELAWARE
JNGHANS MD, SIEGFRIED P	ALLEGHENY	KASDAN MD, RICHARD B	ALLEGHENY	KELLY MD, JOHN A	BRADFORD
JNIUS DO, WILLIAM E	LANCASTER	KASDIN MD, SHARON L	PHILADELPHIA	KELLY MD, JOHN L	DELAWARE
JNKIN MD, DAVID M	MONTGOMERY	KASE MD, PAUL F	DAUPHIN	KELLY MD, JOHN S	LEHIGH
JRGENSEN MD, JOHN C	CUMBERLAND	KASE MD, WM A	PHILADELPHIA	KELLY MD, WM E	PHILADELPHIA
JRNOVOY MD, JOEL B	DELAWARE	KASEFF MD, LEON G	PHILADELPHIA	KELLY MD, WM J	ALLEGHENY
JSTIN MD, PETER A	NORTHUMBERLAND	KASHATUS MD, WM C	PHILADELPHIA	KELSEY MD, DAVID M	PHILADELPHIA
JVELIER MD, BERNARD W	DAUPHIN	KASPAR MD, ALBERT J	NORTHAMPTON	KELSO MD, DON R	MONTGOMERY
		KASPARIAN MD, HRATCH	PHILADELPHIA	KELTON MD, FRANKLIN C	MONTGOMERY
		KASPER MD, DONALD J	DELAWARE	KELVIN MD, CARL B	PHILADELPHIA
		KASPENSKI MD, MATTHEW A	LEHIGH	KEMBLE MD, EDWARD E	ERIE
		KASRAIE MD, NEPTUNE	ALLEGHENY	KEMP MD, GORDON B	MERCER
		KASSAMALI MD, SULTANALI A	ALLEGHENY	KEMP MD, ROBT M	LANCASTER
		KASSER MD, MAX D	PHILADELPHIA	KEMPF MD, KONRAD M	CUMBERLAND
		KASSOW MD, PHILLIP B	PHILADELPHIA	KEMRER MD, J DONALD	LANCASTER
		KASTENBAUM MD, MICHAEL	BERKS	KENDALL MD, A RICHARD	PHILADELPHIA
	LYCOMING	KATALAN MD, MAURICE M	PHILADELPHIA	KENDALL MD, BENJ	PHILADELPHIA
	DELAWARE	KATCHMAN MD, JEROME J	MONTGOMERY	KENDALL MD, LEIGH W	LANCASTER
	BLAIR	KATES MD, MALCOLM	PHILADELPHIA	KENDALL MD, NORMAN	PHILADELPHIA
	LUZERNE	KATIGAK MD, CONSTANCIO D	WESTMORELAND	KENDIG MD, JAMES W	LANCASTER
	ADAMS	KATIN MD, MICHAEL J	PHILADELPHIA	KENIG MD, ISADOR J	DAUPHIN
	CLARION	KATONITZ MD, JAMES A	PHILADELPHIA	KENKRE MD, SRICRISHNA B	ALLEGHENY
	PHILADELPHIA	KATTAM MD, JORGE C	ALLEGHENY	KENNA MD, MARITA D	ALLEGHENY
	LUZERNE	KATTELMAN DO, MARC	MONTGOMERY	KENNARD MD, JOHN F	CLEARFIELD
	PHILADELPHIA	KATTER MD, GEO W	CAMBRIA	KENNEDY MD, FRANCIS B	ALLEGHENY
	PHILADELPHIA	KATZ MD, ALBERT B	PHILADELPHIA	KENNEDY MD, JOHN N	LUZERNE
	PHILADELPHIA	KATZ MD, BENJ R	PHILADELPHIA	KENNEDY MD, NELSON M	BEAVER
	ARMSTRONGS	KATZ MD, DAVID A	PHILADELPHIA	KENNEDY MD, PATRICK J	DELAWARE
	ALLEGHENY	KATZ MD, DAVID L	ALLEGHENY	KENNEDY MD, PETER S	YORK
	ALLEGHENY	KATZ MD, G HENRY	PHILADELPHIA	KENNEDY MD, RICHARD P	MONROE
	LANCASTER	KATZ MD, IRWIN L	PHILADELPHIA	KENNEDY MD, THOS J	PHILADELPHIA
	DAUPHIN	KATZ MD, JACOB	ALLEGHENY	KENNERDELL MD, EDWARD H	ALLEGHENY
	LYCOMING	KATZ MD, JERALD M	PHILADELPHIA	KENNERDELL MD, JOHN S	ALLEGHENY
	PHILADELPHIA	KATZ MD, JOS	WESTMORELAND	KENNY MD, KEVIN J	ALLEGHENY
	ERIE	KATZ MD, JULIAN	LANCASTER	KENNY MD, ROSE M	BUCKS
	CHESTER	KATZ MD, M RICHARD	PHILADELPHIA	KENT MD, GEO M	LANCASTER
	ALLEGHENY	KATZ MD, MAX	PHILADELPHIA	KENT MD, RICHARD B	CHESTER
	DAUPHIN	KATZ MD, MITCHELL E	LEHIGH	KENVIN MD, JOHN E	LEHIGH
	DAUPHIN	KATZ MD, RICHARD I	PHILADELPHIA	KENWORTHY JR MD, HARRY J	MONTGOMERY
	DAUPHIN	KATZ MD, ROBT E	MONTGOMERY	KEOHANE MD, RICHARD B	PHILADELPHIA
	PHILADELPHIA			KEOSATHIT MD, NARONG	PHILADELPHIA

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KOTWAL MD, HOMI B	PHILADELPHIA	KROSER MD, LILA S	PHILADELPHIA	LAM MD, MAN-TAI N	PHILADELPHIA
KOTZEN MD, HERMAN F	BERKS	KROSNOFF II MD, MICHAEL	WASHINGTON	LAMANCUSA MD, NANCY C	LAWRENCE
KOUGH MD, OTHELLO S	FAYETTE	KROTEC MD, JOS W	ALLEGHENY	LAMAS MD, CARLOS C	ALLEGHENY
KOUGH MD, ROBT H	MONTOUR	KROUNGOLD MD, MILTON L	PHILADELPHIA	LAMBERT MD, KENNETH P	BERKS
KOUKAL MD, LUDWIG R	LAWRENCE	KROUSE MD, JOHN M	WESTMORELAND	LAMBERT MD, ROBT L	PHILADELPHIA
KOUKY JR MD, JAMES S	DAUPHIN	KRUG III MD, E CLYDE	ALLEGHENY	LAMBERT MD, WALTER H	LUZERNE
KOUSEN MD, MORTON	YORK	KRUG MD, EDGAR S	CENTRE	LAMBERTI MD, WM F	LACKAWANNA
KOUTCHER MD, MARTIN E	PHILADELPHIA	KRUGH MD, FRANCIS J	ALLEGHENY	LAMBERTON MD, WM D	ERIE
KOVACH MD, COLEMAN W	PHILADELPHIA	KRUGH MD, JAMES W	ALLEGHENY	LAMBERTSEN MD, CHRISTIAN J	PHILADELPHIA
KOVAR MD, CHAS E	NORTHAMPTON	KRUPER MD, JOHN S	YORK	LAMBICHI MD, MARIKA E	DELAWARE
KOVEN MD, ARTHUR L	LUZERNE	KRUSEN MD, DAVID E	LANCASTER	LAMBROS MD, JOHN E	BUCKS
KOWALLIS MD, GEO F	ALLEGHENY	KRZYWICKI MD, PAUL L	PHILADELPHIA	LAME MD, EDWIN L	PHILADELPHIA
KOWALSKI MD, JOSEPH J	LUZERNE	KUBEK MD, JOHN A	NORTHAMPTON	LAMON MD, CHAS P	YORK
KOWALSHYN MD, THEODORE J	MONROE	KUBER MD, MATTHEW E	PHILADELPHIA	LAMP JR MD, CLYDE B	ALLEGHENY
KOZART MD, DAVID M	PHILADELPHIA	KUBIAK MD, RICHARD V	PHILADELPHIA	LAMP MD, ALBERT L	ERIE
KOZIN MD, WM	DELAWARE	KUCHARCZUK MD, JOHN B	LEHIGH	LAMP MD, J CURTIS	MONTGOMERY
KOZLEK MD, THOMAS F	LUZERNE	KUHN MD, CHARLES M	ALLEGHENY	LAMPE 2ND MD, WM T	YORK
KRABLIN MD, RONALD	ADAMS	KUHN MD, RICHARD H	ERIE	LAMPE MD, WM T	PHILADELPHIA
KRAEMER MD, DAVID W	ALLEGHENY	KUHNS MD, HOWARD D	WASHINGTON	LANAUZE MD, HARRY E	ALLEGHENY
KRAF MD, ANASTASIA	BUTLER	KUITERT MD, JOHN H	ERIE	LANCASTER JR MD, EDWARD L	LANCASTER
KRAFT JR MD, ALBERT J	PHILADELPHIA	KUKKIKKA MD, MIDDRAG D	YORK	LANCE MD, LOUISA J	MONTGOMERY
KRAFT MD, CHAS J	WYOMING	KULBASKI MD, FRANK E	COLUMBIA	LANCIANO MD, RALPH C	PHILADELPHIA
KRAIN MD, RAYMOND	DELAWARE	KULCZYCKI MD, EDWARD	BRADFORD	LAND MD, ALFRED J	SCHUYLKILL
KRAJESKI MD, DELPHIN S	LUZERNE	KULIN MD, HOWARD E	DAUPHIN	LANDAY MD, JAMES P	ALLEGHENY
KRAK MD, MICHAEL	ALLEGHENY	KUMAR MD, ASHOK	WASHINGTON	LANDAY MD, LOUIS H	ALLEGHENY
KRALL MD, J THOMAS	DELAWARE	KUMAR MD, HARINATH V	VENANGO	LANDER MD, WM W	MONTGOMERY
KRALL MD, ROBERT P	MC KEAN	KUMAR MD, KUSUM L	MONTGOMERY	LANDERMAN MD, NATHANIEL S	ALLEGHENY
KRAM MD, JOHN E	ALLEGHENY	KUMAR MD, NARESH	MONTGOMERY	LANDES MD, RAY P	BUCKS
KRAMER DO, CAROLYN D	DELAWARE	KUMAR MD, VASANTHA R	PHILADELPHIA	LANDIS MD, FLOYD M	LANCASTER
KRAMER MD, KENNETH	BERKS	KUMAR MD, VEERANDRA	PHILADELPHIA	LANDIS MD, RAY L	WYOMING
KRAMER MD, MARK S	PHILADELPHIA	KUN MD, JOS	ALLEGHENY	LANDIS MD, RICHARD M	LANCASTER
KRAMER MD, RANDALL K	BERKS	KUNG MD, LUKE C	NORTHAMPTON	LANDIS MD, ROBT C	YORK
KRAMER MD, SELMA	PHILADELPHIA	KUNKEL MD, BARBARA K	DAUPHIN	LANDIS MD, WM B	LANCASTER
KRAMER MD, SIMON	PHILADELPHIA	KUNKEL MD, GEO A	ALLEGHENY	LANDOLT MD, DOLORES M	VENANGO
KRAM DO, HERMAN R	CHESTER	KUNKEL MD, GEO W	DAUPHIN	LANDOLT JR MD, LYNDON H	ALLEGHENY
KRANE MD, MARVIN A	PHILADELPHIA	KUNKEL MD, HERBERT G	ALLEGHENY	LANE MD, C DARRELL	BERKS
KRANICK MD, FRANCIS X	LACKAWANNA	KUNKEL MD, MARY E	GREENE	LANE MD, FRANK C	WESTMORELAND
KRANTZ MD, WALTER J	MONTGOMERY	KUNKEL MD, PAUL A	DAUPHIN	LANE MD, JOHN D	BUCKS
KRASNOFF MD, SIDNEY O	PHILADELPHIA	KUNKEL MD, W MINSTER	DAUPHIN	LANE MD, PAUL W	ALLEGHENY
RATZ MD, VERNON H	BUCKS	KUNKEL MD, WM H	ALLEGHENY	LANG MD, EDWARD J	ALLEGHENY
RATZER MD, ALBERT E	LEHIGH	KUNSCHEMER MD, ALAN J	ALLEGHENY	LANG MD, GREGORY M	ALLEGHENY
RATZER MD, GLENN S	LEHIGH	KUNSCHEMER MD, ALBERT B	ALLEGHENY	LANG MD, HOWARD N	ALLEGHENY
RATZER MD, GUY L	ALLEGHENY	KUNSZABO MD, ISTVAN S	PHILADELPHIA	LANG MD, ROBT H	PHILADELPHIA
RAUS MD, DAVID R	CENTRE	KUO MD, TSUNG-YI	ALLEGHENY	LANG MD, WARREN R	PHILADELPHIA
RAUS MD, JOHN J	PHILADELPHIA	KUPREVIC DO, WILLIAM J	CARBON	LANGAN 3D MD, E LAWRENCE	DELAWARE
RAUS MD, ROBERT	PHILADELPHIA	KUREVSKY MD, DALE A	COLUMBIA	LANGE MD, JOHN A	ERIE
RAUS MD, THEODORE J	ALLEGHENY	KUREY MD, ROBT J	ALLEGHENY	LANGER MD, D MORTON	YORK
RAUSE MD, GILBERT	ALLEGHENY	KURJANOWICZ MD, MADIM	LANCASTER	LANGFELD MD, STEPHEN B	PHILADELPHIA
RAUSE MD, HELEN F	PHILADELPHIA	KURODA MD, KOSON	BERKS	LANGFITT MD, THOS W	PHILADELPHIA
RAUSE MD, JACOB	PHILADELPHIA	KURTZ MD, CHAS H	PHILADELPHIA	LANGOLF JR MD, GEORGE	ALLEGHENY
RAUSE MD, ROBERT L	ALLEGHENY	KURTZ MD, J STEPHEN	LANCASTER	LANGSTON MD, WM C	YORK
RAUSE MD, SEYMOUR E	PHILADELPHIA	KURTZ MD, JOHN E	PHILADELPHIA	LANOCE MD, LOUIS F	PHILADELPHIA
RAUSS MD, JACK	PHILADELPHIA	KURUP MD, STVA P	ALLEGHENY	LANSBURY MD, JOHN	PHILADELPHIA
RAUSZ MD, KATHRYN J	NORTHAMPTON	KURZ MD, GEORGE H	ERIE	LANSHE MD, HAROLD F	DAUPHIN
RAUSZ MD, MARCOS	DELAWARE	KUSH MD, FRANK H	PHILADELPHIA	LANSHE MD, JOHN L	DAUPHIN
RAUSZ MD, MARTIN R	PHILADELPHIA	KUSH MD, MARGARET B	ALLEGHENY	LANSING MD, DOROTHY I	CHESTER
RAUTHAMMER MD, JUERGEN P	ALLEGHENY	KUSHNER DO, PAUL G	ALLEGHENY	LANSON MD, FREEMAN A	ALLEGHENY
RAVIS MD, GARY I	MONTGOMERY	KUSHNER JR MD, GEO	MONTGOMERY	LANTOS MD, RAYMOND J	CAMBRIA
RAVIS MD, LILLIAN P	MONTGOMERY	KUSHNER MD, BERTRAND	YORK	LANZ JR MD, ROBT J	ALLEGHENY
RAVITZ MD, BERNARD J	MONTGOMERY	KUSHNER MD, LOIS N	DAUPHIN	LANZ MD, RICHARD K	ALLEGHENY
RAVITZ MD, CHAS H	PHILADELPHIA	KUSHNER MD, THEODORE	YORK	LAORR MD, ANAN K	INDIANA
RAVITZ MD, MORTON A	PHILADELPHIA	KUSKIN MD, LOUIS F	PHILADELPHIA	LAPAYONKER MD, MARC S	PHILADELPHIA
RAVITZ MD, SIMON	MONTGOMERY	KUTNEY MD, FRANCIS G	DAUPHIN	LAPE JR MD, IRWIN S	LEBANON
RAYBILL MD, HAROLD E	LANCASTER	KUTSENKOW MD, MICHAEL	DELAWARE	LAPES MD, GEO A	YORK
RAYER JR MD, NICHOLAS H	BEAVER	KUTTY MD, AHMED C	ALLEGHENY	LAPOINTE MD, THOMAS A	LYCOMING
RAYNICK MD, BENJ M	LEHIGH	KUTZ MD, CHAS M	PHILADELPHIA	LAPORTE MD, STEVEN M	PHILADELPHIA
REBS MD, MICHAEL A	CLARION	KUTZ MD, EUGENE J	NORTHAMPTON	LAPP MD, JOHN R	LEHIGH
REDEL MD, THOS W	INDIANA	KUTZ MD, CHAS M	CLARION	LAPSBLEY MD, JOHN H	INDIANA
REGER JR MD, OLIVER J	WESTMORELAND	KUTZ MD, EUGENE R	BEDFORD	LAQUER MD, K GEORGE	PHILADELPHIA
REGER MD, SPENCER	CAMBRIA	KWA MD, DANIEL M	PHILADELPHIA	LARA MD, HENRY R	ERIE
REHL MD, WILLARD A	PHILADELPHIA	KWAPIEN MD, FREDERIC J	DELAWARE	LAREAU MD, DANL G	WARREN
REIDER MD, HENRY L	LANCASTER	KWIK MD, CHRISTINA I	PHILADELPHIA	LARGE MD, FRED D	WASHINGTON
REIDER MD, JOHN K	LANCASTER	KWITEROVICH MD, PETER O	MONTOUR	LARGOZA MD, NACIANCENO T	PHILADELPHIA
REIDER MD, JOHN W	DAUPHIN	KYLE MD, G CLAYTON	PHILADELPHIA	LARKIN MD, FRANCIS L	FAYETTE
REINBROOK MD, SUZANNE B	ALLEGHENY	KYLLONEN MD, ARMAS S	ALLEGHENY	LARKIN MD, WALTER J	LACKAWANNA
REITHEN MD, HAROLD	LEHIGH	KYNE MD, PETER J	ALLEGHENY	LARKIN MD, WM A	FAYETTE
REMS MD, VICTOR	PHILADELPHIA	KYREAGES MD, CONSTANTINE G	ALLEGHENY	LAROSA JR MD, DONATO D	PHILADELPHIA
REMER JR MD, EDWIN S	ERIE	KYRIACPOULOS MD, JOHN D	ALLEGHENY	LARSON JR MD, THEODORE S	LYCOMING
REMER MD, HOWARD U	PHILADELPHIA	KYRIAKPOULOS MD, ADRIAN A	ALLEGHENY	LARSON MD, ELEANOR	TIOGA
RENZEL MD, ARCHIBALD R	PHILADELPHIA	KYRIAZIS MD, GEO A	PHILADELPHIA	LARSON MD, JOHN W	WARREN
RESAK MD, GEO F	CAMBRIA		DELAWARE	LARTZ MD, ROBT E	MERCER
RESGE MD, DALE L	YORK			LARUFFA MD, PASCHAL J	MONTGOMERY
RESH MD, NORMAN N	ALLEGHENY			LASALVIA MD, LUCY A	PHILADELPHIA
RESLOFF MD, RICHARD S	PHILADELPHIA			LASCHIED MD, WM P	ALLEGHENY
RESSLER MD, ROBT J	PHILADELPHIA			LASHER MD, JAY D	ERIE
RESSLEY MD, CLAIRMONT A	BUCKS			LASHER MD, LEMUEL A	ERIE
RETZ MD, STEWART F	ALLEGHENY			LASHER MD, ROBT L	ERIE
RETZING MD, HAROLD G	CUMBERLAND			LASKA MD, EDWARD M	DELAWARE
RICK MD, JOHN H	WESTMORELAND			LASKA MD, JOHN J	DELAWARE
RICUN MD, MORRISON E	PHILADELPHIA			LASKIN MD, ISADORE	PHILADELPHIA
RIBEL MD, DOROTHY E	BERKS			LASOTA MD, GEORGE L	CHESTER
RIBEL MD, RICHARD H	MONTGOMERY			LASTICK MD, SAMUEL G	PHILADELPHIA
RIE MD, ARTHUR F	DAUPHIN			LATOFF MD, THOS J	BERKS
RIEGER MD, BENSON	PHILADELPHIA			LATOUR MD, FRANTZ	CHESTER
RIEGER MD, HARRY L	NORTHAMPTON			LATOUR MD, MARIE G	PHILADELPHIA
IFCHER MD, CHAS	ALLEGHENY			LATSHAW MD, ROBERT F	DAUPHIN
IFCHER MD, EMANUEL	ALLEGHENY			LATTIMER MD, GARY L	LEHIGH
ING MD, CARROLL S	BERKS			LATTIN MD, GARY M	BERKS
ISANDA MD, JOS B	LACKAWANNA			LAVANDOS MD, ISRAHIM E	PHILADELPHIA
ISHNA MD, BHUPENDRA	CHESTER			LAUB MD, IRENE F	NORTHAMPTON
ISHNA MD, NARENDRA	CHESTER			LAUBACH JR MD, CHAS A	MONTOUR
ISHNA MD, PADMA	PHILADELPHIA			LAUBACH MD, GEO B	NORTHAMPTON
ISHNAPPA MD, BORIAM N	WESTMORELAND			LAUBY MD, VINCENT W	PHILADELPHIA
ISHNARAJ MD, K N P	COLUMBIA			LAUCIUS MD, JOS F	PHILADELPHIA
ISHNASHAMI MD, V	ALLEGHENY			LAUCKS MD, ROBT B	PHILADELPHIA
ISSINGER MD, ROBT C	LANCASTER			LAUCKS MD, S PHILIP	YORK
ISTO MD, BELA A	DELAWARE			LAUDENSLAGER MD, ELMER C	BUCKS
ISTO MD, CATHERINE V	DELAWARE			LAUDER MD, JAMES L	ALLEGHENY
ISTOFF MD, JOS S	LUZERNE			LAUFER MD, ELIZABETH U	PHILADELPHIA
ISTOFIC MD, JOHN D	PHILADELPHIA			LAUGHLIN MD, ROBT N	ALLEGHENY
ISUKAS MD, VERA J	LEHIGH			LAUKAITIS MD, RONALD B	LANCASTER
IVENKO MD, CHAS A	LUZERNE			LAUREANO MD, REYNALDO E	BUTLER
DEGER MD, HILDA H	ALLEGHENY			LAURENT MD, ALFRED	PHILADELPHIA
DM MD, DEAN F	WASHINGTON			LAUKIA MD, MICHAEL H	LANCASTER
QHASH MD, MARVIN H	MONTGOMERY			LAUTERBACH MD, EDWIN W	MONTGOMERY
DN MD, IRA B	BLAIR			LAUTZ MD, VIRGINIA H	PHILADELPHIA
DN MD, KENNETH M	PHILADELPHIA			LAVAN MD, DONALD M	PHILADELPHIA
DN MD, SAML D	PHILADELPHIA			LAVELLE MD, JAMES P	LACKAWANNA
DNER MD, LAWRENCE R	UNION				



DELAWARE  
LEHIGH  
PHILADELPHIA  
LEHIGH  
ALLEGHENY  
ALLEGHENY  
ALLEGHENY  
YORK  
BEAVER  
ALLEGHENY  
ALLEGHENY  
CAMBRIA  
PHILADELPHIA  
ALLEGHENY  
PHILADELPHIA  
PHILADELPHIA  
CHESTER  
WESTMORELAND  
BLAIR  
CHESTER  
DAUPHIN  
PHILADELPHIA  
CRAWFORD  
ALLEGHENY  
CHESTER  
DELAWARE  
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WESTMORELAND  
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LIPCIUS MD, FRANK  
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LIPKIN MD, DAVID E  
LIPMAN MD, BERNARD L  
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LIPPIN MD, RICHARD A  
LIPPO MD, FRANK L  
LIPSCHUTZ MD, ARTHUR  
LIPSCHUTZ MD, SAML S  
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LIPSON MD, M BARRY  
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LIS MD, EDWARD T  
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LISKA MD, JOHN R  
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LISS MD, GILBERT A  
LISTA MD, WM A  
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PRETE MD, FREDERICK P  
IPUSNIAK MD, MIECZYSLAM S  
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IRD MD, WILLIAM H  
IRENTZ MD, GERALD T  
IRENZ III MD, STEPHEN A  
IRENZ MD, CARL E  
IRENZ MD, HOWARD  
IRENZU MD, NICHOLAS F  
RICO MD, ABEAGEL N  
KRY MD, RALPH W  
RUSSU MD, VIRGIL A  
SASSU MD, DOMINIC E

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LOTA MD, MILOS J  
LOTKE MD, PAUL A  
LOTTICK MD, EDWARD A  
LOTZ MD, ANDREW J  
LOUGHEAD JR MD, JOHN R  
LOUGHERIDGE MD, CHALMERS A  
LOUGHLIN MD, RICHARD R  
LOUGHREY MD, JOS  
LOUIS-CHARLES MD, ROY  
LUUKA MD, MOUNIR H  
LOUX MD, NORMAN L  
LOVE MD, MICHAEL B  
LOVE MD, WILLARD H  
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LOVELL MD, DONALD R  
LOVETTE MD, JOHN B  
LOVRINIC MD, DANIEL F  
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LOW MD, THOS H  
LOWDER JR MD, RALPH J  
LOWE MD, RAYMOND E  
LOWELL MD, FRED M  
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LOWRIGHT JR MD, WALLACE J  
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LU MD, MILTON H  
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LUNDY MD, BARBARA S  
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LUNSFORD MD, LAWRENCE D  
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LYU MD, BOYNG-DOOK L

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MAITLAND MD, LEAH A  
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MACDONALD MD, GEO F  
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MACOM MD, VORRIE B  
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MACVAUGH 3RD MD, HORACE  
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MCCLEURE MD, CARROLL R  
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MCCLEURE MD, THOS D  
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MCCRACKEN MD, STEWART  
MCCRAE MD, CHARLES R  
MCCREA MD, LOWRAIN E  
MCCREARY 3RD MD, THOS W  
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CKEE MD, ROBT E

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MEDDEN MD, EDWIN J  
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MELLON JR MD, LAWRENCE J  
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MELOTTI MD, PETER M  
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MEMON MD, NAZIR A  
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MENAPACE JR MD, FRANCIS J  
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MENCH MD, JOHN R  
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MIANO MD, LIDIA  
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MICELI MD, SILVIO  
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MIDDLEMAN MD, ROSE R  
MIELCAREK JR MD, LEON M  
MIGLIORATO MD, JEAN K  
MIMALAKIS MD, ISIDORE  
MIMALICK MD, PETER J  
MIKA MD, JOHN J  
MIKAELIAN MD, DIRAN O  
MIKELBERG MD, ROSE R  
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MIKHAIL MD, GIRGIS

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PARADOMSKI MD, FRANK W  
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PATEL MD, PRAVIN C  
PATEL MD, SHASHIKANT B  
PATEL MD, VINOD M  
PATERNITI MD, SAML F  
PATHROFF MD, ROBT  
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PATRICK MD, DAVID R  
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PATRIZIO MD, RUDOLPH J  
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PATTERSON MD, LELAND F  
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PATTERSON MD, RICHARD J  
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PATTSIMALL JR MD, EVAN G  
PATTON MD, ANNA M  
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PATUKAS MD, PETER C  
PAUCA MD, ALFREDO L  
PAUL JR MD, JOHN D  
PAUL MD, ALBERT J  
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PAUL MD, ANTHONY R  
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PAAT MD, FLORANTE P  
PABLO MD, CARMELITA S  
PABLO MD, GIL E  
PACANOWSKI MD, JOHN P  
PACEK JR MD, JOHN  
PACEK MD, ROBT F  
PACHTMAN MD, ISADORE  
PACIULLI MD, RAFFAELE  
PACKMAN MD, MARTIN  
PACILISANU MD, ZENO G  
PACURARIU MD, RADU I  
PADGET MD, EDWARD S  
PADIN MD, FREDERICO A  
PADIS MD, NICHOLAS  
PADOLINA MD, RUBY M  
PAIDULA MD, ANTHONY M  
PAE MD, DONG W  
PAGANA MD, JOHN P  
PAGE MD, ROBT B  
PAGNIELLO MD, LUCIA  
PAIK MD, SUKYOUN R  
PAINTER MD, JOS C  
PAK MD, HANHO  
PALAO MD, MANUEL C  
PALATKA MD, ANDREW A  
PALAZZOLO MD, ANTHONY J  
PALIN MD, WM E  
PALKOVITZ MD, HARRY P  
PALKOVITZ MD, JOS  
PALLONE DO, LESLIE  
PALM MD, CHARLES H  
PALMACCIO MD, ANTHONY J  
PALMER JR MD, DALE H  
PALMER JR MD, WM E  
PALMER MD, ARTHUR H  
PALMER MD, CLARKSON T  
PALMER MD, DELMAR R  
PALMER MD, EARL A  
PALMER MD, KARL A  
PALMER MD, LOUIS H  
PALMER MD, U GRANT  
PALMER MD, WM D  
PALMGREN JR MD, EINAR A  
PALUMBU MD, JOHN A  
PALUS MD, BERNARD R  
PALUSO MD, ARTHUR K  
PALUSO MD, EUGENE F  
PALUSO MD, JOHN R  
PAN MD, EDWARD L  
PANAHANDEM MD, ABOLHASSAN  
PANARO MD, RUDOLPH J  
PANAS MD, PAUL G  
PANAYOTOVA MD, MARIA L  
PANCHAL MD, PRAVIN D  
PANDELIDIS MD, PANDELIS K  
PANDIT MD, DEVAYANI I  
PANDIT MD, INDRAVADAN N  
PANDOLFI MD, FRANK J  
PANEBIANCO MD, ANTONIO C  
PANETI MD, BERNARD S  
PANETTIERI MD, REYNOLD A  
PANICCO DO, RICHARD J  
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PHAGER MD, DAVID  
PHALL MD, ROBT C  
PHANKUN MD, PETER P  
PHASAD MD, AJIT K  
PHASAD MD, C BABU  
PHASAD MD, SHISHIR C  
PKASASVINICHAI MD, SRIPRAYOON  
PKASSASVINICHAI MD, SUPARB  
PKATT 2ND MD, JOHN W  
PRATT MD, JORDAN C  
PRATT MD, LINDSAY L  
PRATT MD, MARY L  
PRATT MD, RUSSELL J  
PHEATE MD, DONALD L  
PHEMATNY MD, JOHN R  
PREININGER MD, EDWARD R  
PHEIS MD, FRANCIS J  
PHELETZ MD, RUDOLPH J  
PRELI MD, OLINDO J  
PRENDERGAST MD, MICHAEL J  
PRESGUD MD, MOKACE J  
PRESGOTT MD, FREDERICK A  
PRESGOTT MD, WM D  
PRESS JR MD, RICHARD A  
PRESS MD, ALLAN J  
PRESS MD, ARTHUR J  
PRESSMAN MD, EDMUND M  
PRESSMAN MD, MAURIE D  
PRESSMAN MD, ROBT S  
PNESTIFILIPPO MD, ORAZIO  
PNESTILEO MD, FRANK G  
PRETTER MD, PAUL D  
PREUGEL MD, ROBT M  
PREVOST MD, JOHN V  
PRICE JR MD, HENRY L  
PRICE JR MD, STUART E  
PRICE MD, ALBERT C  
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PRICE MD, EDWIN M  
PRICE MD, JOS J  
PRICE MD, JOSEPH W  
PRICE MD, RAPHAEL I  
PRICE MD, RICHARD E  
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PRICKETT MD, JOHN A  
PRIDEAUX JR MD, WM A  
PRIMIANO MD, GEORGE A  
PRIMIANO MD, JOHN  
PRIN MD, WM  
PRINGLE MD, ROBT W  
PRIOLETTI MD, JOHN P  
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PRIORE MD, ROBT M  
PRISTAS MD, MICHAEL S  
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PRIITS MD, ROSE M  
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PROCUPIO MD, FRANK  
PRUMISH MD, DAVID S  
PRUMUBOL MD, YUWAREE  
PRUPST MD, HARRY D  
PRURCK MD, JOS J  
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PROVOST MD, CHAS T  
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PROWNIC MD, WILLIAM F  
PRUITT MD, JOHN D  
PRUTZMAN MD, L DONALD  
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PRYOR JR MD, CHAS A  
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PRYSTOWSKY MD, HARRY  
PUGH MD, GEO E  
PUGH MD, JAMES E  
PUGLIESE MD, AUGUST A  
PUGLIESE MD, JOS F  
PUGLIESE MD, PETER T  
PUGLISI MD, ANTHONY S  
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PULLEN MD, HARVEY T  
PUMA MD, SAML J  
PUNDIAK MD, TERRY J  
PUPI MD, PAUL A  
PURDUM MD, FREDERICK P  
PURDY MD, RICHARD T  
PURPURA MD, THOS R  
PURVIS JR MD, JOS D  
PUSCHAK MD, RUSSELL B  
PUSCHETT MD, JULES B  
PUTNAM MD, RICHARD C  
PYTKO MD, VALENTINE F  
PYUN MD, KWANG W

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RAAB MD, DAVID B  
RABIN MD, SIDNEY C  
RABINOWITZ MD, HOWARD K  
RABINOWITZ MD, ISAAC  
RABSON MD, MOSES  
RACCIATO MD, PETER J  
RACHU MD, GEO J  
RACKOW MD, LAWRENCE L  
RADBILL MD, SAML X  
RADBILL MD, SIDNEY G  
RADER MD, HERBERT C  
RADEK MD, MARK D  
RADIO MD, GREGORY J  
RADISAVLJEVIC MD, SAYA  
RADLER MD, JOHN K  
RADNOK MD, LEONARD L  
RADUFF MD, MARVIN L  
RADPARVAR MD, NASSER R  
RADSMA MD, DOUWE L  
RAEUCHLE DO, RANDAL A  
RAEZER MD, DAVID M  
RAFFENSPERGER MD, BRUCE W  
RAGGI MD, FIORA  
KAGINS MD, NAOMI  
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RAHAM MD, DAVID C  
RAHAUSER MD, DAVID M  
RAHNER MD, RICHARD A  
RAICH MD, WM A  
RAIFORD MD, JOHN W  
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RAKUFF MD, ABRAHAM E  
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RAMIREZ MD, CONSTANCIO A  
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RAMS MD, JAMES J  
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RAMSEY JR MD, HARRY E  
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HAZURI MD, RAFAEL G  
HEAGAN MD, MARIE A  
HEAMER MD, DONALD M  
REAMS MD, CARL L  
REARDUN MD, MARY R  
HEAVEY-CANTWELL MD, NELSON H  
HEBLER MD, HOWARD F  
REBER MD, JACOB  
RECH MD, FRANK M  
RECIC MD, HALIT  
RECIO MD, CONNADO M  
REGLU MD, KOLANDO G  
RECTUR MD, ROBT D  
RED MD, DONALD E  
REDA MD, FRANK A  
KEDDING MD, WILLIS A  
REDDING SR MD, MARK L  
REDDY MD, JAIVEER T  
REDDY MD, JOHN B  
KEDDY MD, ROHINI K  
KEDDY MD, WM J  
REDEL MD, WALTER A  
REED MD, CHARLES R  
KEED MD, DAVID E  
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REED MD, GILBERT C  
REED MD, HARRY M  
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REU MD, LOLA S  
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REED MD, W GLENN  
REUEVER MD, CHARLES F  
REEL MD, CHAS M  
REES MD, DAVID B  
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REFUNICH MD, RICHARD S  
REGALADO MD, REGULUS D  
REGAN MD, JAMES R  
REGANIS MD, JOHN C  
REIBER MD, DAVID E  
REICH MD, HARRY  
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REICHLER MD, FREDERICK A  
REID MD, BARBARA S  
REIDELL MD, JOHN S  
REIDENBERG MD, LEON  
REIDER MD, HORACE C  
REIFSNYDER MD, WM H  
REIGANT MD, PAUL M  
REIGEL MD, DONALD H  
KEIGH MD, ERNEST E  
KEILLY JR MD, PHILIP J  
KEILLY JR MD, WM H  
KEILLY MD, CHAS M  
KEILLY MD, DESMOND J  
KEILLY MD, JAMES J  
KEILLY MD, PHILLIP E  
KEIN MD, ALEXANDER  
KEINBOLD MD, RAYMOND L  
KEINERS MD, CHAS R  
KEINHARD MD, HAROLD J  
KEINHARD MD, RONALD J  
KEINHARDT MD, PAULINE K  
KEINHART MD, JOHN W  
KEINHART MD, RAYMOND B  
KEINSEL MD, RICHARD C  
REIS MD, PAUL B  
REIS MD, WALTER J  
REISH MD, WILLIAM J  
KEISINGER JR MD, WM E  
REISS JR MD, G RUSSELL  
REISS MD, ROSEMARIE C  
REITANO JR MD, JOSEPH F  
REITER MD, DAVID  
REITSMA MD, DOUGLAS B  
REITZ MD, JOHN D  
REITZ MD, MELVIN L  
RELIGIOSO MD, ELOISA P  
RELIGIOSO MD, ERSON L  
RELKIN MD, RICHARD  
KELMAN MD, ARNOLD S  
RELUZ MD, JAVIER S  
REMLEY MD, LUKE K  
KENNIN MD, LARRY J  
KENICK MD, CHAS A  
RENO MD, JOS D  
RENTFRO MD, JOELLE E  
RENTON MD, ALAN C  
RENTON MD, GORDON L  
RENTSCHLER MD, EDWIN B  
RENTSCHLER MD, HENRY D  
RENZ MD, ROBT T  
RENZI MD, ANTHONY M  
RENZI MD, MARY A  
KEPLICE MD, RONALD M  
REPPERT MD, WM D  
RESHMI MD, CHANDRAPPA S  
RESINGER MD, WM W  
RESNICK MD, ALBERT B  
RESNICK MD, EDWARD J  
RESNICK MD, GEU J  
RESNICK MD, MYRON E  
RESNET MD, PATRICK B  
KESTAK MD, LEWIS J  
RESURRECCION MD, ROSARIO

NORTHAMPTON  
ALLEGHENY  
VENANGO  
MONTGOMERY  
MONTGOMERY  
PHILADELPHIA  
BUCKS  
BERKS  
PHILADELPHIA  
DELAWARE  
PHILADELPHIA  
ERIE  
ALLEGHENY  
FRANKLIN  
DELAWARE  
ALLEGHENY  
BRADFORD  
YORK  
CLARION  
PHILADELPHIA  
WESTMORELAND  
CAMBRIA  
LACKAWANNA  
PHILADELPHIA  
ALLEGHENY  
MONTGOMERY  
CENTRE  
NORTHAMPTON  
LEBANON  
MERCER  
CHESTER  
BERKS  
PHILADELPHIA  
DELAWARE  
BERKS  
MONTGOMERY  
ALLEGHENY  
CAMBRIA  
WESTMORELAND  
PHILADELPHIA  
NORTHAMPTON  
ALLEGHENY  
COLUMBIA  
CAMBRIA  
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PHILADELPHIA  
NORTHAMPTON  
UNION  
NORTHAMPTON  
NORTHAMPTON  
PHILADELPHIA  
LUZERNE  
LUZERNE  
TIOGA  
CENTRE  
BERKS  
PHILADELPHIA  
ALLEGHENY  
CENTRE  
BERKS  
MONTGOMERY  
BERKS  
YORK  
ALLEGHENY  
BERKS  
WESTMORELAND  
WASHINGTON  
YORK  
DAUPHIN  
ALLEGHENY  
FAYETTE  
ALLEGHENY  
MONTGOMERY  
HUNTINGDON  
WARREN  
YORK  
LEHIGH  
LEHIGH  
BUCKS  
BERKS  
LYCOMING  
ALLEGHENY  
UNION  
WASHINGTON  
MONTGOMERY  
MONTGOMERY  
DELAWARE  
PHILADELPHIA  
DELAWARE  
BEAVER  
SCHUYLKILL  
WESTMORELAND  
WESTMORELAND  
NORTHAMPTON  
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DELAWARE  
SUSQUEHANNA  
ALLEGHENY  
BERKS  
BRADFORD  
ERIE  
PHILADELPHIA  
MONTGOMERY  
DELAWARE  
NORTHAMPTON  
ALLEGHENY  
VENANGO  
PHILADELPHIA  
PHILADELPHIA  
PHILADELPHIA  
DELAWARE  
CAMBRIA  
ADAMS  
PHILADELPHIA

QUAGLIU MD, NANNETTE D  
QUALLS MD, DONALD M  
QUATTRONE MD, PAUL C  
QUEREAU MD, J VAN DYKE  
QUEREMIT MD, JORGE A  
QUESADA MD, MANUEL F  
QUETSCH MD, LEONARD J  
QUICKEL JR MD, KENNETH E  
QUICKEL MD, KENNETH E  
QUETSUN-RAVANO MD, PARALUMAN R  
QUILL MD, JOS R  
QUINEY JR MD, JAMES J  
QUINN JR MD, NORMAN J  
QUINN MD, DONN R  
QUINN MD, JOHN R  
QUINT MD, DONALD H

MERCER  
PHILADELPHIA  
PHILADELPHIA  
BERKS  
LYCOMING  
DAUPHIN  
WASHINGTON  
MONTGOMERY  
DAUPHIN  
ALLEGHENY  
MONTGOMERY  
NORTHAMPTON  
MONTGOMERY  
NORTHAMPTON  
CAMBRIA  
ALLEGHENY







ROTHMAN MD, DAVID L	ALLEGHENY	RUSSMAN MD, RICHARD B	ALLEGHENY	SANDHAUS MD, BEATRICE W	LANCASTER
ROTHMAN MD, MAURICE M	PHILADELPHIA	RUSSO MD, JOHN F	SCHUYLKILL	SANDHAUS MD, JULIUS L	LANCASTER
ROTHMAN MD, RICHARD H	PHILADELPHIA	RUTBERG MD, FRANKLIN L	PHILADELPHIA	SANDLER MD, KENNETH R	CHESTER
ROTHMAN MD, WARREN	FRANKLIN	RUTH MD, JOHN F	BERKS	SANDO MD, RALPH S	PHILADELPHIA
ROTHMOCK JR MD, HENRY A	CHESTER	RUTHBERG MD, JACK	PHILADELPHIA	SANDOUVAL MD, CONCHITA Q	WESTMORELAND
ROTHMOCK MD, GILMORE M	YORK	RUTLAND MD, HEDLEY E	YORK	SANDSON MD, GERALD B	ALLEGHENY
ROTHSCHILD MD, JOHN A	LUZERNE	RUTT JR MD, CLARENCE H	LANCASTER	SANDSTROM JR MD, FRANK T	MONTGOMERY
ROTHSTEIN MD, EDWARD P	BUCKS	RUTT MD, GEO P	LEHIGH	SANDSTROM MD, PAUL H	ERIE
ROTKO MD, BERNARD B	PHILADELPHIA	RUTT MD, JOHN M	LANCASTER	SANDZEN JR MD, SIGURD C	MONTGOMERY
ROTTENBERG DO, LOUIS	PHILADELPHIA	RUITENBERG DO, NORMAN F	PHILADELPHIA	SANFORD MD, EDGAR J	DAUPHIN
ROTTSCHEFFER MD, BERNARD L	ALLEGHENY	RUITENBERG MD, BERTRAM A	PHILADELPHIA	SANFORD MD, FREDERIC E	LYCOMING
ROTZ JR MD, CLIFFORD T	CUMBERLAND	RUTTER MD, WM A	PHILADELPHIA	SANFORD MD, ROBERT G	DAUPHIN
ROUCH MD, JON H	WARREN	RYAN MD, CHARLES S	PHILADELPHIA	SANFORD MD, ROBERT S	TIOGA
ROUMANI MD, GHASSAN K	LACKAWANNA	RYAN MD, DELLA M	PHILADELPHIA	SANGHI MD, JODH K	WARREN
ROUSE MD, PAUL V	PHILADELPHIA	RYAN MD, HELEN M	PHILADELPHIA	SANGODEYI MD, OLUYEMISI	ALLEGHENY
ROUSSELL MD, WILLIAM G	ALLEGHENY	RYAN MD, JAMES J	PHILADELPHIA	SANGUJEE MD, KANNIKA L	ALLEGHENY
ROVERUD MD, ELEANOR	PHILADELPHIA	RYAN MD, JOHN J	PHILADELPHIA	SANGRUJEE MD, WEERASAK	ALLEGHENY
ROVNER MD, HAROLD	PHILADELPHIA	RYAN MD, LAWRENCE W	NORTHAMPTON	SANKAR MD, SAYEE N	LACKAWANNA
ROVNO MD, HERBERT	PHILADELPHIA	RYAN MD, ROBT J	MONTGOMERY	SANNER JR MD, EDGAR G	ALLEGHENY
ROWAN MD, NOEL M	BERKS	RYAN MD, WM C	SOMERSET	SANNER MD, JOHN C	LACKAWANNA
ROWAN MD, PAUL J	LANCASTER	RYOZE MD, ROBT A	ALLEGHENY	SANPEDRO MD, ROMEO S	BEAVER
ROWAN MD, SANDRA K	BERKS	RYNES MD, SAML E	PHILADELPHIA	SANSONE MD, THOMAS C	MONTGOMERY
ROWAND MD, ROBERT E	CHESTER	RYNIER MD, DONALD L	LANCASTER	SANT RAM MD, DEEPAK	CHESTER
ROME MD, STUART N	ALLEGHENY	RYUD MD, IN O	ALLEGHENY	SANTAMARIA MD, FRANCISCO R	WESTMORELAND
ROMGHANI MD, MOHAMMAD I	CHESTER	HYSCAVAGE MD, EDWARD T	SCHUYLKILL	SANTANGELO MD, SALVATORE C	ALLEGHENY
ROWLAND MD, EDMUND B	MERCER			SANTANGELO MD, SAML C	MONTGOMERY
ROWLAND MD, GEO A	COLUMBIA			SANTARSIERO MD, D ANTHONY	LACKAWANNA
ROWLAND MD, HAROLD A	MONTGOMERY			SANTEN MD, RICHARD J	DAUPHIN
ROWLAND MD, IVO E	ALLEGHENY			SANTILLI MD, THOS F	PHILADELPHIA
ROWLAND MD, N DEAN	LANCASTER			SANTINI MD, LEWIS C	MONTGOMERY
ROWLEY MD, F LAWRENCE	NORTHAMPTON			SANTUMENNA MD, MICHAEL A	ERIE
ROWLEY MD, RICHARD S	PHILADELPHIA			SANTORA JR MD, FRANK J	ALLEGHENY
ROWMAN MD, LEO	PHILADELPHIA			SANTOKA MD, FRANK J	ALLEGHENY
ROWSHAN MD, GHODRATOLLAH	NORTHAMPTON			SANTORA MD, ROBT A	CRAWFORD
ROXBY JR MD, JOHN B	PHILADELPHIA			SANTOS MD, CESAR R	LAWRENCE
ROXBY MD, BRUCE S	PHILADELPHIA			SANTOS MD, GASPARD A	JEFFERSON
ROXBY MD, MAROLO C	DELAWARE			SANTOS MD, RAMON D	ALLEGHENY
ROY MD, ROBT H	PHILADELPHIA			SANTOS MD, RODOLFO J	BUCKS
ROYAL MD, DAVID R	CUMBERLAND			SANTUS MD, RODOLFO R	SOMERSET
ROYCE MD, PAUL C	BRADFORD			SANTOSO MD, LIMJADI	ERIE
ROYER MD, THOMAS C	MONTGOMERY			SANTOYO-STEIN MD, MARIA C	PHILADELPHIA
ROZANSKI MD, STANLEY J	BERKS			SAPIKA MD, HARRY A	ALLEGHENY
ROZNADOWSKI MD, JACK V	ERIE			SAPIRSTEIN MD, WOLF	DAUPHIN
RUBEL MD, THEODOR	ALLEGHENY			SAPQUIN MD, RAINELDO C	ALLEGHENY
RUBEN MD, JEROLD R	WASHINGTON			SARAC MD, F IBRAHIM	COLUMBIA
RUBEN MD, MALCOLM E	WASHINGTON			SARACCO MD, THOS R	ALLEGHENY
RUBEN MD, RICHARD S	ALLEGHENY			SARACHEK MD, NORMAN S	LEHIGH
RUBENFIELD MD, ARNOLD D	ALLEGHENY			SARADAK MD, RIAD	FAYETTE
RUBENSTEIN MD, LEONARD S	ALLEGHENY			SARAGUVI MD, ARMAND A	PHILADELPHIA
RUBIN MD, ALAN	PHILADELPHIA			SARAIN MD, ANTONIO N	CHAMFORD
RUBIN MD, HARRY	PHILADELPHIA			SAHAJEDINI MD, HOSSAIN	MC KEAN
RUBIN MD, HARVEY M	ALLEGHENY			SARAS MD, PETER L	LUZERNE
RUBIN MD, I EDWARD	PHILADELPHIA			SARDESAI MD, PRASHAKER G	ERIE
RUBIN MD, JEFFERY F	MONTGOMERY			SARIN MD, LUV K	PHILADELPHIA
RUBIN MD, JEROME J	PHILADELPHIA			SARIS MD, DEMETRIUS S	MONTGOMERY
RUBIN MD, LORE R	ALLEGHENY			SARKER MD, CHITTA R	MONTGOMERY
RUBIN MD, MARC R	PHILADELPHIA			SARMIENTO HERRERA MD, LORELITA	PHILADELPHIA
RUBIN MD, MORTON L	DAUPHIN			SARNI MD, CAESAR F	MONTGOMERY
RUBIN MD, MYRON M	LANCASTER			SARSHIK MD, MILTON	PHILADELPHIA
RUBIN MD, NATHAN W	MONTGOMERY			SARVER MD, RAY G	WESTMORELAND
RUBIN MD, PETER E	MONTGOMERY			SARVER MD, ROBT O	ALLEGHENY
RUBIN MD, S BRUCE	PHILADELPHIA			SASS MD, ROBT E	MERCER
RUBINSTEIN MD, PERCY M	PHILADELPHIA			SASTRY MD, DASIKIA M	PHILADELPHIA
RUBIO MD, EMIR W	DELAWARE			SATALOFF MD, JOSEPH	PHILADELPHIA
RUBIO MD, WILFREDO V	ALLEGHENY			SATINSKY MD, JONATHAN D	PHILADELPHIA
RUBRIGHT MD, GEO L	BERKS			SATINSKY MD, VICTOR P	PHILADELPHIA
RUBRIGHT MD, HERBERT C	SCHUYLKILL			SATILLARO MD, ANTHONY J	PHILADELPHIA
RUCH MD, ASHER G	FRANKLIN			SAUCO MD, M CONCEPCION	PHILADELPHIA
RUDELL MD, MILLARD A	MONTGOMERY			SAUER MD, DIETER	WESTMORELAND
RUDELL MD, THOS A	LEHIGH			SAUERIEG MD, ELLIOTT A	DAUPHIN
RUDMAN MD, I ELLIS	PHILADELPHIA			SAUL MD, LEON J	PHILADELPHIA
RUDNICK MD, HERMAN D	PHILADELPHIA			SAUL MD, RICHARD B	PHILADELPHIA
RUDNITZKY MD, JEROME	DELAWARE			SAUL MD, ROBT W	ALLEGHENY
RUDO MD, MARVIN	WASHINGTON			SAUL MD, SYDNEY M	ALLEGHENY
RUDOLPH JR MD, SAML F	MONTGOMERY			SAUL MD, THEODORE J	LYCOMING
RUDOLPH MD, JOS	PHILADELPHIA			SAUNDERS MD, CHAS D	NORTHAMPTON
RUDOLPH MD, ROBERT I	BERKS			SAUNDERSON JR MD, ROBERT W	LANCASTER
RUDOLPH MD, BASIL M	LUZERNE			SAUSSER MD, EUGENE W	MIFFLIN-JUNIATA
RUDZINSKI MD, DENNIS J	ALLEGHENY			SAVACUOL MD, JACOB W	PHILADELPHIA
RUEBEL MD, ARMIN A	BUCKS			SAVAGE MD, PETER J	LUZERNE
RUEBEL MD, CATHERINE D	BUCKS			SAVIDGE MD, SAML L	NORTHUMBERLAND
RUEDEMANN MD, EHRHARDT	ALLEGHENY			SAVIDGE MD, THOS O	UNION
RUEGER MD, RAIMUND G	ALLEGHENY			SAVINO MD, PETER J	PHILADELPHIA
RUETSCHLIN MD, JAMES H	PHILADELPHIA			SAXON MD, JOS G	DAUPHIN
RUFF MD, REDDING H	BUCKS			SAYEN MD, JOHN J	PHILADELPHIA
RUFF MD, CURTIS C	BUTLER			SAYERS MD, FRANCIS P	NORTHUMBERLAND
RUFFINI MD, JOHN A	DELAWARE			SAYERS MD, KENNETH H	INDIANA
RUGART MD, KARL F	PHILADELPHIA			SAYSON MD, JOSE N	LEBANON
RUGEL MD, STANLEY J	PHILADELPHIA			SCAGLIOTTI MD, CHAS J	LEHIGH
RUGGIERO MD, NICHOLAS J	LUZERNE			SCARANO MD, DOMENICO	LUZERNE
RUGGIERO MD, ROBT A	CHESTER			SCARF MD, MAXWELL	PHILADELPHIA
RUMT MD, JOS C	CHESTER			SCARFF MD, TIMOTHY B	ALLEGHENY
RUIZ MD, CESAR A	ALLEGHENY			SCARPA MD, HARRY C	PHILADELPHIA
RULIN MD, MARVIN C	ALLEGHENY			SCARPITTI MD, WM F	ERIE
RUMBAUGH JR MD, JAMES O	PERRY			SCARSELLATO MD, JOHN N	ALLEGHENY
RUMBAUGH MD, MARSHALL U	LUZERNE			SCATARIGE MD, CAROL S	LANCASTER
RUMBAUGH MD, ROSS S	SOMERSET			SCATARIGE MD, JOHN C	LANCASTER
RUMBLE JR MD, CHAS T	ALLEGHENY			SCHAAF MD, CHAS F	ERIE
RUMBLE MD, THOS R	ALLEGHENY			SCHAAF MD, JOHN T	ERIE
RUMSEY MD, JOHN L	MONROE			SCHACHTER MD, ALLAN B	ALLEGHENY
RUMSEY MD, WM P	DELAWARE			SCHACHTER MD, JOSEPH	ALLEGHENY
RUNCO MD, ANGELO S	ALLEGHENY			SCHACHTERLE MD, RALPH E	LANCASTER
RUNK MD, LORENZO G	PHILADELPHIA			SCHADE MD, JOHN F	LUZERNE
RUNYON MD, WM K	BERKS			SCHADT JR MD, OLIVER S	LEHIGH
RUPP MD, JOS J	PHILADELPHIA			SCHADT MD, DANL C	NORTHAMPTON
RUPP MD, ROBT A	FAYETTE			SCHADT MD, THOS E	NORTHAMPTON
RUPPENTHAL MD, J BRUCE	LACKAWANNA			SCHAEBLER MD, M LEE	BERKS
RUSBRIDGE MD, HAROLD W	ALLEGHENY			SCHAEFER JR MD, WM L	DAUPHIN
RUSCHAK MD, PAUL J	ALLEGHENY			SCHAEFER MD, C RUSSELL	ALLEGHENY
RUSH MD, ALEXANDER	PHILADELPHIA			SCHAEFER MD, LEROY M	MIFFLIN-JUNIATA
RUSH MD, CALVIN C	GREENE			SCHAEFER MD, THOS J	CAMBRIA
RUSH MD, GEORGE B	BEAVER			SCHAEFFER JR MD, WM E	LEBANON
RUSH MD, IRVING A	PHILADELPHIA			SCHAEFFER MD, CHAS D	LEHIGH
RUSH MD, JOHN F	FAYETTE			SCHAEFFER MD, FRANCES C	PHILADELPHIA
RUSHFORD MD, ANTHONY J	ALLEGHENY			SCHAEFFER MD, WM A	LANCASTER
RUSIN MD, WM A	LUZERNE			SCHAEFFER MD, BURTON	PHILADELPHIA
RUSSELL MD, HOLLIS K	WYOMING			SCHAEFFER MD, DAVID B	PHILADELPHIA
RUSSELL MD, RICHARD L	ALLEGHENY			SCHAEFFER MD, DAVID H	PHILADELPHIA
RUSSELL MD, RICHARD L	DAUPHIN			SCHAEFFER MD, MEADE D	LANCASTER



SCHAFFZIN MD, LAWRENCE	PHILADELPHIA	SCHULMAN MD, BENJ L	ALLEGHENY	ALLEGHENY	SEIFERT MD, THOS E	CAMBRIA
SCHALL MD, ROY F	ALLEGHENY	SCHULMAN MD, NORMAN	PHILADELPHIA	LUZERNE	SEIFERTH MD, WM J	ERIE
SCHALLER MD, ABRAHAM L	PHILADELPHIA	SCHULTHEIS JR MD, CARL F	PHILADELPHIA	MONTGOMERY	SEIPLE MD, HARVEY H	LANCASTER
SCHALLER MD, JAMES A	PHILADELPHIA	SCHULTZ JR MD, WM C	PHILADELPHIA	FRANKLIN	SEITCHIK MD, MURRAY W	PHILADELPHIA
SCHAMBERG MD, IRA L	ALLEGHENY	SCHULTZ MD, EDWARD D	ALLEGHENY	BLAIR	SEITZ MD, EDWARD R	ALLEGHENY
SCHANER MD, PAUL J	LEHIGH	SCHULTZ MD, EDWARD J	BUCKS	BLAIR	SEITZ MD, NEVIN H	YORK
SCHANTZ MD, EDWARD T	LEHIGH	SCHULTZ MD, EDWARD M	LUZERNE	ALLEGHENY	SEKARAN MD, KAMALESH K	BUTLER
SCHANTZ MD, GLENN M	DAUPHIN	SCHULTZ MD, HERBERT W	BUCKS	SEKHAT MD, JORJ F	SEKARAN MD, SOMASUNDARAM K	BUTLER
SCHANTZ MD, JOHN C	LANCASTER	SCHULTZ MD, JOHN G	LUZERNE	SELICKMAN MD, MITCHELL A	SELICKMAN MD, MITCHELL A	PHILADELPHIA
SCHANTZ MD, PAUL S	LACKAWANNA	SCHULTZ MD, JOSEPH C	ALLEGHENY	SELKER MD, ROBT G	SELICKMAN MD, MITCHELL A	PHILADELPHIA
SCHAPIRA MD, DANIEL	LEBANON	SCHULTZ MD, JULIUS	PHILADELPHIA	SELKOVITS MD, SIDNEY	SELKER MD, ROBT G	ALLEGHENY
SCHARADIN MD, NELSON S	BERKS	SCHULTZ MD, SAHL K	CAMBRIA	SELL MD, CHAS P	SELKOVITS MD, SIDNEY	ALLEGHENY
SCHARTEL DO, ALBERT P	ALLEGHENY	SCHULTZ MD, THEODORE A	WESTMORELAND	SELLERS MD, ALFRED M	SELL MD, CHAS P	LEHIGH
SCHATTNER MD, ALLEN S	PHILADELPHIA	SCHULZ MD, AUGUST J	LANCASTER	SELLERS MD, ALFRED M	SELLERS MD, ALFRED M	PHILADELPHIA
SCHAUZ MD, NORMAN J	ALLEGHENY	SCHULZ MD, JACOB A	LANCASTER	SELTZER MD, ALBERT P	SELTZER MD, ALBERT P	PHILADELPHIA
SCHAUB MD, DAVID H	PHILADELPHIA	SCHUMACHER MD, LEWIS R	BUCKS	SELTZER MD, BENJ	SELTZER MD, BENJ	PHILADELPHIA
SCHERER MD, R SCOTT	LUZERNE	SCHUMAKER MD, DONALD H	WESTMORELAND	SELTZER MD, HARRY	SELTZER MD, HARRY	ALLEGHENY
SCHERERS MD, GEO F	WESTMORELAND	SCHUMAN MD, ROBERT A	LACKAWANNA	SELTZER MD, MAURICE	SELTZER MD, MAURICE	PHILADELPHIA
SCHIED JR MD, JOHN E	WESTMORELAND	SCHUMANN MD, FRANCIS	PHILADELPHIA	SEMBROT MD, JOS T	SEMBROT MD, JOS T	LEHIGH
SCHIED MD, GEO R	PHILADELPHIA	SCHUMANN MD, MAX	PHILADELPHIA	SEMBROT MD, WM B	SEMBROT MD, WM B	PHILADELPHIA
SCHIELE MD, HAROLD G	DAUPHIN	SCHUSTER MD, ALBERT H	PHILADELPHIA	SEMINIS MD, HONARD	SEMINIS MD, HONARD	ALLEGHENY
SCHIEIN MD, ALAN L	ALLEGHENY	SCHUSTER MD, JAMES L	ERIE	SEMISCH 3RD MD, CHAS W	SEMISCH 3RD MD, CHAS W	PHILADELPHIA
SCHIEIN MD, ROBT A	PHILADELPHIA	SCHUT MD, JACOB	PHILADELPHIA	SEMPLE MD, JOS M	SEMPLE MD, JOS M	ERIE
SCHENCK MD, HARRY P	LEHIGH	SCHWAB MD, MORTON E	PHILADELPHIA	SENA MD, FRANK W	SENA MD, FRANK W	PHILADELPHIA
SCHENCK MD, PAUL H	PHILADELPHIA	SCHWAB MD, ROBT H	PHILADELPHIA	SENAN MD, PUSHPENDRA	SENAN MD, PUSHPENDRA	ALLEGHENY
SCHERER MD, HENRY	MONTGOMERY	SCHWALM MD, LESLIE J	PHILADELPHIA	SENCINDIVER MD, PAIGE V	SENCINDIVER MD, PAIGE V	PHILADELPHIA
SCHERZINGER MD, FELIX A	LACKAWANNA	SCHWARTZ JR MD, GEO J	BERKS	SENION MD, RAYMOND V	SENION MD, RAYMOND V	LAWRENCE
SCHUEER MD, JOHN W	DELAWARE	SCHWARTZ MD, ABRAHAM I	PHILADELPHIA	SENITA MD, G ROBERT	SENITA MD, G ROBERT	ALLEGHENY
SCHUEERMANN MD, HENRY A	CLEARFIELD	SCHWARTZ MD, ALBERT M	ALLEGHENY	SEO MD, JIN S	SEO MD, JIN S	BERKS
SCHICKLING MD, LEONARD F	PHILADELPHIA	SCHWARTZ MD, ALEC R	PHILADELPHIA	SEO MD, JUNG J	SEO MD, JUNG J	PHILADELPHIA
SCHIELE MD, HERBERT	PHILADELPHIA	SCHWARTZ MD, ALLAN B	PHILADELPHIA	SEO MD, SANG W	SEO MD, SANG W	PHILADELPHIA
SCHIFFALACQUA MD, PHILIP A	ALLEGHENY	SCHWARTZ MD, ANDREW R	PHILADELPHIA	SEPIC MD, RUDOLF	SEPIC MD, RUDOLF	MERCER
SCHIFF MD, MELVIN M	ALLEGHENY	SCHWARTZ MD, BARRY J	PHILADELPHIA	SERAFY MD, MICHAEL M	SERAFY MD, MICHAEL M	ARMSTRONG
SCHIFFER MD, LEWIS M	CAMBRIA	SCHWARTZ MD, DANL N	ALLEGHENY	SERAPHIN MD, ALFRED R	SERAPHIN MD, ALFRED R	PHILADELPHIA
SCHILLER MD, HARVEY J	PHILADELPHIA	SCHWARTZ MD, DONALD S	CHESTER	SERBER MD, WM	SERBER MD, WM	PHILADELPHIA
SCHILLER MD, HERBERT M	BUCKS	SCHWARTZ MD, EDWARD	DELAWARE	SESENE MD, HARRY E	SESENE MD, HARRY E	ALLEGHENY
SCHILLER MD, RUTH P	PHILADELPHIA	SCHWARTZ MD, EMANUEL E	PHILADELPHIA	SENFAS MD, LEE S	SENFAS MD, LEE S	NORTHAMPTON
SCHIMMKT MD, ARND P	PHILADELPHIA	SCHWARTZ MD, GORDON F	PHILADELPHIA	SERNA MD, ROBERT M	SERNA MD, ROBERT M	DAUPHIN
SCHIMMEL MD, NELSON H	CHESTER	SCHWARTZ MD, HEINZ G	PHILADELPHIA	SERVOSS MD, SPENCER J	SERVOSS MD, SPENCER J	LYCOMING
SCHINDLER MD, PETER D	MONTGOMERY	SCHWARTZ MD, HENRY J	ALLEGHENY	SESSION MD, WM C	SESSION MD, WM C	ALLEGHENY
SCHINFELD MD, LOUIS H	LUZERNE	SCHWARTZ MD, IRVING R	PHILADELPHIA	SESSO MD, ANNA M	SESSO MD, ANNA M	DELAWARE
SCHIONITZ MD, ALBERT	DAUPHIN	SCHWARTZ MD, JOEL L	MONTGOMERY	SESSOMS MD, FRANK E	SESSOMS MD, FRANK E	ALLEGHENY
SCHIKO MD, JOHN C	ERIE	SCHWARTZ MD, JONATHAN	WESTMORELAND	SETHBAKDI MD, SOMKIAT	SETHBAKDI MD, SOMKIAT	PHILADELPHIA
SCHLABACH MD, DONALD M	BUCKS	SCHWARTZ MD, LAURENCE M	PHILADELPHIA	SETHI MD, SURENDRA K	SETHI MD, SURENDRA K	BUTLER
SCHLACKMAN MD, NEIL	PHILADELPHIA	SCHWARTZ MD, LEONARD	ALLEGHENY	SETO MD, HERBERT P	SETO MD, HERBERT P	MONTGOMERY
SCHLAFF MD, SHELTON	PHILADELPHIA	SCHWARTZ MD, LOUIS	PHILADELPHIA	SETTY MD, POLEPALLI S	SETTY MD, POLEPALLI S	FAYETTE
SCHLAFF MD, ZACKERY	PHILADELPHIA	SCHWARTZ MD, LOUIS W	MONTGOMERY	SETTY MD, RAMACHANDRA K	SETTY MD, RAMACHANDRA K	ALLEGHENY
SCHLAGER MD, CHAS E	YORK	SCHWARTZ MD, MARINDA	PHILADELPHIA	SEVENTKO MD, JOSEPH M	SEVENTKO MD, JOSEPH M	LANCASTER
SCHLEIFER MD, CHARLES R	PHILADELPHIA	SCHWARTZ MD, MILTON A	BUCKS	SEVICK MD, MYRON E	SEVICK MD, MYRON E	CENTRE
SCHLESINGER MD, SAM	LUZERNE	SCHWARTZ MD, NORMAN A	ALLEGHENY	SEVIN MD, ELIZABETH G	SEVIN MD, ELIZABETH G	PHILADELPHIA
SCHLESINGER MD, STEPHEN A	ALLEGHENY	SCHWARTZ MD, RAYMOND	PHILADELPHIA	SEWAK MD, MICHAEL E	SEWAK MD, MICHAEL E	CAMBRIA
SCHLESS MD, ARTHUR P	CHESTER	SCHWARTZ MD, REUBEN B	PHILADELPHIA	SEWELL MD, WM H	SEWELL MD, WM H	BRADFORD
SCHLESS MD, GUY L	PHILADELPHIA	SCHWARTZ MD, ROBT R	MONTGOMERY	SEXAUER MD, JOHN F	SEXAUER MD, JOHN F	ALLEGHENY
SCHLESSEL MD, RICHARD B	PHILADELPHIA	SCHWARTZ MD, STANLEY N	ALLEGHENY	SEXTON JR MD, GUY L	SEXTON JR MD, GUY L	BERKS
SCHLESZINGER MD, NATHAN S	PHILADELPHIA	SCHWARTZ MD, STEPHEN L	PHILADELPHIA	SEYDEL MD, EMILY M	SEYDEL MD, EMILY M	MONTGOMERY
SCHLITZER MD, WM H	SCHUYLKILL	SCHWARTZ MD, WM J	CENTRE	SEYDEL MD, H GUNTER	SEYDEL MD, H GUNTER	PHILADELPHIA
SCHLOSSER MD, DAVID E	LANCASTER	SCHWARTZ MD, WM J	PHILADELPHIA	SEYDEL MD, H GUNTER	SEYDEL MD, H GUNTER	DELAWARE
SCHLOSSER MD, WOODROW D	PHILADELPHIA	SCHWARZ MD, HENRY P	PHILADELPHIA	SEYMOUR MD, PARKER M	SEYMOUR MD, PARKER M	PHILADELPHIA
SCHMAIER MD, ALVIN H	ALLEGHENY	SCHWARZSCHILD MD, WALTER	PHILADELPHIA	SGARLAT MD, JOS R	SGARLAT MD, JOS R	LUZERNE
SCHMELTZ MD, RALPH	PHILADELPHIA	SCHNEEGMAN MD, CLETUS W	PHILADELPHIA	SGRO MD, ANTONIO	SGRO MD, ANTONIO	PHILADELPHIA
SCHMIDT JR MD, ERWIN R	ALLEGHENY	SCHNEIKLE MD, MARY R	LYCOMING	SHACKLEFORD MD, ROBT W	SHACKLEFORD MD, ROBT W	MONTGOMERY
SCHMIDT MD, ARNOLD P	LUZERNE	SCHNEIDER MD, ROBT R	BERKS	SHACKLETT MD, DOROTHY E	SHACKLETT MD, DOROTHY E	PHILADELPHIA
SCHMIDT MD, H WILLIAM	MONTGOMERY	SCHNEIDER MD, ROBT R	ALLEGHENY	SHADE MD, JACOB G	SHADE MD, JACOB G	MONTGOMERY
SCHMIDT MD, JAMES R	MONTGOMERY	SCHNEIDER MD, ROBT R	ALLEGHENY	SHADLE MD, JOHN W	SHADLE MD, JOHN W	BUTLER
SCHMIELER MD, GEO P	WASHINGTON	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAFER MD, EDWARD A	SHAFER MD, EDWARD A	LUZERNE
SCHMIELER MD, GEORGE C	WASHINGTON	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAFER MD, DONALD Y	SHAFER MD, DONALD Y	BEAVER
SCHMITT MD, ALBRECHT	PHILADELPHIA	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAFER MD, FRANK W	SHAFER MD, FRANK W	MONTGOMERY
SCHMITT MD, CHAS L	ALLEGHENY	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAFER MD, GEORGE W	SHAFER MD, GEORGE W	BUCKS
SCHMITT MD, HERMAN L	ALLEGHENY	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAFER MD, HOWARD L	SHAFER MD, HOWARD L	LAWRENCE
SCHMUKLER DO, ANITA G	PHILADELPHIA	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAFER MD, IRVIN G	SHAFER MD, IRVIN G	BERKS
SCHMUTZLER III MD, ROBT C	MONTGOMERY	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAFER MD, JOHN F	SHAFER MD, JOHN F	DELAWARE
SCHNALL MD, CHAS	PHILADELPHIA	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAFER MD, LIONEL B	SHAFER MD, LIONEL B	MONTGOMERY
SCHNALL MD, DAVID J	PHILADELPHIA	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAFER MD, WALTER L	SHAFER MD, WALTER L	ALLEGHENY
SCHNALL MD, NATHAN	PHILADELPHIA	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAFIA MD, HASS	SHAFIA MD, HASS	PHILADELPHIA
SCHNAUFER MD, LOUISE	PHILADELPHIA	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAGASS MD, CHAS	SHAGASS MD, CHAS	PHILADELPHIA
SCHNEEBERG MD, ARTHUR L	PHILADELPHIA	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAM MD, DAKSHA A	SHAM MD, DAKSHA A	WASHINGTON
SCHNEEBERG MD, J MYRON	PHILADELPHIA	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAM MD, HARNISHKUMAR	SHAM MD, HARNISHKUMAR	BERKS
SCHNEEBERG MD, NORMAN G	PHILADELPHIA	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAM MD, KANTILAL J	SHAM MD, KANTILAL J	PHILADELPHIA
SCHNEIDER JR MD, HENRY C	MONTGOMERY	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAM MD, MANSOOR S	SHAM MD, MANSOOR S	ALLEGHENY
SCHNEIDER MD, BENJ	NORTHUMBERLAND	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAM MD, NARAYAN	SHAM MD, NARAYAN	MONTGOMERY
SCHNEIDER MD, BERNARD	PHILADELPHIA	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAM MD, RAJNIKANT S	SHAM MD, RAJNIKANT S	BUCKS
SCHNEIDER MD, CHESTER L	MONTGOMERY	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAM MD, RANJAN R	SHAM MD, RANJAN R	DELAWARE
SCHNEIDER MD, EDWARD K	ALLEGHENY	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAM MD, SHAM N	SHAM MD, SHAM N	JEFFERSON
SCHNEIDER MD, HENRY C	PHILADELPHIA	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAMLEN MD, ROBT G	SHAMLEN MD, ROBT G	BLAIR
SCHNEIDER MD, JOHN A	ALLEGHENY	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAIKH MD, BAHU S	SHAIKH MD, BAHU S	DAUPHIN
SCHNEIDER MD, LAWRENCE H	PHILADELPHIA	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAIKH MD, MOHAMMED N	SHAIKH MD, MOHAMMED N	WESTMORELAND
SCHNEIDER MD, ROBT E	ALLEGHENY	SCHNEIDER MD, ROBT R	ALLEGHENY	SHALLENBERGER MD, PAUL L	SHALLENBERGER MD, PAUL L	BRADFORD
SCHNITMAN MD, MAURICE H	PHILADELPHIA	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAMAI MD, HAROUN A	SHAMAI MD, HAROUN A	LEHIGH
SCHNITZLER MD, JOS	NORTHAMPTON	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAMBLIN MD, JERRY D	SHAMBLIN MD, JERRY D	ALLEGHENY
SCHNURER MD, CHAS I	ALLEGHENY	SCHNEIDER MD, ROBT R	ALLEGHENY	SHANAHAN MD, J RUSH	SHANAHAN MD, J RUSH	PHILADELPHIA
SCHUCK MD, WM W	HUNTINGDON	SCHNEIDER MD, ROBT R	ALLEGHENY	SHANDER MD, ERNEST G	SHANDER MD, ERNEST G	LACKAWANNA
SCHUENFELD MD, CLYDE D	ALLEGHENY	SCHNEIDER MD, ROBT R	ALLEGHENY	SHANK MD, IRENE A	SHANK MD, IRENE A	ALLEGHENY
SCHUFFEL MD, RICHARD A	MONTGOMERY	SCHNEIDER MD, ROBT R	ALLEGHENY	SHANKAR MD, RAM G	SHANKAR MD, RAM G	BUCKS
SCHOLL JR MD, HARVEY W	PHILADELPHIA	SCHNEIDER MD, ROBT R	ALLEGHENY	SHANKAK MD, V S	SHANKAK MD, V S	PHILADELPHIA
SCHOLL MD, HARVEY W	MONTGOMERY	SCHNEIDER MD, ROBT R	ALLEGHENY	SHANNON MD, DEAN R	SHANNON MD, DEAN R	BUTLER
SCHULLAERT MD, RICHARD A	ALLEGHENY	SCHNEIDER MD, ROBT R	ALLEGHENY	SHANNON MD, GERARD M	SHANNON MD, GERARD M	PHILADELPHIA
SCHONAUER MD, THOS D	YORK	SCHNEIDER MD, ROBT R	ALLEGHENY	SHANNON MD, ROBT E	SHANNON MD, ROBT E	DAUPHIN
SCHOULEY MD, FRANK B	LUZERNE	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAPERA MD, RICHARD P	SHAPERA MD, RICHARD P	ALLEGHENY
SCHOUWERTH MD, ANTON C	DAUPHIN	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAPIRU DO, BERTRAM P	SHAPIRU DO, BERTRAM P	PHILADELPHIA
SCHUPPER MD, RALPH E	LYCOMING	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAPIRU DO, HOWARD M	SHAPIRU DO, HOWARD M	PHILADELPHIA
SCHUTT JR MD, CLIFFORD E	PHILADELPHIA	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAPIRU MD, ALVIN P	SHAPIRU MD, ALVIN P	ALLEGHENY
SCHWIZ MD, SEYMOUR	PHILADELPHIA	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAPIRU MD, BERNARD	SHAPIRU MD, BERNARD	PHILADELPHIA
SCHWACK JR MD, WM D	DAUPHIN	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAPIRU MD, CHAS J	SHAPIRU MD, CHAS J	FRANKLIN
SCHWAGGER MD, ALAN H	LEHIGH	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAPIRU MD, JACOB	SHAPIRU MD, JACOB	PHILADELPHIA
SCHWAMM JR MD, VICTOR L	ALLEGHENY	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAPIRU MD, LEONARD H	SHAPIRU MD, LEONARD H	PHILADELPHIA
SCHWAMM MD, FRANK E	NORTHAMPTON	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAPIRU MD, LESTER F	SHAPIRU MD, LESTER F	ALLEGHENY
SCHWACK MD, FRED M	LEBANON	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAPIRU MD, MORRY	SHAPIRU MD, MORRY	ALLEGHENY
SCHWELBER MD, RICHARD D	PHILADELPHIA	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAPIRU MD, RICHARD P	SHAPIRU MD, RICHARD P	PHILADELPHIA
SCHWELMAN MD, BEATRICE K	LUZERNE	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAPIRU MD, SAML S	SHAPIRU MD, SAML S	PHILADELPHIA
SCHWELNER MD, GLENWOOD K	MONTGOMERY	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAPKAUGH MD, DONALD G	SHAPKAUGH MD, DONALD G	CAMBRIA
SCHWELNER MD, HERMAN M	CAMBRIA	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAKE MD, FREDERICK S	SHAKE MD, FREDERICK S	LYCOMING
SCHWICK MD, LAURA J	PHILADELPHIA	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAKE MD, ISAIAH A	SHAKE MD, ISAIAH A	PHILADELPHIA
SCHWICK MD, PAUL F	DELAWARE	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAKFI-AZAD MD, SAID	SHAKFI-AZAD MD, SAID	PHILADELPHIA
SCHWICK MD, THOS A	DELAWARE	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAKLEY JR MD, DENNIS A	SHAKLEY JR MD, DENNIS A	ELK-CAMERON
SCHWICK MD, GEORGE R	LANCASTER	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAKKEY MD, JOHN A	SHAKKEY MD, JOHN A	PHILADELPHIA
SCHWICK MD, JOHN J	HUNTINGDON	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAKMA MD, SUKH D	SHAKMA MD, SUKH D	ERIE
SCHWICK MD, CHAS L	NORTHAMPTON	SCHNEIDER MD, ROBT R	ALLEGHENY	SHARKMAN MD, MICHAEL H	SHARKMAN MD, MICHAEL H	WASHINGTON
SCHWICKLER MD, PAUL W	MONTGOMERY	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAPLES MD, WYNN	SHAPLES MD, WYNN	PHILADELPHIA
SCHWICKLER MD, DIANE E	MONTGOMERY	SCHNEIDER MD, ROBT R	ALLEGHENY	SHAPLESS MD, EDWIN D	SHAPLESS MD, EDWIN D	DELAWARE



SHARPS MD, FRANK  
SHARRAR MD, KAREN E  
SHARRER MD, MARGARET C  
SHASHIKUMAR MD, V L  
SHATUHY MD, JOS  
SHAUB JR MD, HOWARD G  
SHAUB MD, A PAUL  
SHAUB MD, PAUL D  
SHAUGHNESSY MD, MICHAEL J  
SHAVER MD, JAMES A  
SHAVER MD, JOHN C  
SHAVER MD, VERNE C  
SHAVER MD, WM A  
SHAW JR MD, DANL L  
SHAW MD, HARRY E  
SHAW MD, JOHN L  
SHAW MD, KATHARINE L  
SHAW MD, RALPH A  
SHAWALUK MD, PAUL D  
SHAWKY MD, MOHAMMED S  
SHEA MD, FRANCIS J  
SHEAFFER MD, HAROLD C  
SHEARBURN MD, EDWIN M  
SHEARER MD, DAVID M  
SHEARER MD, DONALD E  
SHECHTER MD, FREDERICK R  
SHELDRO MD, HECTOR  
SHEEDY MD, JOHN G  
SHEEHAN MD, JOHN H  
SHEELY MD, RAYMOND F  
SHEER MD, GEORGE W  
SHEETS MD, EVERETT O  
SHEETS MD, JAMES A  
SHEETS MD, RAYMOND L  
SHEFFER MD, M LEONARD  
SHELBY MD, JOSEPH E  
SHELLEY MD, ELMER G  
SHELLEY MD, WALTER B  
SHELLEY MD, WM L  
SHELLING MD, RICHARD E  
SHELLMAN MD, ALEXANDER  
SHELLY MD, ROBT M  
SHELLY MD, W DAYTON  
SHELTON MD, JOS M  
SHEMANSKI MD, CLEM J  
SHENKIN MD, HENRY A  
SHEPTAK MD, PETER E  
SHERAFAT MD, MUSTAFA  
SHERIDAN DO, JOSEPH F  
SHERK MD, CARL R  
SHERMAN MD, ALFRED J  
SHERMAN MD, BRUCE P  
SHERMAN MD, HENRY K  
SHERMAN MD, HUGH I  
SHERMAN MD, JOHN W  
SHERMAN MD, LOUISE S  
SHERMAN MD, M JACKSON  
SHERMAN MD, MATHEW H  
SHERMAN MD, SAML  
SHERR MD, VIRGINIA T  
SHERROD MD, JOHN H  
SHERRY MD, SOL  
SHERTZER MD, JOHN H  
SHERWIN MD, GERALD P  
SHERWIN MD, LYSLE W  
SHERWIN MD, WILLIAM K  
SHEKWOOD MD, ARTHUR W  
SHERWOOD MD, JOHN W  
SHETE MD, LEENA P  
SHETTY MD, KANDAVAR N  
SHETTY MD, KARUNAKAR S  
SHETTY MD, RATNAKAR S  
SHETZLEY MD, CARL M  
SHIBLEY MD, GEO J  
SHIEH MD, RICHARD C  
SHIELDS JR MD, RICHARD A  
SHIELDS MD, EDWARD A  
SHIELDS MD, JERRY A  
SHIELDS MD, JOHN J  
SHIELDS MD, LEE H  
SHIELDS MD, MARSHALL F  
SHIELDS MD, RALPH K  
SHIELDS MD, RALPH L  
SHIELDS MD, THOMAS J  
SHIELDS MD, WM E  
SHIGEOKA MD, EDWARD H  
SHILLINGFORD MD, ROBT P  
SHIN MD, GRACE E  
SHIN MD, HYUNG R  
SHINDEL MD, JAMES H  
SHINDLER MD, ROBT L  
SHINGALA MD, ARUN J  
SHINN MD, ELLIOTT T  
SHINNICK DO, JAMES P  
SHIPKUVITZ MD, HARVEY D  
SHIPLEY MD, ALAN E  
SHIPMAN MD, MARK W  
SHIPPEN MD, EUGENE R  
SHIREY MD, ELAINE D  
SHIROFF MD, ROBERT A  
SHISLER MD, FREDERICK H  
SHLANSKY MD, ELLIOTT  
SHLONCHIK MD, SEYMOUR  
SHMOKLER MD, LEON  
SHOAF MD, PARIS A  
SHUBER MD, JOHN J  
SHUCHAT MD, STEPHEN J  
SHUEMAKER JR MD, LESTER E  
SHOENAKER MD, DAVID M  
SHOENAKER MD, NORVILLE E  
SHOENAKER MD, PAUL C  
SHOENAKER MD, ROBT E  
SHOENAKER MD, ROBT J  
SHOENER MD, JOHN A  
SHOENTHAL MD, WM J  
SHOFF MD, JOHN F  
SHOFF MD, WILLIAM H  
SHOLEHYAR MD, JAVAD  
SHONBERG MD, IRVING L

PHILADELPHIA  
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DELAWARE  
BLAIR  
LANCASTER  
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LAWRENCE  
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DELAWARE  
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YORK  
LYCOMING  
PHILADELPHIA  
WESTMORELAND  
BLAIR  
ALLEGHENY  
ADAMS  
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PHILADELPHIA  
LEHIGH  
BEAVER  
BERKS  
FAYETTE  
ERIE  
PHILADELPHIA  
CUMBERLAND  
BRADFORD  
LACKAWANNA  
SUSQUEHANNA  
MONTGOMERY  
WASHINGTON  
BERKS  
PHILADELPHIA  
ALLEGHENY  
ERIE  
CAMBRIA  
LEBANON  
DAUPHIN  
PHILADELPHIA  
WESTMORELAND  
MIFFLIN-JUNIATA  
ALLEGHENY  
ALLEGHENY  
PHILADELPHIA  
DAUPHIN  
ALLEGHENY  
MONTGOMERY  
ALLEGHENY  
PHILADELPHIA  
LANCASTER  
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LEHIGH  
CAMBRIA  
DELAWARE  
WYOMING  
LUZERNE  
ALLEGHENY  
BEAVER  
WESTMORELAND  
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MONTGOMERY  
DAUPHIN  
DELAWARE  
NORTHAMPTON  
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LACKAWANNA  
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INDIANA  
MONTGOMERY  
BERKS  
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LAWRENCE  
DAUPHIN  
PHILADELPHIA  
YORK  
CENTRE  
DAUPHIN  
LEHIGH  
ALLEGHENY

SHUPE MD, EARL S  
SHUPE MD, WM B  
SHORE DO, ERIC E  
SHORE MD, GEO R  
SHORE MD, PAUL D  
SHORE MD, ROGER J  
SHORE MD, SEYMOUR M  
SHORE MD, SIDNEY  
SHORT MD, JOHN G  
SHORT MD, WM J  
SHOUP MD, GEO D  
SHOVLIN MD, JOHN M  
SHOVLIN MD, JOHN P  
SHRAEDER MD, LESTER C  
SHRAGER MD, DANL S  
SHRAGER MD, JOS D  
SHRIVER MD, ALAN W  
SHUBERT MD, EDWARD  
SHUBIN MD, HARRY  
SHUE MD, WM H  
SHUGERT MD, GUY S  
SHUGERT MD, JOHN H  
SHUKLA MD, LAKSHMI S  
SHUKLA MD, ROHITKUMAR S  
SHULKIN MD, MARK W  
SHULMAN MD, JERRY J  
SHULTZ MD, BARRY S  
SHULTZ MD, LEWIS D  
SHULTZ MD, MARGARITA M  
SHULTZ MD, THOS E  
SHUMAN MD, CHAS R  
SHUMAN MD, JOHN F  
SHUMAN MD, NANCY A  
SHUSTER MD, EUGENE  
SHUTTER MD, WALTER D  
SHUTTLEWORTH MD, LAMONT V  
SHYAMALAN MD, NELLIATE C  
SIA MD, JOSE K  
SIAR MD, WM J  
SIBERSKI MD, JOHN R  
SIBOLBORO MD, ISABELO Z  
SICHER MD, BRUNO P  
SICKEL MD, EDWARD F  
SICONOLFI MD, ERNEST P  
SIDON DO, WILLIAM H  
SIEBER JR MD, PAUL R  
SIEBER MD, WM K  
SIEGAL MD, EDWARD I  
SIEGEL MD, ALVIN  
SIEGEL MD, BERNARD  
SIEGEL MD, JOHN E  
SIEGEL MD, JOS F  
SIEGEL MD, PAUL D  
SIEGEL MD, SEYMOUR  
SIEGEL MD, WM  
SIEGER MD, CHAS E  
SIEGER MD, JOS P  
SIEGFRIED MD, JOHN D  
SIEGFRIED MD, MYRTLE M  
SIEGLER MD, PETER E  
SIEGRIST MD, J DONALD  
SIENKIEWICZ MD, JOS M  
SIEWERS MD, RALPH D  
SIGLER MD, MILES H  
SIGMANN MD, PETER  
SIGMUND MD, HENRY I  
SIGMUND MD, WM J  
SIGNORELLA MD, LOUIS  
SIMA MD, VICTOR L  
SIKER MD, EPHRAIM S  
SILBERG MD, SAML J  
SILBERMAN MD, HARVEY D  
SILBERMAN MD, IRA  
SILBERMAN MD, J DEWOLF  
SILBERMAN MD, LESLIE J  
SILBERSTEIN MD, MARSHA M  
SILBERSTEIN MD, STEPHEN D  
SILCUX MD, LOUIS E  
SILER MD, JANET N  
SILQUINI MD, JOHN J  
SILK MD, RAYMOND E  
SILLA MD, ENRIQUE B  
SILLARS MD, CHAS H  
SILON MD, NATHANIEL  
SILVA MD, OSCAR R  
SILVER MD, BARRY A  
SILVER MD, BERNICE S  
SILVER MD, BRUCE G  
SILVER MD, ISRAEL O  
SILVER MD, LAURENCE M  
SILVER MD, LAWRENCE B  
SILVERBERG MD, JAY H  
SILVERBERG MD, ROBERT L  
SILVERBLATT MD, BERNARD L  
SILVERBLATT MD, MARVIN L  
SILVERIO MD, JOHN  
SILVERMAN MD, ALEXANDER  
SILVERMAN MD, HUMAHU A  
SILVERMAN MD, JERRY D  
SILVERMAN MD, JOS S  
SILVERMAN MD, LEWIS D  
SILVERMAN MD, MENUAL  
SILVERMAN MD, MORTON I  
SILVERMAN MD, MORTON L  
SILVERMAN MD, NEIL I  
SILVERMAN MD, WILLIAM S  
SILVERMAN MD, WM H  
SILVERS MD, ABIGAIL A  
SILVERS MD, ARTHUR H  
SILVERSTEIN MD, ALEXANDER  
SILVERSTEIN MD, LESLIE B  
SILVESTER MD, MICHAEL J  
SILVESTRI MD, ARCHIMEDE J  
SIMAN MD, BERNARD  
SIMENHOFF MD, MICHAEL L  
SIMENSON MD, ROBT A  
SIMITHRAARATCHY MD, CHRISANTHA N  
SIMMONDS MD, MARY ANNE  
SIMMONS MD, VAUGHAN P

CAMBRIA  
WESTMORELAND  
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SMITH MD, BENJ V  
SMITH JR MD, EDGAR C  
SMITH JR MD, GEO S  
SMITH JR MD, HARRY A  
SMITH JR MD, J STANLEY  
SMITH JR MD, JAMES W  
SMITH JR MD, MORGAN T  
SMITH JR MD, PERRY C  
SMITH JR MD, RAYMOND M  
SMITH JR MD, ROSS H  
SMITH MD, A MITCHELL  
SMITH MD, ALBERT T  
SMITH MD, ARTHUR E  
SMITH MD, AUSTIN T  
SMITH MD, BARTON L  
SMITH MD, C STUART  
SMITH MD, CHAS F  
SMITH MD, CHAS W  
SMITH MD, DAVID A  
SMITH MD, DAVID J

SIMONES MD, ANTONIO J  
SIMON MD, DAVID J  
SIMON MD, JOS H  
SIMON MD, WM H  
SIMONE JR MD, SAMUEL T  
SIMONS MD, CARL I  
SIMONS MD, HOWARD M  
SIMONS MD, WM M  
SIMONSEN MD, RONALD W  
SIMORA MD, FELIX S  
SIMPSON MD, DAVID M  
SIMPSON MD, JAMES W  
SIMPSON MD, JOS W  
SIMPSON MD, ROBT C  
SIMPSON MD, ROY W  
SIMPSON MD, ZACHARY A  
SIMS DO, LEWIS J  
SINAIKO MD, PETER A  
SINCHIUCO MD, CEFERINO S  
SINCLAIR MD, CATHERINE-P  
SINCLAIR MD, SYDNEY E  
SINGER MD, BARRY L  
SINGER MD, IRVIN  
SINGH MD, AMARJEET  
SINGH MD, BALDEV  
SINGH MD, BIJAI B  
SINGH MD, DATAR  
SINGH MD, GURCHARAN  
SINGH MD, KRIPA S  
SINGH MD, SAMRAJ  
SINGH MD, VIJAI P  
SINGLETARY MD, ROBERT M  
SINGZON MD, JAIME M  
SINHA MD, ASOK K  
SINHA MD, RAMANANDA  
SIPE MD, WM U  
SIPES MD, DWIGHT R  
SIPES MD, EARL K  
SIPOWICZ MD, CARL P  
SIRKEN MD, JOS G  
SIROTNAK MD, JOHN J  
SIVAK MD, MICHAEL V  
SIVAK MD, STANLEY J  
SIVITZ MD, FRANK H  
SIVITZ MD, JAY M  
SIVITZ MD, MARTA E  
SIVULICH MD, MICHAEL J  
SKEOCH MD, JAMES R  
SKETTINO MD, JOS A  
SKEZAS MD, MARION  
SKINNER 3RD MD, ROBT W  
SKIRPAN MD, JOHN M  
SKLARUFF MD, DAVID M  
SKOLE MD, SIMON M  
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SKOVRON MD, MICHAEL  
SKOWRONSKI MD, THEODORE J  
SKRENTA MD, RICHARD J  
SKRENTNY MD, THOS T  
SKRONAK MD, STANLEY J  
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SKVERSKY MD, NORMAN J  
SKWEL MD, LEON A  
SKWIRUT MD, FRANK A  
SLADEN MD, ARNOLD  
SLAGLE MD, EDWARD H  
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SLATER MD, HARVEY  
SLATEN MD, ROBT  
SLATON MD, STEPHEN S  
SLAVCOFF MD, ALEXANDER  
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SLAVKIN MD, SERIL I  
SLEASE MD, CYRUS B  
SLEDZ MD, DONALD M  
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SLIMMER JR MD, SAML C  
SLIPYAN MD, PHILIP  
SLUAN MD, CHAS R  
SLUAN MD, GERALD H  
SLUANE MD, HENRY O  
SLUANE MD, NORMAN G  
SLUANE MD, PAUL  
SLOCUM MD, HAROLD E  
SLONE MD, JACOB  
SLOSS MD, JAMES O  
SLUTNICK MD, VICTOR B  
SLUVAK MD, JAMES P  
SMALL MD, RICHARD E  
SMALLWOOD MD, JOHN T  
SMARR MD, ERWIN R  
SMART MD, LAWSON C  
SMEDLEY MD, WM P  
SMELTZER MD, KENNETH L  
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SMIGELSKY MD, ISADORE E  
SMILEY MD, JOS W  
SMINK JR MD, ROBT O  
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SMITH MD, EDGAR C	DELAWARE	SUMERS MD, ERNEST E	FRANKLIN	STACKS JR MD, JACOB C	CUMBERLAND
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SMITH MD, FOREMST F	FRANKLIN	SUMERS MD, LAURENCE A	PHILADELPHIA	STADER MD, RICHARD O	FRANKLIN
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SMITH MD, GLENN O	ALLEGHENY	SUMMA MD, RICHARD M	DAUPHIN	STAFFORD MD, REGIS W	ALLEGHENY
SMITH MD, HAROLD C	LUZERNE	SUMMARIPA MD, AMORY M	PHILADELPHIA	STAHL MD, CARL E	WASHINGTON
SMITH MD, HARRY A	LUZERNE	SUMMERFELD MD, JAMES P	LAWRENCE	STAHL MD, ROBT W	DAUPHIN
SMITH MD, HENRY F	LUZERNE	SUNDER MD, MAX J	PHILADELPHIA	STAHE MD, DALE C	DAUPHIN
SMITH MD, ISAAC R	LUZERNE	SONES MD, MAURICE	PHILADELPHIA	STAHLER MD, EARLIN J	LEHIGH
SMITH MD, IVAN S	MONTGOMERY	SONG MD, MICHAELA C	PHILADELPHIA	STAHLGREN MD, LEROY H	PHILADELPHIA
SMITH MD, J SHEPARD	PHILADELPHIA	SUNG MD, SANG W	BUCKS	STAHLMAN MD, FREDERICK B	CLARION
SMITH MD, J WINSLOW	DELAWARE	SUNG MD, STEVEN S	MONTGOMERY	STAHLNECKER MD, C STEPHEN	DELAWARE
SMITH MD, JACK D	ALLEGHENY	SUNG MD, YOUNG J	WESTMORELAND	STAINBACK MD, WM C	MONTGOMERY
SMITH MD, JAMES M	PHILADELPHIA	SUNG MD, YUNG-DOO	PHILADELPHIA	STALEY MD, JOS C	ALLEGHENY
SMITH MD, JAMES W	CUMBERLAND	SUNGSANAND MD, PRACHARK	ALLEGHENY	STALEY MD, ROBT W	ALLEGHENY
SMITH MD, JAMES W	YORK	SONI MD, VINEY	PHILADELPHIA	STALTER MD, RALPH J	ALLEGHENY
SMITH MD, JAY D	BEAVER	SUNNE MD, JOHN C	PHILADELPHIA	STAMAN MD, HARRY	FAYETTE
SMITH MD, JERE P	DAUPHIN	SUNNEBURN DO, MEYER R	GREENE	STAMATAKOS MD, MICHAEL J	LEHIGH
SMITH MD, JOHN M	LEHIGH	SUNNEBURN MD, DUANE G	PHILADELPHIA	STAMEY MD, HARRY C	MONTOUR
SMITH MD, JOHN M	YORK	SUNSTEIN MD, ALLEN	LUZERNE	STANDEN MD, CALVIN W	BUTLER
SMITH MD, JOHN W	ALLEGHENY	SUOHU MD, ALAN M	PHILADELPHIA	STANGER MD, ROBT H	ALLEGHENY
SMITH MD, KAIGHN	PHILADELPHIA	SURCE MD, RICHARD C	ALLEGHENY	STANISH MD, FRANK X	ALLEGHENY
SMITH MD, KEITH B	ALLEGHENY	SURENSEN MD, ALFRED L	WASHINGTON	STANITSKI MD, CARL L	ALLEGHENY
SMITH MD, LAUREN H	PHILADELPHIA	SORTIANO MD, MANUEL G	ELK-CAMERON	STANKUVIC MD, LJUBISA	DAUPHIN
SMITH MD, ORA R	PHILADELPHIA	SURR MD, EDWARD M	ALLEGHENY	STANTON JR MD, JAMES N	ALLEGHENY
SMITH MD, RAYMOND L	BERKS	SOSETT MD, JEFFREY S	PHILADELPHIA	STANIUN JR MD, JOHN J	PHILADELPHIA
SMITH MD, REGINALD B	ALLEGHENY	SOSIS MD, ARTHUR C	LEHIGH	STANIUN MD, ROBT W	PHILADELPHIA
SMITH MD, RICHARD H	CHESTER	SOSS DO, MURRAY C	PHILADELPHIA	STANULONIS MD, STANLEY W	SCHUYLKILL
SMITH MD, ROBT A	DELAWARE	SOTELO MD, AUGUSTO	WESTMORELAND	STAPINSKI MD, CYRIL C	LANCASTER
SMITH MD, ROBT G	WARREN	SOTODEHFAR MD, RAHIM	ALLEGHENY	STAPLES MD, HERMAN D	DELAWARE
SMITH MD, ROBT W	MONTGOMERY	SOTOS MD, L NICHOLAS	ARMSTRONG	STAPP MD, HARRIET L	MONTGOMERY
SMITH MD, ROGER M	MONTGOMERY	SOUDER MD, C LAWRENCE	LEHIGH	STAREK MD, LARRIMORE J	DELAWARE
SMITH MD, ROY M	ALLEGHENY	SOUDER MD, FRANCIS R	BUCKS	STARKWEATHER MD, GEO A	DELAWARE
SMITH MD, RUSSELL C	LANCASTER	SOUDERS MD, THUS B	BERKS	STARUSCIK MD, RUDOLF N	PHILADELPHIA
SMITH MD, RUSSELL G	ALLEGHENY	SOULLIARD MD, DONALD H	BUCKS	STARX MD, ALBERT M	ERIE
SMITH MD, STEPHEN R	LANCASTER	SOULEN MD, RENATE L	PHILADELPHIA	STARX MD, ISAAC	PHILADELPHIA
SMITH MD, VICTORIA T	CAMBRIA	SOUMEKAI MD, SIMON	PHILADELPHIA	STARRELS MD, MICHAEL E	PHILADELPHIA
SMITH MD, WALTER M	BUCKS	SOUNDAKARAJAN MD, RANGANATHA	LYCOMING	STARRELS MD, SIDNEY H	PHILADELPHIA
SMITH MD, WM D	DELAWARE	SOUSER MD, ROSLYN C	MONTGOMERY	STAKUNKO MD, BASILIO	PHILADELPHIA
SMITH MD, WM K	ALLEGHENY	SOUTHARD MD, MARTHA E	PHILADELPHIA	STANZ MD, WALTER E	ALLEGHENY
SMITH MD, WM P	CAMBRIA	SOVETSKY DO, CHARLES L	PHILADELPHIA	STASIK JR MD, JOHN J	LEHIGH
SMITH MD, WM T	ALLEGHENY	SOWELL MD, GEO A	FRANKLIN	STAUB JR MD, CARL A	DELAWARE
SMITH SR MD, GEO S	NORTHAMPTON	SOWERS MD, JOHN W	FRANKLIN	STAUB MD, ALICE W	PHILADELPHIA
SMOLKU MD, JAMES R	YORK	SPAETH MD, GEO L	PHILADELPHIA	STAUFFER MD, HAROLD E	LANCASTER
SMYER MD, RONALD L	CAMBRIA	SPAETH MD, PHILIP G	PHILADELPHIA	STAUFFER MD, STANLEY S	NORTHAMPTON
SMYER MD, ARTHUR J	BUCKS	SPAGNA MD, PASCHAL M	PHILADELPHIA	STAVRIDES MD, ALEXANDER	ALLEGHENY
SMYER MD, NATHAN M	PHILADELPHIA	SPAHN MD, ROBERT C	MONTOUR	STAYMAN JR MD, JOS W	PHILADELPHIA
SMYER MD, STANTON M	PHILADELPHIA	SPALLETTA MD, CAMILLUS H	LACKAWANNA	STEARLEY MD, JOHN S	CLARION
SMYER MD, LAWRENCE T	NORTHAMPTON	SPANARD MD, RUSSELL A	ALLEGHENY	STEC MD, EUGENE G	LACKAWANNA
SMYER MD, WM T	ERIE	SPANGLER DO, MARTIN L	BERKS	STECKEL MD, DONALD C	UNION
SMYER MD, HAL E	MONTGOMERY	SPANGLER MD, JOHN G	MONTOUR	STEELE MD, JOHN E	CARBON
SMYER MD, B LEONARD	ERIE	SPANNUTH MD, JOHN R	BERKS	STEELE MD, LOGAN H	ALLEGHENY
SMYER MD, ARNOLD J	ALLEGHENY	SPANU MD, ANSELMO V	DELAWARE	STEELE MD, MARK W	ALLEGHENY
SMYER MD, JR MD, W HOMER	ALLEGHENY	SPANOGIANS MD, ANGELO J	WASHINGTON	STEELE MD, R EDWARD	DAUPHIN
SMYER MD, SETH W	MONTOUR	SPARK MD, ISADORE	PHILADELPHIA	STEEN MD, OLIVER T	ALLEGHENY
SMYER MD, JAMES B	PHILADELPHIA	SPARKMAN JR MD, THORNE	PHILADELPHIA	STEFFY DO, HARRY L	LANCASTER
SMYER MD, DANL S	ERIE	SPARKIA MD, ANTHONY J	NORTHAMPTON	STEG MD, JOS	MONTGOMERY
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SMYER JR MD, CHAS F	NORTHAMPTON	SPEAR MD, BARBARA A	BUCKS	STEICHEN MD, FELICIEN M	ALLEGHENY
SMYER JR MD, CHAS P	WESTMORELAND	SPECTER MD, JACOB	PHILADELPHIA	STEIGERWALT MD, JOHN L	MONTGOMERY
SMYER MD, ALAN I	BUCKS	SPECTOR MD, GUS	MONTGOMERY	STEIKER MD, DANL D	PHILADELPHIA
SMYER MD, ALBERT J	DELAWARE	SPECTOR MD, HARVEY B	DELAWARE	STEIN JR MD, DONALD B	DELAWARE
SMYER MD, ALLEN P	ALLEGHENY	SPECTOR MD, MARTIN	PHILADELPHIA	STEIN MD, BERNARD B	PHILADELPHIA
SMYER MD, ANN E	MONROE	SPECTOR MD, SAMUEL S	CHESTER	STEIN MD, ELEANOR R	DAUPHIN
SMYER MD, CLAUDE E	BLAIR	SPEEDY MD, HARRY W	WESTMORELAND	STEIN MD, FRANKLIN M	PHILADELPHIA
SMYER MD, DAVID A	PHILADELPHIA	SPEER MD, ANDREW B	ALLEGHENY	STEIN MD, GEO H	DAUPHIN
SMYER MD, DEWEY A	PHILADELPHIA	SPEERS MD, HERBERT K	BUCKS	STEIN MD, GEO N	PHILADELPHIA
SMYER MD, EARL J	LEBANON	SPELLER MD, J FINTON	PHILADELPHIA	STEIN MD, HERBERT	PHILADELPHIA
SMYER MD, HARRY D	MONTGOMERY	SPENCER MD, DOUGLAS M	CHESTER	STEIN MD, HYMEN D	PHILADELPHIA
SMYER MD, HARRY I	BEAVER	SPENCER MD, H NEWTON	DELAWARE	STEIN MD, IRVIN	PHILADELPHIA
SMYER MD, HENRY R	YORK	SPEKLING MD, HERBERT V	ALLEGHENY	STEIN MD, MARTIN	PHILADELPHIA
SMYER MD, JAMES V	ALLEGHENY	SPICER MD, ALOINE R	CHESTER	STEIN MD, NATALIO	PHILADELPHIA
SMYER MD, JOHN J	DAUPHIN	SPIEGEL MD, CHAS	ALLEGHENY	STEIN MD, RAYMOND O	PHILADELPHIA
SMYER MD, JOHN M	NORTHAMPTON	SPIEGEL MD, DANIEL	ALLEGHENY	STEIN MD, RICHARD N	NORTHAMPTON
SMYER MD, KERMAN	PHILADELPHIA	SPIEGEL MD, ERNEST A	PHILADELPHIA	STEIN MD, ROBERT S	NORTHAMPTON
SMYER MD, M WILSON	MERCER	SPIEGELMAN MD, JAY	MONTGOMERY	STEIN MD, SAML C	PHILADELPHIA
SMYER MD, MARVIN C	CARBON	SPIGNER MD, DONALD W	DAUPHIN	STEIN MD, SEYMOUR	PHILADELPHIA
SMYER MD, RALPH E	BUCKS	SPILLMAN MD, MURRAY K	LANCASTER	STEIN MD, STANLEY I	NORTHAMPTON
SMYER MD, RANDALL M	LACKAWANNA	SPILSBURY MD, PAUL R	MONTOUR	STEINBACH III MD, WM A	LACKAWANNA
SMYER MD, RICHARD C	ALLEGHENY	SPINA JR MD, JOS	DELAWARE	STEINBERG DO, FRANK	PHILADELPHIA
SMYER MD, ROBERT B	ALLEGHENY	SPINA MD, CARMEN M	BUTLER	STEINBERG MD, ABRAAM	ALLEGHENY
SMYER MD, ROBT L	NORTHAMPTON	SPINNER MD, MORTON H	MONROE	STEINBERG MD, ARTHUR	PHILADELPHIA
SMYER MD, STANLEY	LEHIGH	SPINNEY MD, CARMEN E	LYCOMING	STEINBERG MD, MARVIN E	PHILADELPHIA
SMYER MD, WM J	ALLEGHENY	SPINO MD, PASCAL D	WESTMORELAND	STEINBERG MD, NATHAN	PHILADELPHIA
SMYERMAN MD, RUBEN	ALLEGHENY	SPITZ MD, EUGENE B	PHILADELPHIA	STEINBERG MD, SAML	PHILADELPHIA
SMYERMAN MD, LEONARD	PHILADELPHIA	SPITZ MD, LAWRENCE K	PHILADELPHIA	STEINBERG MD, STANFORD M	PHILADELPHIA
SMYERMAN MD, PAUL B	LUZERNE	SPITZER MD, JOHN J	LACKAWANNA	STEINBERG MD, STANLEY B	PHILADELPHIA
SMYERSKI MD, JOSEPH	ALLEGHENY	SPITZER MD, STANLEY	PHILADELPHIA	STEINDEL MD, CARL R	LACKAWANNA
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SMYER MD, DONALD Z	MONTGOMERY	SPRAGUE MD, GROVER J	PHILADELPHIA	STELLMACH MD, W PETER	BERKS
SMYER MD, MARTIN J	PHILADELPHIA	SPRATT DO, DAVID M	YORK	STEM MD, THEODORE B	ALLEGHENY
SMYER MD, SOLEIMAN M	PHILADELPHIA	SPRATT MD, ROBT H	BUCKS	STEMMLER MD, EDWARD J	PHILADELPHIA
SMYERMAN MD, MANAL D	PHILADELPHIA	SPRING JR MD, WM C	DAUPHIN	STENGEL MD, WM F	ALLEGHENY
SMYER MD, WALTER	ALLEGHENY	SPRINGER MD, ROY A	GREENE	STENGER MD, VINCENT G	DAUPHIN
SMYER MD, LAWRENCE	PHILADELPHIA	SPRITZER MD, ALBERT A	ALLEGHENY	STEPANSKY MD, WM	MONTGOMERY
SMYER MD, ROBT W	PHILADELPHIA	SPRITZER MD, SUSAN M	ALLEGHENY	STEPHAN MD, THURSTEN	ALLEGHENY
SMYER MD, DAVID B	PHILADELPHIA	SPRUCH MD, THUS M	WESTMORELAND	STEPHENS JR MD, HARRY W	LEHIGH
SMYERBERGER MD, FRANKLIN S	FRANKLIN	SPRONOLS MD, JAY R	WASHINGTON	STEPHENS MD, JOSEPHINE M	WASHINGTON
SMYER MD, HERBERT I	DAUPHIN	SPYRUPULLOS MD, NICHOLAS G	CHESTER	STEPHENS MD, MARILYN H	CENTRE
SMYER MD, PAUL B	PHILADELPHIA	SQUADRITO MD, JAMES F	DELAWARE	STEPHENSON MD, ORLANDO K	PERRY
SMYER MD, ELIAS M	LANCASTER	SQUAKES MD, CHAS L	WASHINGTON	STEPHENSON MD, RUTH	PHILADELPHIA
SMYER MD, JACK L	PHILADELPHIA	SRINIVASAGAM MD, NARASIMMAN	ALLEGHENY	STEPPACHER MD, LESTER G	PHILADELPHIA
SMYER MD, MACY B	CHESTER	SRITULANONDA MD, NOWARATANA	LANCASTER	STEPPACHER MD, ROBT C	ALLEGHENY
SMYERMAN MD, SOLOMON D	ADAMS	SRIVASTAVA MD, SHEONATH P	CAMBRIA	STIPT MD, LEONARD A	ALLEGHENY
SMYERMAN MD, STEPHEN J	LEBANON	SHODES MD, CHAS H	ALLEGHENY	STIPT MD, RAYMOND	ALLEGHENY
SMYER MD, ALEXANDER	SOMERSET	SHODES MD, W GLENN	ALLEGHENY	STIPT MD, WM J	WESTMORELAND
SMYER MD, DAVID	ALLEGHENY	SHOUJI MD, MAURICE N	PHILADELPHIA	STENLING MD, MARY P	PHILADELPHIA
SMYER MD, EDWARD A	PHILADELPHIA	SHOUJI MD, SAMIR J	DAUPHIN	STERN MD, ALAN L	PHILADELPHIA
SMYER MD, IRWIN A	ALLEGHENY	STAAS JR MD, WILLIAM E	PHILADELPHIA	STERN MD, BERTHOLD M	PHILADELPHIA



STERN MD, JAMES M	FRANKLIN	STRONG DO, FRANKLIN D	PHILADELPHIA	PHILADELPHIA	SZABO MD, FERDINAND F	COLUMBIA
STERN MD, JOAN G	PHILADELPHIA	STRUNG III MD, MICHAEL D	PHILADELPHIA	PHILADELPHIA	SZABO MD, RUDOLPH G	COLUMBIA
STERN MD, LILLIAN M	PHILADELPHIA	STRONG MD, GEO H	CHESTER	SZAL MD, JOS J	SZAKU MD, FRANK J	PHILADELPHIA
STERNLIES MD, SANFORD B	LUZERNE	STROUD III MD, MORRIS W	PHILADELPHIA	SZARKU MD, STANLEY	SZATNA MD, ONWARD	BERKS
STERNIS MD, GWEN K	ADAMS	STROUP MD, GOODELL W	PHILADELPHIA	SZETO MD, ONWARD	SZUTOWICZ DO, MICHAEL P	BUCKS
STEHKETT MD, W NORTH	FRANKLIN	STROUSE MD, J WILLARD	BUCKS			LANCASTER
STETSON MD, DERWOOD L	DAUPHIN	STRUMIA MD, PAUL V	MONTGOMERY			
STETTLER MD, WAYNE D	PHILADELPHIA	STRUNK DO, HERBERT A	INDIANA			
STEVENS JR MD, JOHN M	COLUMBIA	STRUNK MD, HAROLD A	BERKS			
STEVENS MD, GRANT G	PHILADELPHIA	STRUNK MD, THOS J	CAMBRIA			
STEVENS MD, LLOYD W	LYCOMING	STRUNK MD, WM M	NORTHAMPTON			
STEVENS MD, ROBT G	ALLEGHENY	STRYKER MD, JOHN A	DAUPHIN			
STEVENS MD, STEPHEN A	WASHINGTON	STUART MD, ROBT B	ERIE			
STEVENSON MD, MALCOLM S	ALLEGHENY	STUART MD, THOS J	LANCASTER			
STEVENSON MD, PETER T	MONTGOMERY	STUBA MD, STELLA	MONTGOMERY			
STEWART MD, RICHARD D	FRANKLIN	STUBBS MD, G WINSTON	PHILADELPHIA			
STEWART 3D DO, JOSEPH H	PHILADELPHIA	STUBBS MD, JOHN J	ALLEGHENY			
STEWART DDS, JAMES D	MONTGOMERY	STUCCIO MD, DOMINICK A	LUZERNE			
STEWART JR MD, WM G	FRANKLIN	STUCCIO MD, JOS J	LUZERNE			
STEWART MD, ALEXANDER	BUTLER	STUDDIFORD MD, JAMES S	PHILADELPHIA			
STEWART MD, ARTHUR I	MONTGOMERY	STULL JR MD, WALTER F	LEHIGH			
STEWART MD, DAVID A	ALLEGHENY	STUPNIKER MD, SONIA	PHILADELPHIA			
STEWART MD, DONALD J	HUNTINGDON	STURGEON JR MD, JOHN D	FAYETTE			
STEWART MD, MERVIN J	ALLEGHENY	STURGIS MD, KATHARINE R	PHILADELPHIA			
STEWART MD, PATRICIA E	MONTGOMERY	STURGIS MD, SAML B	MONTGOMERY			
STEWART MD, PAUL F	MONTGOMERY	STURTEVANT MD, CHARLES N	PHILADELPHIA			
STEWART MD, RICHARD P	DAUPHIN	STUTMAN MD, FRED A	ALLEGHENY			
STEWART MD, ROBT C	MONTGOMERY	STUTZ MD, IRVING L	WASHINGTON			
STEWART MD, THOMAS A	BERKS	STUTZ MD, MARTIN	MERCER			
STEWART MD, W WAYNE	PHILADELPHIA	STYPULA MD, RICHARD W	PHILADELPHIA			
STEWART MD, WILLARD D	VENANGO	SU MD, CHAU C	LACKAWANNA			
STEWART MD, WM D	ALLEGHENY	SU MD, SHYH-MIN	ALLEGHENY			
STEWART MD, WM P	PHILADELPHIA	SUANLAKM MD, CHINTANA	PHILADELPHIA			
STIBLER MD, MARY G	BUCKS	SUAKEZ MD, RAMON U	LEBANON			
STICK MD, EDWARD W	YORK	SUATONI JR MD, FRANK J	ALLEGHENY			
STICK MD, H DEHAVEN	YORK	SUDHEERAKRAILAS MD, WITOON	PHILADELPHIA			
STIEF MD, MICHAEL J	NORTHUMBERLAND	SUFFIAN MD, SHEKEEB	PHILADELPHIA			
STIERSTORFER MD, MAX J	LEHIGH	SUGARMAN MD, HARVEY J	LEHIGH			
STIFFEL MD, ARTHUR	PHILADELPHIA	SUGARMAN MD, SAML	PHILADELPHIA			
STIFFEL MD, JERRY	PHILADELPHIA	SUGDEN MD, WM A	BUCKS			
STILL MD, GEO J	MC KEAN	SUGERMAN MD, HARVEY J	LEHIGH			
STILLEY MD, JOHN W	WESTMORELAND	SUGIUKA MD, HENRY T	PHILADELPHIA			
STINE MD, SUSAN B	DELAWARE	SUGIUKA MD, SUMIKO M	PHILADELPHIA			
STINELY MD, REGIS W	WASHINGTON	SUM MD, SANG J	LACKAWANNA			
STIRLING MD, JAMES W	ALLEGHENY	SUK MD, JIN H	VENANGO			
STISH MD, WESLEY G	LUZERNE	SUKANICH MD, KRIENGSAK	ALLEGHENY			
STITT MD, DONALD G	MERCER	SUKARUCHANA MD, KAMTHORN	ALLEGHENY			
STITT MD, HUGH I	ARMSTRONG	SULLIVAN JR MD, HOWARD E	MONTGOMERY			
STITZEL MD, ELWOOD W	BLAIR	SULLIVAN MD, ANDREW A	DELAWARE			
STOCKDALE MD, ROBT H	ARMSTRONG	SULLIVAN MD, EDWARD M	DELAWARE			
STOKER MD, JOHN W	BLAIR	SULLIVAN MD, LAWRENCE X	ALLEGHENY			
STOKES MD, LOUIS C	CHESTER	SULLIVAN MD, WM A	DAUPHIN			
STULAN MD, JOHN	CRAWFORD	SULLIVAN MD, WM H	PHILADELPHIA			
STOLOFF MD, IRWIN L	PHILADELPHIA	SULTZ DO, MARVIN E	PHILADELPHIA			
STULTZ MD, VIRGIL D	LANCASTER	SUMMEKS MD, DAVID S	ERIE			
STOLZ MD, JOHN C	BERKS	SUMMERS MD, KERMIT L	LANCASTER			
STOLZ MD, JONATHAN L	BERKS	SUMMERS MD, WILLIAM K	ALLEGHENY			
STOLZ MD, PAUL K	BERKS	SUMMUNIS MD, HOWARD J	BERKS			
STOLZER MD, BERTRAND L	ALLEGHENY	SUMNER MD, HAROLD R	LAWRENCE			
STONE JR MD, CHAS S	ALLEGHENY	SUNDER MD, JOS E	ELK-CAMERON			
STONE MD, CHAS H	CHESTER	SUNDERMAN MD, F WILLIAM	PHILADELPHIA			
STONE MD, JOHN P	CAMBRIA	SUNDHEIM MD, JAMES L	LACKAWANNA			
STONE MD, RALPH E	FAYETTE	SUNDMAKER MD, WILFRIED K	DELAWARE			
STONE MD, ROBT K	MONTGOMERY	SUNG MD, PYUUNG	LAWRENCE			
STONE MD, WALKER H	LYCOMING	SUPER MD, BENJ	ALLEGHENY			
STONE MD, WILLIAM A	ALLEGHENY	SUPPA MD, OSVALDO S	ERIE			
STONER JR MD, ROBT R	DAUPHIN	SUKAMPUDI MD, RAMANA K	ALLEGHENY			
STONER MD, DAVID C	ADAMS	SUKKY MD, JOHN H	LANCASTER			
STONER MD, EMERY C	PHILADELPHIA	SUKYANARAYANA MD, B V	PHILADELPHIA			
STONER MD, JOHN C	DAUPHIN	SUSAN MD, LUAY P	ERIE			
STONER MD, MAX A	DAUPHIN	SUSEN MD, ANTHONY F	ALLEGHENY			
STONER MD, PAUL S	DAUPHIN	SUSSER MD, MURRAY R	ALLEGHENY			
STONER MD, ROBT E	LANCASTER	SUSSMAN MD, DAVID	LEHIGH			
STONEY MD, PATRICK B	PHILADELPHIA	SUSSMAN MD, MAXCEL S	PHILADELPHIA			
STORM MD, CHAS T	DELAWARE	SUSSMAN MD, NATHAN	DAUPHIN			
STOTE MD, ROBT M	PHILADELPHIA	SUSSMAN MD, SYLVIA	LEHIGH			
STOUDI MD, DONALD E	BERKS	SUTER MD, HARRY J	LYCOMING			
STOUDI MD, K DONALD	MERCER	SUTER MD, STANLEY C	LEBANON			
STOUFFER JR MD, VANCE R	YORK	SUTLIFF MD, CHAS S	LYCOMING			
STOUFFER MD, DONALD B	DAUPHIN	SUTLIFF MD, FREDERICK P	MONTGOMERY			
STOUT MD, WM J	LANCASTER	SUTNICK MD, ALTON I	PHILADELPHIA			
STOVER MD, DONALD L	CAMBRIA	SUTTON JR MD, EDWARD L	BUTLER			
STOWELL MD, JOS M	BLAIR	SUTTON JR MD, JOHN C	BEAVER			
STRAESSLEY MD, FRANCIS X	ALLEGHENY	SUTTON MD, CHAS A	BLAIR			
STRAKA MD, JOHN A	ALLEGHENY	SUTTON MD, ROBT L	ALLEGHENY			
STRALEY MD, RICHARD K	LYCOMING	SUTULA MD, JOHN V	LUZERNE			
STRANG MD, JAMES M	ALLEGHENY	SUTULA MD, JOSEPH A	LACKAWANNA			
STRANG MD, JOHN E	PHILADELPHIA	SUWANSIRIKUL MD, NIPAPAN	ARMSTRONG			
STRANG MD, MARY S	ERIE	SUWANSIRIKUL MD, SAKDIDEJ	ARMSTRONG			
STRASSER MD, EUGENE J	YORK	SWAMI MD, R KUMAR	PHILADELPHIA			
STRASSMAN MD, JACK	BLAIR	SWAMY MD, SRI C	BLAIR			
STRATTON MD, HENRY A	PHILADELPHIA	SWAMY MD, MALLIKARTUNA S	ALLEGHENY			
STRAUB MD, PAUL M	CAMBRIA	SWAN MD, REYER O	LANCASTER			
STRAUB MD, RUSSELL E	BERKS	SWAN MD, THEODORE H	MONTGOMERY			
STRAUS MD, JOS F	PHILADELPHIA	SWANSIGER MD, ROBERT J	SOMERSET			
STRAUSE JR MD, HAROLD L	BERKS	SWARTZ JR MD, OLIVER H	DAUPHIN			
STRAUSE MD, HAROLD L	BERKS	SWARTZ MD, CHAS D	PHILADELPHIA			
STRAUSS MD, ABRAHAM J	BERKS	SWARTZ MD, EDWARD F	FRANKLIN			
STRAUSS MD, MELVIN	DAUPHIN	SWARTZ MD, OLIVER H	DAUPHIN			
STRAUSS MD, RICHARD E	BUCKS	SWEENEY MD, J RUSSELL	SCHUYLKILL			
STRAUSS MD, ROBT D	LEHIGH	SWEET MD, WM A	BERKS			
STRAVINO MD, VINCENT D	NORTHAMPTON	SWEETISER JR MD, ARTHUR A	BUCKS			
STRANITZ MD, JOS G	PHILADELPHIA	SWEGAL MD, OTTO F	ALLEGHENY			
STRAX MD, THOS E	PHILADELPHIA	SWELGART MD, GENE M	BRAFFORD			
STREMPLE MD, JOHN F	ALLEGHENY	SWELTZER MD, CARL E	BERKS			
STRENGE MD, HENRY J	PHILADELPHIA	SWENSEN MD, HAROLD E	ALLEGHENY			
STREUBERT MD, GEO E	NORTHAMPTON	SWENSEN MD, NANCY M	ALLEGHENY			
STRICKER MD, ROBERT S	LUZERNE	SWETERLITSCH MD, LOUIS H	ALLEGHENY			
STRICKLAND MD, S CLOYDE	PHILADELPHIA	SWETERLITSCH MD, LOUIS H	NORTHAMPTON			
STRICKLER MD, JANE M	CENTRE	SWETERLITSCH MD, PAUL R	MONTGOMERY			
STRIMEL JR MD, WILLIAM H	PHILADELPHIA	SWICK 2ND MD, J HOWARD	BEAVER			
STRIMLAN MD, CHARLES V	ALLEGHENY	SWIFT MD, FRANK L	LACKAWANNA			
STRITE JR MD, JAMES A	ADAMS	SWIFT MD, JOHN E	LACKAWANNA			
STRITE MD, JOS O	FRANKLIN	SWISHER II MD, CHARLES L	LACKAWANNA			
STRITTMATTER MD, ISIDOR T	PHILADELPHIA	SWITKES MD, HERMAN I	ALLEGHENY			
STROCK MD, BRADFORD K	DAUPHIN	STYLMESTER MD, HANS M	PHILADELPHIA			
STROCKBINE MD, MELVIN F	YORK	SYMS MD, CHAS A	PHILADELPHIA			
STRODE MD, MARSHALL D	CHESTER	SYNEK MD, SUSAN J	MONTGOMERY			

T

TABACHNICK MD, THEODORE M	ALLEGHENY
TABAKA MD, EMANUEL J	ERIE
TACHOJIAN MD, VAMAKEN	PHILADELPHIA
TACHUVSKY MD, THOMAS J	NORTHAMPTON
TAEFFNER MD, JOHN H	PHILADELPHIA
TAEFFNER MD, THOMAS F	LUZERNE
TAGGART MD, GEU W	LUZERNE
TAGGART MD, HAROLD A	PHILADELPHIA
TAHIR MD, SYED M	MONTGOMERY
TAIT MD, EDWIN C	MONTGOMERY
TAITELBAUM MD, BEN	ALLEGHENY
TAJ ELDIN MD, ADAM	ALLEGHENY
TAKACH MD, STEPHEN J	INDIANA
TAKEDA MD, MTSAO	PHILADELPHIA
TALBOT JR MD, TIMOTHY R	PHILADELPHIA
TALBOTT MD, JOHN B	ALLEGHENY
TALL MD, MILTON G	ALLEGHENY
TALLMAN MD, EDWIN H	BERKS
TALMAGE MD, EDWARD A	BRAFFORD
TALSANIA MD, SURYAKANT J	PHILADELPHIA
TAMA MD, LAWRENCE	BRAFFORD
TAMAKI MD, HITOSHI T	MONTGOMERY
TAMARELLI MD, JOHN A	ALLEGHENY
TAN JR MD, RAMON N	CAMBRIA
TAN MD, ANTONIUS H	LEHIGH
TAN MD, ISABEL G	MERCER
TAN MD, KEE T	MONTGOMERY
TAN MD, MYRNA M	PHILADELPHIA
TAN MD, TIJAUN-LING	DAUPHIN
TAN MD, WILFREDO S	ERIE
TAN MD, YOKE Y	DAUPHIN
TANANIS MD, ANTHONY A	YORK
TANANIS MD, HELEN F	FRANKLIN
TANANIS MD, LEONARD J	SCHUYLKILL
TANGUC MD, BENITO	PHILADELPHIA
TANDON MD, DEVINDER L	ALLEGHENY
TANNEHILL MD, NORMAN B	ALLEGHENY
TANNENBAUM MD, PHILIP J	PHILADELPHIA
TANNER MD, LEONARD M	LEBANON
TANNING MD, HOWARD M	ALLEGHENY
TANRIBILIR MD, ABDUL K	COLUMBIA
TANTISIRA MD, BOONRAK	ALLEGHENY
TANTISIRA MD, SOMPHONG	WESTMORELAND
TANTUM MD, KERMIT R	DAUPHIN
TANYOL MD, HASIB	MONTGOMERY
TARROW MD, ARTHUR B	PHILADELPHIA
TART JR MD, BRASTON I	YORK
TASMAN MD, WM S	PHILADELPHIA
TATE MD, FREDERICK J	LEHIGH
TATE MD, J HARRISON	ERIE
TATEM 3RD MD, HENRY R	BUCKS
TATKENSALL MD, HAROLD A	MONROE
TAUHEL MD, LOUIS E	MONTGOMERY
TAUBER MD, JOS B	ALLEGHENY
TAUBER MD, ROBERT A	PHILADELPHIA
TAUBER MD, STANLEY A	PHILADELPHIA
TAUBERG MD, HERBERT R	ALLEGHENY
TAVANA MD, MANOUCHER	ERIE
TAVOULARIS MD, MARJORIE O	ALLEGHENY
TAYAO TESORO MD, ALICIA C	PHILADELPHIA
TAYENGCO-MAISO MD, VICTORIA S	LAWRENCE
TAYLOR III MD, JAMES S	DAUPHIN
TAYLOR JR MD, JOHN O	CRAWFORD
TAYLOR MD, ANN G	PHILADELPHIA
TAYLOR MD, ARTHUR R	LYCOMING
TAYLOR MD, DANL B	PHILADELPHIA
TAYLOR MD, HARRY E	MC KEAN
TAYLOR MD, JAMES A	MONROE
TAYLOR MD, JAMES E	PHILADELPHIA
TAYLOR MD, JAMES T	CAMBRIA
TAYLOR MD, MORGAN F	BEAVER
TAYLOR MD, RAYMOND A	YORK
TAYLOR MD, ROBT L	VENANGO
TECHONG MD, KUO-LIANG	DELAWARE
TE MD, TOMAS T	BUCKS
TEAHAN MD, ROSCOE W	PHILADELPHIA
TEDESCO MD, ORLANDO P	DELAWARE
TEED MD, EDWARD L	ERIE
TEEHAN MD, BRENDAN P	MONTGOMERY
TEETER MD, JAMES H	FRANKLIN
TEGES JR MD, GEO	ALLEGHENY
TEITELBAUM MD, CARL	LUZERNE
TEMELES MD, LAWRENCE	PHILADELPHIA
TEMELES MD, ROY S	ALLEGHENY
TEMPLETON MD, JOHN Y	PHILADELPHIA
TEMPLIN JR MD, WM B	CAMBRIA
TENENOUSER MD, BARRY	ALLEGHENY
TENICELA MD, RUBEN	ALLEGHENY
TENNANT MD, JOHN S	DAUPHIN
TENSUAN JR MD, LEONARDO S	SOMERSET
TEPLICK MD, JOS G	PHILADELPHIA
TEPLITZKY MD, ARTHUR L	PHILADELPHIA
TEPPER MD, MAURICE C	PHILADELPHIA
TEREDESA MD, PRADIP E	ALLEGHENY
TERKEL MD, FREDERICK J	ALLEGHENY
TERMINI MD, JOS T	LEHIGH
TERNER MD, IRWIN S	ALLEGHENY
TERRY MD, F LEE	BERKS
TESSARO MD, ANNE N	ALLEGHENY
TESTA MD, JOHN W	LUZERNE
TESTA MD, JOS A	WESTMORELAND
TEITLOW MD, FRANK N	ALLEGHENY
TEUFEL MD, SEVERIN	PHILADELPHIA
THAMES DO, RICHARD	JEFFERSON
THEERAKULSTIT MD, VIRACHAI	ALLEGHENY
THEIS MD, STEVEN W	ALLEGHENY



THEL JR MD, HENRY C	BEAVER	TOLENTINO MD, JULIAN C	BUTLER	TSAL MD, LONGWAY	NORTHUMBERLAND
THEL MD, HENRY C	BEAVER	TOLENTINO MD, PABLITO L	BUCKS	TSAL MD, MICHAEL M	INDIANA
THEUDOS MD, PETER A	PHILADELPHIA	TOLIS MD, BASILE D	BLAIR	TSAL MD, MING C	ERIE
THEUERKAUF JR MD, FRANK J	ERIE	TOLLETT MD, CHARLES A	PHILADELPHIA	TSAL MD, MING C	BLAIR
THEURKAUF MD, FRANK J	ERIE	TOLOFF MD, EDWARD M	BUTLER	TSAL MD, MING-SHANG	BUTLER
THEURKAUF JR MD, EDWARD A	CHESTER	TOLSCIK MD, RICHARD Z	MONTGOMERY	TSAL MD, WEI C	JEFFERSON
THIERS MD, GEO F	ALLEGHENY	TOLSTOI MD, GEO	FAYETTE	TSAL MD, YU J	MONTGOMERY
THOMA MD, GEO M	ALLEGHENY	TOMARELLI MD, RAYMOND C	ALLEGHENY	TSAL MD, YUNG-HSIEN	MERCER
THOMAS JR MD, DAVID W	CLINTON	TOMASI MD, SAM J	BEAVER	TSE MD, ROSE L	PHILADELPHIA
THOMAS JR MD, FRANK W	WESTMORELAND	TOMCI MD, GEO E	WESTMORELAND	TSUTSOPLIDES MD, GEORGE C	COLUMBIA
THOMAS JR MD, GEO P	CARBON	TOMMAYE MD, ROBT M	CAMBRIA	TSUNG MD, WEN-MAN	BEAVER
THOMAS JR MD, HAROLD D	BEAVER	TOMKIEWICZ MD, THADDEUS J	BERKS	TUCH MD, ARTHUR F	DELAWARE
THOMAS JR MD, HOWARD P	BUCKS	TOMLEY MD, JOHN E	ALLEGHENY	TUCHINDA MD, JALIT	ALLEGHENY
THOMAS JR MD, JAMES A	DELAWARE	TOMLIN MD, JOS G	SCHUYLKILL	TUCHINDA MD, KANCHANA V	MONTGOMERY
THOMAS JR MD, JAMES J	ERIE	TOMLINSON MD, JOHN W	DELAWARE	TUCKER MD, JOHN A	PHILADELPHIA
THOMAS JR MD, JOHN W	PHILADELPHIA	TOMPA MD, ALEXANDER F	LEHIGH	TUCKER MD, THOS W	CHESTER
THOMAS MD, ALBERT M	LUZERNE	TOMPKINS MD, H ERNEST	MONTGOMERY	TUCKMAN MD, DAVID J	PHILADELPHIA
THOMAS MD, CARMEN C	PHILADELPHIA	TONDREAU MD, ROEDICK L	DAUPHIN	TUDDENHAM MD, WM J	PHILADELPHIA
THOMAS MD, CHESTER G	DAUPHIN	TONEY MD, DAVID M	PHILADELPHIA	TUFT MD, LOUIS	PHILADELPHIA
THOMAS MD, CHRISTOPHER W	CRAWFORD	TONG MD, SHIU Y	WESTMORELAND	TUKANOWICZ MD, STANISLAW A	CAMBRIA
THOMAS MD, EUGENE L	PHILADELPHIA	TUNKIN MD, HAROLD L	PHILADELPHIA	TULL MD, JOHN W	YORK
THOMAS MD, F ARDELL	TIOGA	TUNKONOW MD, WM	LYCOMING	TULLAI MD, JOHN	DELAWARE
THOMAS MD, GEO J	ALLEGHENY	TUNKLEY MD, FRANCIS G	PHILADELPHIA	TULLY MD, VINCENT J	WAYNE-PIKE
THOMAS MD, GEO P	CARBON	TONSEY MD, HABIS	LUZERNE	TULSKY MD, EMANUEL G	PHILADELPHIA
THOMAS MD, HAROLD W	WESTMORELAND	TOONDER MD, F GEOFFREY	PHILADELPHIA	TUMEN MD, HENRY J	PHILADELPHIA
THOMAS MD, HARRY L	PHILADELPHIA	TOOVEY MD, EDNA W	LEHIGH	TUNG MD, ALFRED S	ALLEGHENY
THOMAS MD, HENRY W	ALLEGHENY	TOOZE MD, FRANK M	PHILADELPHIA	TUNG MD, RU-LIN K	PHILADELPHIA
THOMAS MD, IRVING O	LUZERNE	TOPERZER MD, BETTY C	ERIE	TURAKHIA MD, BHARATI V	ALLEGHENY
THOMAS MD, JAMES H	WESTMORELAND	TORAKI MD, WILLIAM	BUCKS	TURBESSI MD, ALBERT J	WARREN
THOMAS MD, JOHN M	BRADFORD	TORG MD, JOS S	PHILADELPHIA	TURCHETTI MD, ANTHONY J	LUZERNE
THOMAS MD, JOHN W	ALLEGHENY	TORI MD, LEANDER P	PHILADELPHIA	TUREL MD, ANTHONY P	MONTGOMERY
THOMAS MD, KANDATHINDARA	MONROE	TORIN MD, JACK E	ALLEGHENY	TUREL MD, STANLEY E	NORTHAMPTON
THOMAS MD, LEWIS B	LUZERNE	TORIO MD, REYNALDO M	WESTMORELAND	TURKAK MD, SAIP E	CRAWFORD
THOMAS MD, MERLE J	BLAIR	TORNAY MD, ANTHONY S	PHILADELPHIA	TURMAN MD, CHRISTOPHER	PHILADELPHIA
THOMAS MD, NATHAN O	CAMBRIA	TORNETTA MD, FRANK J	MONTGOMERY	TURNBACER MD, CHAS B	BUTLER
THOMAS MD, THOS	VENANGO	TORPEY JR MD, DAVID J	ALLEGHENY	TURNER DO, DONALD E	PHILADELPHIA
THOMAS MD, WILBUR C	CRAWFORD	TORNANCE MD, EDWARD G	DELAWARE	TURNER DO, MELVIN L	PHILADELPHIA
THOMPSON MD, C FRED	NORTHAMPTON	TORKES MD, JULIO E	LEHIGH	TURNER MD, J ELLIS	DELAWARE
THOMPSON MD, CHAS M	PHILADELPHIA	TORKES MD, ROBIN G	BEDFORD	TURNER MD, LINTON W	PHILADELPHIA
THOMPSON MD, CHAS W	ARMSTRONG	TORKES MD, VICTOR L	PHILADELPHIA	TURNER MD, MORRIS E	ALLEGHENY
THOMPSON MD, DAVID A	ALLEGHENY	TORKREY MD, EDWIN H	YORK	TURNER MD, OLIVER E	ALLEGHENY
THOMPSON MD, DAVID I	CUMBERLAND	TOSU MD, GIANFRANCO F	BERKS	TURNER MD, VERN A	CAMBRIA
THOMPSON MD, ELMER L	DELAWARE	TUTINO MD, JOS A	DELAWARE	TURNEK MD, WAYNE E	COLUMBIA
THOMPSON MD, FRANK V	NORTHAMPTON	TOUCH MD, RALPH J	LACKAWANNA	TURUCK MD, MICHAEL J	LACKAWANNA
THOMPSON MD, HARRY J	ARMSTRONG	TOURISH MD, WM J	PHILADELPHIA	TURSKI MD, JOS J	PHILADELPHIA
THOMPSON MD, HERBERT	ALLEGHENY	TOURTELLOTTE MD, CHARLES D	PHILADELPHIA	TURSKY MD, ROSEMARIE J	DAUPHIN
THOMPSON MD, JAMES S	ALLEGHENY	TOWNES MD, HOWARD E	PHILADELPHIA	TURTZO MD, DOUGLAS F	NORTHAMPTON
THOMPSON MD, JAMES W	MONTGOMERY	TOWNSEND MD, JAMES E	PHILADELPHIA	TURTZO MD, JOHN A	NORTHAMPTON
THOMPSON MD, JOHN E	WARREN	TOWNSEND MD, JAY A	WESTMORELAND	TUSHIM MD, GEO A	CLINTON
THOMPSON MD, MARK E	ALLEGHENY	TOWNSEND MD, WM H	CUMBERLAND	TUSHIM MD, JOS N	BLAIR
THOMPSON MD, PETER J	VENANGO	TRACHTENBERG MD, LEE A	ALLEGHENY	TUTHILL MD, CHAS W	ALLEGHENY
THOMPSON MD, ROBERT E	CAMBRIA	TRACHTENBERG MD, WILLIAM M	ALLEGHENY	TUTTLE MD, ALFRED	ALLEGHENY
THOMPSON MD, ROBERT L	ALLEGHENY	TRACY MD, GERALD P	LEHIGH	TUTTLE MD, WM B	CHESTER
THOMPSON MD, ROBT L	CUMBERLAND	TRAJMAN MD, RICHARD G	LACKAWANNA	WADDELL MD, DONALD N	PHILADELPHIA
THOMPSON MD, T EWING	ALLEGHENY	TRANSUE MD, MARY A	CHESTER	WAKDY MD, BERNADETTE E	PHILADELPHIA
THOMPSON MD, WM G	ALLEGHENY	TRANSUE MD, SEWARD M	BUCKS	TWER MD, HARRIS	PHILADELPHIA
THOMPSON MD, WM W	ELK-CAMERON	TRATNIK MD, LEK	YORK	TWERSKI MD, ABRAHAM J	ALLEGHENY
THOMS MD, JOS F	ALLEGHENY	TRAUM MD, RONALD E	PHILADELPHIA	TWIGGAR II MD, EDWARD V	NORTHUMBERLAND
THOMSON MD, ALVERNON H	CHESTER	TRAUPMAN MD, ARNOLD F	PHILADELPHIA	TY MD, JAMES S	BRADFORD
THUNET MD, MARCEL A	PHILADELPHIA	TRAUTLEIN MD, JOS J	NORTHAMPTON	TYERS MD, GEDDES F	DAUPHIN
THURINGTON MD, J MONROE	CHESTER	TRAVISANO MD, FRANK J	DAUPHIN	TYSON MD, CHARLES H	ALLEGHENY
THURNE MD, CHAS G	LACKAWANNA	TREUENICK MD, CHAS K	DAUPHIN	TYSON MD, R ROBERT	PHILADELPHIA
THURNTON MD, EVA A	PHILADELPHIA	TREDENNICK MD, CHAS N	CAMBRIA	TYSON MD, ROBT G	ALLEGHENY
THUROUGHGOOD MD, WM C	PHILADELPHIA	TREDICI MD, LUIS M	BUTLER	TYSON MD, RUSSELL R	CHESTER
THURP MD, T RAMSEY	ALLEGHENY	TREDAWAY MD, JOHN B	CAMBRIA	TZANIS MD, LOUCAS C	DAUPHIN
THURPE MD, HARVEY E	YORK	TREGER MD, ALBERT	BUCKS		
THURSEN JR MD, WM B	PHILADELPHIA	TREIBER MD, KENNETH S	ERIE		
THURWARTH MD, WM T	PHILADELPHIA	TREIDEL MD, ERNEST E	ALLEGHENY		
THESHER MD, OLIVER S	DELAWARE	TREIMAN MD, HARRIS I	BEAVER		
THURMAN MD, JOHN N	MERCER	TREIKES MD, GEO J	BUCKS		
THAN MD, WILL T	BUCKS	TRELLIS MD, EMIL S	CLINTON		
THEBELS MD, EWING W	WASHINGTON	TREMBLAY MD, ERNEST A	ALLEGHENY		
THEBENS MD, GEO F	LEBANON	TRENT MD, DOUGLAS E	DELAWARE		
THEBITTS MD, JAMES A	BUTLER	TRESCOTT MD, ALFRED P	BEAVER		
THEBUCIO JR MD, ALBINO F	BUCKS	TREVASKIS MD, ALLAN E			
THECE MD, WALTER R	PHILADELPHIA	TREXLER MD, ETHAN L	TIOGA		
THECKNER MD, LOUIS	ALLEGHENY	TREXLER MD, HAROLD L	LEHIGH		
THECZON MD, ANDRES R	ERIE	TRIAND MD, GENE J	BERKS		
THEDD MD, RALPH M	MONROE	TRIBBIT JR MD, CHAS B	DAUPHIN		
THEFF DO, MICHAEL W	ALLEGHENY	TRIBOLETTI MD, ELEANOR D	PHILADELPHIA		
THEGEL MD, WM J	BERKS	TRIBOLETTI MD, FRANCES M	DELAWARE		
THEHOML JR MD, RALPH H	WAYNE-PIKE	TRIESTER MD, ARTHUR N	DELAWARE		
THEJEN MD, GEORGE W	PHILADELPHIA	TRIMMER MD, JOHN H	PHILADELPHIA		
THEGER MD, MELVYN E	LACKAWANNA	TRIMMER MD, MICHAEL N	YORK		
THEHMD, PATRICK L	LYCOMING	TRIMPI MD, HOWARD D	ALLEGHENY		
THEGNOR MD, RICHARD F	SCHUYLKILL	TRINIDAD MD, TITO B	LEHIGH		
THEHANSKY MD, THEODORE B	PHILADELPHIA	TRINKLE MD, WILMER S	CENTRE		
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THEHMONS MD, ROBT G	VENANGO	TRITSCHLER MD, JOS P	DAUPHIN		
THEHNEY MD, THOS E	PHILADELPHIA	TROEN MD, PHILIP	BEAVER		
THEHND MD, AURORA D	MONTGOMERY	TROILO MD, CAMILLO T	ALLEGHENY		
THEHDALL MD, DOROTHY D	LANCASTER	TROMBETTA MD, FIORE F	FAYETTE		
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THEHTUS MD, LABORDE	LYCOMING	TRUE MD, A CURTIS	BUCKS		
THEHJIA MD, ENIO M	PHILADELPHIA	TRUEMAN MD, ROBT H	PHILADELPHIA		
THEHIAS MD, GORDON L	LACKAWANNA	TRUAX MD, RAYMOND C	PHILADELPHIA		
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THEHUNTER MD, WM O	DAUPHIN	TRUTER MD, CARL W	ALLEGHENY		
THEHILIA MD, JOS U	PHILADELPHIA	TRUTER MD, EDMUND F	ALLEGHENY		
THEHILARZ MD, JOHN P	PHILADELPHIA	TSAL MD, EDWARD M	INDIANA		
THEHILAND 3RD MD, JOS J	PHILADELPHIA	TSAL MD, JER Y	GREENE		
THEHILAND MD, JOSEPH C	PHILADELPHIA				
THEHILAT MD, PRATIMA R	PHILADELPHIA				
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				UBINGER MD, WM N	ARMSTRONG
				UDOSTROM MD, CLARENCE N	ALLEGHENY
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				UHLE MD, CHAS A	PHILADELPHIA
				UHLMAN MD, RICHARD C	CHESTER
				UHRICH MD, KATHRYN H	LEBANON
				UHRICH MD, ROBT W	LEBANON
				ULANSKI MD, BENJAMIN	PHILADELPHIA
				ULICNY MD, THOMAS L	ALLEGHENY
				ULIN MD, ALEXANDER W	PHILADELPHIA
				ULRICH MD, JACK M	ALLEGHENY
				ULRICH MD, RICHARD G	DAUPHIN
				ULRICH MD, SAM L D	DAUPHIN
				ULUS MD, AHMET	PHILADELPHIA
				UMAR MD, KENAN	MONTGOMERY
				UMIKER MD, WM O	LANCASTER
				UMLAUF MD, CHAS W	LEHIGH
				UNDERHILL MD, WM L	ERIE
				UPDEGRAFF MD, WM C	ALLEGHENY
				UPDEGROVE MD, JOHN H	NORTHAMPTON
				UPDEGROVE MD, ROBT A	LYCOMING
				UPDIKE JR MD, FURMAN T	YORK
				URAL MD, WILLIAM F	WARREN
				URAM MD, HERBERT	ALLEGHENY
				URBACH MD, FREDERICK	MONTGOMERY
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				URBAITIS MD, PETER W	BERKS
				URBAN MD, CLIFFORD H	MONTGOMERY
				URBAN MD, DONALD G	CUMBERLAND
				URBAN MD, RENA L	ALLEGHENY
				URBAN MD, ROBT R	WESTMORELAND
				URBANSKI MD, TIMOTHY E	MONTGOMERY
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				URIE MD, JOHN C	DELAWARE
				URUSKIE MD, THEODORE W	LACKAWANNA
				URKHA MD, J OSCAR	ALLEGHENY
				USHINSKI MD, STANLEY C	LUZERNE
				UTBERG MD, JOHN R	ALLEGHENY
				UY MD, HENRY T	WASHINGTON
				UY MD, NONITA T	ALLEGHENY
				UZYCH MD, WALTER	DELAWARE



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VAGLEY MD, RICHARD T  
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VAIDYA MD, KALPANA A  
VAKAMUDI MD, HEMA K  
VAKIL MD, HASSAN C  
VALCANCEL MD, SOFRONIO J  
VALENA MD, ELENA V  
VALENA MD, LOE V  
VALENCIA MD, CELEDONIO C  
VALENTEEN MD, JOHN W  
VALENTI MD, JOHN T  
VALENTINE MD, JEROME D  
VALIGORSKY MD, PAUL J  
VALLEJO MD, MANUEL C  
VALLESTEROS MD, FEDERICO P  
VALLOTI MD, JOS M  
VALUNE MD, J THEODORE  
VALVERDE MD, MARIO F  
VALVO MD, BARBARA-ANN V  
VANBUSKIRK MD, CHAS  
VANBUSKIRK MD, E MICHAEL  
VANBUSKIRK MD, GORDON P  
VANCE MD, MAUDE V  
VANDAMIA MD, DONALD N  
VANDEGRIFT MD, EARL  
VANDENBOSCH MD, JOHN T  
VANDENBOORT MD, GORDON  
VANDERBEEK MD, RICHARD R  
VANDERLIN MD, ROBT L  
VANDENMEER MD, HERMAN  
VANDERVEER MD, JOS B  
VANUYK MD, KLAAS  
VANKIRK JR MD, JOHN S  
VANKIRK MD, JAMES K  
VANLUON MD, EMILY L  
VANNUCCI MD, ROBT C  
VANSCOTT MD, EUGENE J  
VANSTRIEN MD, ADRIAN R  
VANTILBURG MD, CHAS P  
VARADAKARAN MD, SUSHILA  
VARANO MD, LOTTIE A  
VARANO MD, NICHOLAS R  
VARANO MD, VINCENT J  
VARDAKO MD, LINA G  
VAKE JR MD, VICTOR B  
VARGA MD, ARTHUR B  
VARKER MD, MARY D  
VASKLEY MD, WM J  
VAKMA MD, BHUPINDER K  
VASILOPOULOS MD, NICHOLAS N  
VASINRAPEE MD, PANUKORN  
VASQUEZ MD, RAMON A  
VASSALLUZZO MD, FRANCIS J  
VASSALLUZZO MD, JULIO E  
VASSALLUZZO MD, PASQUALE D  
VASSALOTTI MD, STEPHEN B  
VASSALOTTI-CONRAD MD, MARGARET  
VASTINE MD, JOHN R  
VASULOVAN MD, GOPALAN  
VASUDEVAN MD, RAGHAUAN  
VAUGHAN 3RD MD, VICTOR C  
VAUGHAN MD, WARD P  
VAUGHN JR MD, ARTHUR R  
VAZUKA MD, JEAN T  
VEENIS MD, CORNELIUS Y  
VEGA MD, ROGELIO E  
VELAYO MD, DANTE P  
VELAYOS MD, EDUARDO J  
VELEZ-LONDONO MD, RODRIGO  
VELOSO MD, VICTOR V  
VELOSO MD, VIRGILIO J  
VENIER MD, LEON H  
VENIT MD, BETHANY A  
VENKATAPPAN MD, RAJ R  
VENTURA MD, SAMUEL R  
VENZUN MD, NORMAN A  
VERA MD, LUIS F  
VERBINSKI MD, TED  
VERBRUGGEN MD, HUGO C  
VERDECCHIA MD, LEO M  
VERGNE MD, RAYMOND  
VERI MD, FRANK A  
VERMEIRE MD, DAVID A  
VERNICKE MD, CLIFFORD G  
VERNICKE MD, JEROME J  
VERNINO MD, ROCCO A  
VERNOCY MD, WILLIAM G  
VERNOCY MD, WM C  
VERNON MD, WALTER G  
VERNOSE MD, GERARD V  
VERONESI DO, JOHN N  
VERKAGE MD, JOS L  
VESELY MD, JOHN A  
VEY MD, EDWIN K  
VICK MD, EDWARD H  
VICTORIA MD, NENITA V  
VIECHNICKI MD, MICHAEL B  
VIEK MD, NICHOLAS F  
VIGGIANO MD, LOUIS X  
VIGGIANO MD, THOMAS R  
VIGILANTE MD, MICHAEL  
VIGLIONE MD, JOS P  
VILLA MD, FRANCISCO B  
VILLASenor MD, MARIANO M  
VILLAVICENCIONOCHE M, LYDIA L  
VILLEGAS MD, ANTONIO C  
VILLEGAS MD, EMILIO  
VILLELLA MD, EDWARD R  
VILSACK MD, G RAY  
VINCENT MD, JOS E

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VINER MD, EDWARD D  
VINUEZA MD, TIRSO L  
VIOLE MD, PAUL R  
VIOZZI MD, FRANCIS J  
VIRGILIO MD, LAWRENCE A  
VISCHER MD, THOS J  
VISPERAS MD, EMILIANA P  
VISPERAS MD, MARIO F  
VITALE MD, LOUIS J  
VITURI MD, EUGENE F  
VITTONI MD, RONALD B  
VIZER MD, MARK B  
VLACHOS MD, VASILIOS A  
VLESSING MD, ELIAS  
VOCI MD, GERARDO  
VUEGELIN MD, ADRIAN W  
VOGAN MD, WM R  
VOGEL JR MD, JULIUS A  
VOGEL MD, ADOLPH W  
VOGEL MD, HAROLD B  
VUGIN MD, EUGENE E  
VOGLER JR MD, WILFRED E  
VOLKIN MD, LEONARD B  
VOLLMER MD, EARL S  
VOLPETTI MD, GEORGE W  
VONSCHLICHTEN MD, ALEXANDER  
VOSSNERBERG MD, FRANS J  
VOSSOUGH MD, HOUSHANG  
VOYTEK MD, JOS J  
VOYTKO MD, RICHARD E  
VKABEC MD, DONALD P  
VUCICEVIC MD, ZARKO P  
VUJAN MD, ALEXANDER S  
VUJEVICH MD, MARION M  
VUKMER MD, GEORGE J

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WACHS MD, HIRSH  
WADDELL MD, EDWARD H  
WADDINGTON MD, ARTHUR W  
WADE MD, FRANKLIN G  
WADE MD, GEO R  
WADEMAN MD, ROSS L  
WADHWA MD, KAMAL P  
WADHWA MD, RAJINDAR K  
WADHWA MD, SAROJ R  
WADHWANI MD, BHAGWAN J  
WAGENHEIM MD, HARRY H  
WAGENHEIM MD, HELEN S  
WAGENSELLER MD, FRANK C  
WAGGONER MD, IRVING M  
WAGMAN MD, ALBERT D  
WAGNER JR MD, FREDERICK B  
WAGNER JR MD, JOHN H  
WAGNER JR MD, RICHARD S  
WAGNER JR MD, THOS E  
WAGNER MD, DAVID K  
WAGNER MD, IRA G  
WAGNER MD, J HUBER  
WAGNER MD, JOHN B  
WAGNER MD, JOHN M  
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WAGNER MD, KENNETH L  
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WAGNER MD, SEYMOUR  
WAGNER MD, TIBOR D  
WAGNER MD, W JOHN  
WAHAB MD, ABDUL  
WAHL MD, DAYNE F  
WAIN MD, JOHN C  
WAINER MD, AMOS S  
WAISBROT MD, EDWARD L  
WALBERG MD, HARRY N  
WALD MD, MICHAEL E  
WALD MD, NIEL  
WALDHAUSEN MD, JOHN A  
WALDMAN MD, ABRAHAM L  
WALDMAN MD, JOS  
WALDO MD, RALPH F  
WALDRON MD, JEROME M  
WALICHUCK MD, JOHN G  
WALINSKY MD, PAUL  
WALKER JR MD, LEROY L  
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WALKER MD, JAMES F  
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WALL MD, JAMES R  
WALL MD, JOHN N  
WALL MD, NORMAN M  
WALLACE JR MD, JOS  
WALLACE MD, HERBERT W  
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WALLACE MD, WILBUR S  
WALLACH MD, EDWARD E  
WALLACK MD, ARMAND A  
WALLEN MD, ALBERT D  
WALLER MD, LOUIS C  
WALLEK MD, LOUIS C  
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WALLIA MD, TEGENDRA S  
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WALMER MD, JOHN D  
WALNISTA MD, FRANK J  
WALP MD, FREDERIC M  
WALRATH 3RD MD, MARTIN H  
WALSH MD, ARTHUR C  
WALSH MD, JAMES C  
WALSH MD, JOHN J  
WALSH MD, JOHN J  
WALSH MD, JOS M  
WALSH MD, MARTIN J  
WALTERMYER JR MD, WM C  
WALTER MD, C LEE  
WALTER MD, EARL R  
WALTER MD, WILLARD F  
WALTER MD, WM J  
WALTERS MD, WM H  
WALTERS MD, WM S  
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WALTZ MD, PAUL K  
WALTZER MD, FREDERICK N  
WAMPLER MD, MERLE J  
WANAMAKER MD, JOHN L  
WANCZYK MD, CASIMIR J  
MANDALUNSKI MD, JOHN G  
WANG MD, ANDREUS  
WANG MD, CHEE-KUNG  
WANG MD, GEO C  
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WANSKI MD, Z JOSEPH  
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WARDE MD, DONAL A  
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WARRICK JR MD, WM H  
WARRINGTON JR MD, JOHN T  
WARTILLA JR MD, STEPHEN  
WARTONICK MD, WALTER  
WASHBURN MD, VIRGINIA E  
WASHICK MD, FRANK A  
WASHINGTON MD, BUFORD S  
WASILEWSKI JR MD, CHAS L  
WASKO MD, ROBT  
WASLEY MD, DOUGLAS C  
WASNICK MD, WM  
WASSERMAN MD, RONALD E  
WASSERMAN MD, THEODORE W  
WASSIL JR MD, JOHN G  
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WATERHOUSE MD, ROBT P  
WATERS DO, PATRICK T  
WATKIN JR MD, WALTER B  
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WATSUN JR MD, WM R  
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WAUGH MD, ELIZABETH S  
WAWRUSE MD, FREDERICK E  
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WAXMAN MD, HERBERT S  
WAY MD, GEO E  
WAYLONIS MD, JOS R  
WAYNE MD, DENNIS O  
WEABER JR MD, THOS H  
WEADER MD, JOS A  
WEADEK MD, WM H  
WEANER JR MD, HOWARD H  
WEAK JK MD, ROLAND F  
WEAVER MD, CHAS E  
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WEAVER MD, FRANK M  
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WEAVER MD, JAMES D  
WEAVER MD, KENT E  
WEAVER MD, MARY F  
WEAVER MD, R CLAIR  
WEAVER MD, THOMAS D  
WEAVER MD, W RONALD

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WINIARSKI MD, JANUSZ  
WINKLE MD, RICHARD J  
WINKLER JR MD, LOUIS H  
WINKLER MD, MARTIN  
WINLUCK MD, RACHEL M  
WINN JR MD, CHAS L  
WINN MD, CHARLES  
WINN MD, HAROLD  
WINNER MD, FORNEY D  
WINSKI MD, LEONARD A  
WINSUN MD, SAML G  
WINSTANLEY MD, ROBT A  
WINSTON MD, JOS M  
WINSTON MD, LINDLEY M  
WINSTON MD, NORMAN J  
WINSTON MD, RALPH B  
WINT MD, SAMUEL J  
WINTEN 2ND MD, JOHN C  
WINTER MD, CHAS R  
WINTER MD, FRED S  
WIRE MD, WILBUR H  
WIRTS JR MD, C WILMER  
WISE MD, JOHN R  
WISE MD, RICHARD J  
WISHNEV MD, MARTIN A  
WISS MD, RAYMOND J  
WISSINGER MD, H ANDREW  
WISSLER MD, ROBT U  
WISWESSER MD, GEO A  
WITHERS MD, DONALD E  
WITHERSPOON MD, JOHN S  
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WITKOWSKI MD, JOS A  
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WITMER MD, DONALD B  
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WITOWSKI MD, JOHN J  
WITT MD, DANL E  
WITTIIG MD, ROBT L  
WITTMAN MD, PAUL C  
WODNICKI MD, MOISES  
WUERTHWEIN MD, KENNETH F  
WOHL MD, GEO T  
WOHL MD, MILTON A  
WOJCIAK DO, RAYMOND J  
WOJTOHYCH MD, MYKOLA  
WOLBACH JR MD, ALBERT B  
WOLCOFF MD, FRANK E  
WOLDORF MD, NORMAN M  
WOLDUM MD, ASHER  
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WOLF JR MD, JOHN H  
WOLF MD, CHAS R  
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WOLF MD, MELVYN A  
WOLF MD, STEPHEN H  
WOLFE MD, LEROY S  
WOLFE MD, SIDNEY M  
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WOLFFERTH JR MD, CHAS C  
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WOLFGANG MD, GARY L  
WOLFOPE MD, BARBARA  
WOLFINGER MD, WALTER L  
WOLFORD MD, JACK A  
WOLFSON JR MD, SIDNEY K  
WOLFSON MD, ALLAN B  
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WOLFSON MD, JEROME H  
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WOLGEMUTH JR MD, JOHN M  
WOLGIN MD, WM  
WOLINSKY MD, ARTHUR P  
WOLK MD, MELVYN H  
WOLKOWICZ MD, MICHAEL I  
WOLLMAN MD, HARRY  
WOLLMAN MD, MICHAEL R  
WOLLMAN MD, IRVING J  
WOLUSHIN MD, HENRY J  
WON MD, KWAN H  
WUNG DO, HENRY H  
WUNG JR MD, ALFONSO C  
WUNG JK MD, JAMES  
WONG MD, ALBERT  
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WONSETTLER MD, DONALD E  
WOOD JR MD, HORATIO C  
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WOODRING MD, LEONARD R  
WOODRUFF JR MD, D STRATTON  
WOODRUFF MD, CHAS L  
WOODRUFF MD, FRIEDA W  
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WOODSIDE MD, JOHN A  
WOODWARD MD, DAVID A  
WOULLEY JR MD, PAUL O

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WOOLRIDGE JR MD, J HAYES  
WOOLSLAYER MD, PAUL R  
WOULLEY MD, CARL M  
WORNAS MD, CHRISTIAN G  
WUOBEC MD, RUSSELL N  
WURKALL MD, V THOMAS  
WURILOW MD, SUZANNE H  
WURSHIL MD, MARK E  
WURTHAM JR MD, G FORREST  
WURTHINGTON MD, JOHN J  
WUTRING MD, JOHN M  
WUYNAKOWSKI MD, JOHN A  
WUZNIAK MD, JOHN  
WRIGHT JR MD, ALFRED E  
WRIGHT JR MD, GEO J  
WRIGHT MD, DAVID L  
WRIGHT MD, ELEANORE R  
WRIGHT MD, F MALCOLM  
WRIGHT MD, FREDERICK W  
WRIGHT MD, GEO C  
WRIGHT MD, L ALAN  
WRIGHT MD, LANCE S  
WRIGHT MD, RAY FORD E  
WRIGHT MD, RICHARD E  
WRIGHT MD, ROBT E  
WRIGHT MD, SAMUEL  
WRIGHT MD, THOS S  
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WRIGLEY MD, MICHAEL S  
WRUBLESKI MD, HARRY F  
WU MD, CHAU H  
WU MD, JUN-YI  
WULFMAN MD, WM A  
WUMMER MD, BRIAN A  
WUNDERLICH JR MD, J ANDREAS  
WURTELE MD, LESTER H  
WUSTRUM MD, HEINZ J  
WYMAN MD, NEWTON A  
WYMEK MD, RALPH M

YAGNIK MD, PRATAP M  
YAGNIK MD, REKHA P  
YALLA MD, SUMITRA S  
YAMASHITA MD, TAKEO  
YAMULLA MD, STANLEY J  
YANA MD, DAVID V  
YANG MD, DONG S  
YANG MD, JAE-TAEK  
YANG MD, JAU-HSIN  
YANG MD, UN-TAEK  
YANITY MD, EUGENE J  
YANKELEVICH MD, RAUL  
YANKEVITCH JR MD, JOHN J  
YANKUSKY MD, JEAN A  
YANNACCONE MD, ROBT  
YANUFF MD, MYRON  
YANUVSKI MD, ALEXANDER G  
YAU MD, FRANCISCO C  
YAKBUKU MD, THEODORE L  
YARNALL MD, G WINFIELD  
YAKUS MD, JOHN G  
YARRINGTON MD, RONALD M  
YAKHUM MD, MORRIS W  
YASUI MD, ROBT S  
YATES MD, ADULPH J  
YATES MD, ANTHONY P  
YATES MD, JAMES A  
YATES MD, WM A  
YAVIL DO, JULES S  
YAZDANFAR MD, SHAHRIAR  
YEAGER MD, HENRY C  
YEAGER MD, JAMES P  
YEAGLEY MD, HEBER E  
YEAGLEY MD, WM B  
YEAKEL MD, ALLEN E  
YEALY MD, WENDELL H  
YEAM MD, SCOTT C  
YEE MD, ROBT A  
YELENIK MD, ANDREW C  
YEN MD, CONCEPTION T  
YENG MD, A FOLLMER  
YERGER MD, JOHN F  
YEUTTER MD, CHAS H  
YEVITZ MD, MICHAEL G  
YINGLING MD, NATHANIEL D  
YINGVORAPANT MD, SOMCHAO  
YIP MD, LUKE C  
YUCKEY MD, ROBT H  
YUCKEY MD, WM B  
YODER MD, MORRIS L  
YUM MD, HAROLD N  
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YOST MD, ROBT M  
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YOUNG MD, FREDERICK F  
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YOUNG MD, LIONEL W  
YOUNG MD, WILLIAM W  
YOUNGBERG MD, GORDEN A  
YOUNGKIN MD, JAMES F

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YOUNGS JR MD, HARRY H  
YOUNGUE JR MD, EUGENE L  
YOUNIS MD, MOHAMMED T  
YOUNT MD, JOHN A  
YOURD MD, RAYMOND A  
YOUSHAU MD, DENNIS G  
YOM MD, MICHAEL V  
YOUTHIMER MD, ROBT L  
YU MD, PAUL T  
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YUDIS MD, MELVIN  
YUKEVICH MD, JOHN P  
YUM MD, KEUK Y  
YUN MD, DANL D  
YUN MD, JAE K  
YUND MD, LOWELL C  
YUSKA MD, KENNETH H

ZACCAHOI MD, JAMES P  
ZADECKY MD, LEONARD B  
ZADEM MD, MEHDI L  
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ZAMBARANO MD, THOS J  
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ZAMURA MD, DANILO D  
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ZANGWILL MD, JAMES G  
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ZANKMAN MD, NATHAN  
ZANNI MD, ANTHONY L  
ZAPPACOSTA MD, FRANK H  
ZARFOS MD, MORGAN L  
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ZAVAHIR MD, M FEIZAL  
ZECCA MD, RALPH J  
ZECCARDI MD, JOSEPH A  
ZEEMAN MD, STANLEY E  
ZEGLER MD, ARTHUR F  
ZEHEL MD, WENDELL E  
ZEHR MD, RALPH D  
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ZEIT MD, ROBERT M  
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ZEKAN MD, JULIUS G  
ZELESNICK MD, GABRIEL  
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ZELLEH MD, ERWIN R  
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ZELLEY MD, LEE S  
ZELLIS DO, JOSEPH  
ZELMCK MD, MARTIN  
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ZENU MD, PETER  
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ZENOUZI MD, SIRUS  
ZERBE MD, GROVER F  
ZERITSKY MD, SAML A  
ZERNE MD, GUSTAVE E  
ZERKNICH JR MD, STEPHEN  
ZERKNICH MD, MICHAEL R  
ZERKNICH MD, WALLACE  
ZERKAVOS MD, NIKITAS J  
ZERKUS MD, DENIS G  
ZEVENEY JR MD, DENNIS J  
ZIEBENY MD, MARK  
ZIDD MD, ALBERT J  
ZIEGLER MD, ANNA E  
ZIEGLER MD, ANNA M  
ZIEGLER MD, MORITZ M  
ZIEHEH MD, HARRY S  
ZIEHANSKI MD, MATTHEW C  
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ZIEVE MD, GERALD  
ZIEZILULA MD, RONALD F  
ZIGERMAN DO, HERBERT L  
ZIKKIA MD, EMIR A  
ZILLWEGER MD, WM C  
ZIMM MD, EDWARD J  
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ZIMMER MD, FREDERICK E  
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ZISSEMAN MD, LOUIS  
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ZUBIAN MD, EDWARD J

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ZUSA MD, ANGELO M  
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ZUBRITZKY MD, STEPHEN A  
ZUBROW MD, SIDNEY N  
ZUCK MD, GEO A  
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ZUMOFF MD, BERTRAM  
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ZWEKLING MD, ISRAEL

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